THE GUARDIAN INSURER SERIES · 5 OF 5 · JUNE 2026

The Guardian Insurer: The Promise

A Position Paper on Prevention as a Service

A position paper on the Advisory Abdication, the Guardian Insurer, and the institutional courage required to close the gap between what insurance promises and what it delivers.

> *"The most powerful insurance isn't the policy that pays the claim — it is the partnership that prevents it in the first place."*
>
> — Sabine VanderLinden, Alchemy Crew Ventures · Scouting for Growth, AXA Global Healthcare episode, 2025

Methodology note: The four incidents documented in this paper were personally experienced and formally appealed by the author between August 2025 and March 2026. Each carries a documented case reference number. Each outcome is confirmed in writing. They are presented as demand-side primary evidence.

Andy Chow · AI & Marketing Strategy Advisor, APAC

andychowtameforthefuture.org · June 2026

Researched and developed with Claude, Perplexity, ChatGPT, Gemini and Gamma

INSIDE THIS PAPER

THE GUARDIAN INSURER SERIES — Posts 1–4 documented four personal advisory failures across insurance, healthcare, underwriting, and wealth management. Companion: The Guardian Insurer: The Blueprint · andychowtameforthefuture.org

Three findings. One verdict. One action.

This paper documents a pattern operating across insurance, healthcare, and wealth management in Asia-Pacific. It names the pattern. It proves it is structural. It presents the institutional architecture that resolves it.

Finding 01 — The Evidence

Across four sectors between August 2025 and March 2026, four professional advisors measured only institutional performance. Zero measured the customer outcome. The pattern is not individual failure. It is institutional design.

Finding 02 — The Diagnosis

The pattern has a name: the Advisory Abdication — the systematic withdrawal of professional advocacy in favour of institutional metrics. Among P&C insurers globally, 78% use generative AI in some capacity but only 4% have scaled it. That is not a technology gap. It is a willingness gap — and the same architecture that prevents AI scaling prevents customer-outcome alignment. (Bain & Company, 2025 Claims Maturity Assessment, 81 P&C insurers)

Finding 03 — The Alternative

The alternative — the Guardian Insurer — is not theoretical. Zurich Resilience Solutions has run the core prevention model in commercial insurance for decades. AXA Global Healthcare, AIA, Ping An, Perci Health, MediConCen, Munich Re, and GRAIL are building the APAC life and health equivalent right now, across three operational horizons. The infrastructure exists. The institutional posture has not yet been chosen by most.

The Verdict

The Advisory Abdication is an architectural problem. Prevention as a Service (PaaS) is the operating model that solves it. The Health Data Firewall is the contractual mechanism that makes PaaS commercially viable and legally defensible. The Guardian Insurer is the institutional archetype that delivers it. Together they form a coherent, deployable system — not a thought-leadership exercise.

The action: One market. One product line. One cohort. One leader with P&L authority — not innovation budget. This quarter.

This is not four failures. It is one system — optimised for the wrong outcome.

The Diagnosis — Named

The Advisory Abdication. The systematic withdrawal of professional advocacy in favour of institutional metrics. Not negligence. Architecture. The professional is not failing the customer — the institution is succeeding at what it was designed to do. That difference matters: it means the solution is not cultural. It is structural.

The Abdication operates wherever an advisory layer sits between an institution and a customer. The advisor — claims adjuster, underwriter, GP, relationship manager — is an execution layer for institutional design. When that design optimises for loss ratios, adverse selection, consultation throughput, and distribution margin, the advisor optimises for exactly those things. The customer's actual outcome is not a variable in any of these metrics. It is not even measured.

> *"Most insurer wellness programmes are wellness theatre masquerading as risk management. They reward the triathlete. They leave the police officer with an unused nurse hotline."*
>
> — Alan Martin, Resilient Risk and Health Solutions (34 years in life and health reinsurance) · Podcast with Sabine VanderLinden, April 2025

The Industry Signal

78%
of P&C insurers globally using generative AI in some capacity
Bain & Company, 2025 Claims Maturity Assessment, 81 insurers

4%
have scaled it across their organisations
Bain & Company, 2025

27%
of insurers pursuing comprehensive claims transformation
Bain & Company, 2025

35%
productivity gains for those who commit to full AI transformation
Bain & Company, 2025

> *"The tech's definitely there… what's missing is the courage to go all in."*
>
> — Paul Scott, CMT · IoT Insurance Observatory Whitepaper, April 2026

Three practitioners. Three vantage points — venture capital, reinsurance, underwriting technology. One diagnosis. The Advisory Abdication is not a laggard minority. It is the operating model.

Sources: Martin, A., podcast with Sabine VanderLinden, April 2025 · Bain & Company, 2025 Claims Maturity Assessment (GLG and Dialectica), reported in Insurance Business Magazine, December 2025, insurancebusinessmag.com · Scott, P., "Unlocking the Value of IoT Data in Underwriting," HDI TH!NX Campus / IoT Insurance Observatory / PROTH!NX, April 2026

Three numbers every insurance leader should have in their board pack.

The Advisory Abdication is not a customer experience problem. It is a balance sheet problem, a competitive problem, and a timing problem — simultaneously.

USD $170B

global premium at risk from claims dissatisfaction alone — the financial consequence of the Abdication already in motion

Accenture Insurance, accenture.com

95% · 79% · 64%

AIA Vitality NZ members: behaviour change, improved health, more physically active. Published outcomes at scale — the demand is not waiting to be created; it is waiting to be served

AIA NZ press release, August 2024, aia.co.nz

30% / 70%

BCG finds 30% of insurers already building for the future customer. The remaining 70% are still building for the last one

BCG Build for the Future 2025, n=1,250; n=56 P&C insurers, bcg.com

12% → 58%

Ecosystem Driver companies grew from 12% of businesses in 2013 to 58% in 2025 — the only model to consistently exceed industry-average revenue growth

MIT CISR, Weill, Sebastian, Woerner & Benedict, 2025, mitsloan.mit.edu

Alan Martin frames the structural comparison precisely: commercial property insurers dedicate most of their engagement to preventing the fire — not processing the claim. Life and health insurance never built that prevention relationship. "Instead," Martin observes, "the relationship remains transactional and reactive." That is not a technology failure. It is an institutional choice. (Podcast with Sabine VanderLinden, April 2025)

One year. Four sectors. Four institutional metrics. Zero measuring the customer outcome.

These incidents are not outliers. Accenture estimates USD $170 billion in global premium is already at risk from claims dissatisfaction. The SFC fined Hang Seng Bank HK$66.4 million in January 2025 for RMs systematically pushing products against clients' stated strategies. The data proves the pattern. The incidents illustrate it.

Between August 2025 and March 2026, I documented four such failures personally. Each was formally appealed. Each carries a documented case reference number. Each had the same structural outcome.

AIA — Claims · metric optimised for: loss ratio efficiency

Home content claim declined during the 140-year Hong Kong rainfall event of 5 August 2025 — 368.9mm, recorded by the Hong Kong Observatory — without sending an adjuster. Four appeal rounds. Recovered HK$20,000 of HK$28,000 claimed. What went unmeasured: whether a 140-year weather event warranted human review. Full case → Post 1 of 4.

Bowtie — Underwriting · metric optimised for: adverse selection management

Three exclusions and a premium loading applied to a VHIS application, including a blanket spinal exclusion under IA Guideline GL16. Four appeal rounds. Partial resolution. What went unmeasured: whether the exclusion was proportionate to the clinical evidence provided. Full case → Post 2 of 4.

GP — Healthcare · metric optimised for: consultation throughput

Four years of Garmin biometric data, blood panels, MRI results, and a synthesised AI health summary presented. Response: resentment. Left without the clinical conversation. What went unmeasured: whether the informed patient had arrived and deserved a different kind of conversation. Full case → Post 3 of 4.

Private Banking RM — Wealth · metric optimised for: product distribution margin

Arrived with a five-pillar ETF framework. Received an ELI, a forex product, paper gold, and a one-month-old house fund. None aligned with the stated financial objective. What went unmeasured: the client's actual financial objective. Systemic anchor: the SFC fined Hang Seng Bank HK$66.4M (January 2025, ref 25PR14, apps.sfc.hk) for RMs systematically soliciting clients into products contradicting their stated strategies. Full case → Post 4 of 4.

The customer who knew enough to challenge the system achieved a partial outcome every time. The customer who did not accepted the default. That is the protection gap the industry does not measure.

Sources: HK rainfall 368.9mm, 5 August 2025: hko.gov.hk · IA Guideline GL16 and VHIS Code of Practice: ia.org.hk · Detailed documentation: andychowtameforthefuture.org

The Advisory Abdication has been building for fifteen years. Across an entire ecosystem.

Cause 1 — Institutional architecture

In 2011, working inside a global insurer, I first encountered the gap between what marketing creates and what operations delivers. The consumer had been prepared for a relationship. The institution still processed them as a transaction. At FWD from 2014, the philosophy crystallised into a value chain: Attract, Educate, Acquire, Service, Advocate. Every failure documented in this paper happens between Service and Advocacy. Every institution I have since worked with or been served by has chosen the same side of that gap.

> *"AI should not create more touchpoints. It should curate fewer, better, more meaningful ones."*
>
> — Patrick Leclercq, Publicis Groupe · LinkedIn, 2026 (public post). Fifteen years later. Same gap. Better language.

Cause 2 — Ecosystem stall

Four actors must move simultaneously. Insurers must commit to outcome-aligned products. Reinsurers must price prevention ROI rather than retrospective loss data. Regulators must enable data exchange with contractual protections — Singapore's MOH Moratorium (June 2025) sets the precedent. Health technology partners must build for integration rather than standalone engagement. No single actor has a first-mover incentive without the others. The result is coordinated inertia dressed as strategic caution.

Cause 3 — The measurement problem

No institution in the four incidents measured customer resilience as a primary KPI. Claims measures loss ratios. Underwriting measures adverse selection. Healthcare measures throughput. Wealth measures product margin. The Abdication persists precisely because no metric requires it to stop. The architecture is working as designed. The design is wrong.

> *"The gap is not between what is technologically possible and what exists. It is between what is institutionally designed and what the customer actually needs."*
>
> — Andy Chow, AI & Marketing Strategy Advisor, APAC · 2026

Four concepts. One coherent system. The architecture of the Guardian Insurer.

Each framework depends on the ones before it. Together they form a complete institutional response to the Advisory Abdication — from diagnosis through delivery.

The problem — the Advisory Abdication

The systematic withdrawal of professional advocacy in favour of institutional metrics. What the customer experiences: institutional performance optimised, personal outcome unmeasured.

The operating model — Prevention as a Service (PaaS)

Proactive risk reduction, health navigation, and outcome improvement delivered as an ongoing contractual relationship service — not a reactive payment triggered by loss. PaaS changes the institutional incentive structure, not just the product feature set. What the customer experiences: the insurer acts before the loss; the relationship exists between claims, not only during them.

The trust mechanism — the Health Data Firewall

Voluntary wellness data flows one direction only: toward better terms for the customer. The Firewall makes PaaS commercially viable by giving customers a contractual reason to share biometric data. Contract, not goodwill. What the customer experiences: sharing health data improves your terms; it cannot worsen them.

The institutional archetype — the Guardian Insurer

An outcome-aligned institution that coordinates protection, health and wealth to improve customer resilience — before a claim is necessary. Measured not by what it pays out; measured by what it prevents. What the customer experiences: one relationship, three domains, resilience as the product — not the payout.

AXA is already operating this direction. Xavier Lestrade, Managing Director of AXA Health International, describes the ambition as positioning AXA as its members' medical concierge — the partner they come to for preventative healthcare, not only claims. AXA calls it orchestration. This framework calls it Prevention as a Service. The direction is identical. (Scouting for Growth podcast, 2025)

Voluntary wellness data can only improve your terms. Never worsen them.

Insurers fear data liability. Customers fear data misuse. Both fears have the same contractual solution.

Named concept: the Health Data Firewall

Voluntary wellness data flows in one direction only — toward better terms for the customer. It cannot be used to load premiums, add exclusions, or trigger underwriting review. Mandatory claims data remains in its separate lane. The Firewall is contract, not goodwill. It is the structural commitment that makes PaaS commercially viable and legally defensible.

Alan Martin calls the commercial logic "human telematics" — treating biometric indicators like BMI and blood pressure exactly as motor insurance treats vehicle telematics. The insurer responds to changes the individual can actually influence. Dynamic pricing becomes a partnership rather than a penalty. The insured has a contractual reason to share more; the insurer gets better risk data. Both benefit.

The business case

~20%
better loss ratio — Progressive Insurance vs US P&C market average, through telematics-based pricing sophistication
Carbone et al., IoT Insurance Observatory, April 2026

13%
portfolio loss ratio improvement from telematics risk-score renewal pricing, retail UK portfolio study
Carbone et al., IoT Insurance Observatory, April 2026

The Singapore precedent

Singapore's Ministry of Health published its updated Moratorium in June 2025, prohibiting insurers from requesting or using genetic test results in life, health, or disability underwriting. The Health Data Firewall extends the same contractual logic to voluntary behavioural and biometric data — before legislation requires it, and before a competitor builds it first.

Series connection: the Bowtie incident (Post 2) documented the absence of this mechanism. A blanket spinal exclusion was applied under IA GL16 with no proportionality assessment and no pathway to improvement. The Firewall would have created a 24-month review pathway tied to monitored health data — contract, not discretion.

> *"The insurer that enables a genuine data-for-value exchange — where customers share more because sharing benefits them — builds a trust asset no competitor can acquire through price."*
>
> — Matteo Carbone, Founder, IoT Insurance Observatory · Vitality Global interview 2025, vitalityglobal.com

Trust is the moat. Price cannot replicate it.

Sources: Martin, A., podcast with Sabine VanderLinden, April 2025 · Singapore MOH Moratorium, June 2025, moh.gov.sg · Carbone, M. et al., "Unlocking the Value of IoT Data in Underwriting," IoT Insurance Observatory / HDI TH!NX Campus / PROTH!NX, April 2026

Prevention as a Service is not a wellness programme. It is a business model.

PaaS is the delivery of proactive risk reduction, health navigation, and outcome improvement as an ongoing contractual relationship service — rather than a reactive payment triggered by a loss event. It is distinguished from wellness programmes by three characteristics: it is contractual (not optional), it changes the insurer's incentive structure (not just the product feature set), and it measures outcomes — not engagement metrics.

"Prevention is not a product. It is an operating model that makes prevention commercially self-funding." — Andy Chow, 2026

Old model vs new model

DIMENSION	INDEMNITY INSURANCE	GUARDIAN INSURER / PAAS
Core action	Pay claims after illness occurs	Prevent illness before it occurs
Revenue	Premiums only	Premiums + prevention services + data value
Value	Financial protection at point of loss	Health outcomes + financial protection
Data	Claims history (backward-looking)	Continuous biometrics (forward-looking)
Relationship	Annual renewal	Daily engagement
Moat	Price and distribution	Health data layer + trust

The PaaS maturity ladder — three tiers, one direction

Tier 1 — Wellness engagement. Behaviour incentives, step-count rewards, basic engagement (e.g. AIA Vitality). Improves engagement. Does not change the institutional incentive structure.

Tier 2 — Health navigation with contractual Firewall. AI-assisted navigation, cancer care pathways, biometric-linked pricing with contractual data protections (e.g. AXA medical concierge, Perci Health). Changes the customer relationship. Begins to change the incentive structure.

Tier 3 — Full prevention intelligence. Continuous sensing, agentic intervention, predictive detection, ROII as primary P&L metric (e.g. Zurich Resilience Solutions in commercial lines, GRAIL Galleri in life). The institutional incentive is fully realigned with the customer's health outcome. This is PaaS as defined by this paper.

The Predict – Prevent – Protect flywheel

Predict — risk orchestration. AI ingests continuous biometric signals — HRV, CGM, gait, voice biomarkers — to identify health anomalies months before clinical manifestation. Static mortality tables replaced by real-time risk scores.

Prevent — autonomous deployment. Agentic AI triggers zero-cost, high-impact clinical interventions — scheduling physiotherapy, dispatching telehealth, alerting family — without requiring customer action.

Protect — actuarial integration. Outcomes are measured, risk scores update continuously, and the intervention funds itself through eradicated claims. The Avoided Claims Value becomes a boardroom P&L line item — calculated quarterly, audited annually.

ROII: Return on Intervention Investment

The Guardian Insurer requires a new boardroom metric: ROII — the financial value of what did not happen. Every $1 invested in remote monitoring and preventive intervention targets a multiple return in avoided acute claims. The Avoided Claims Value line item replaces loss ratio as the primary measure of

Guardian Insurer performance. Prevention is no longer a cost centre — it is a compounding asset. “A Guardian Insurer calculates the value of what didn’t happen.”

Actuarial note: the core challenge in measuring prevention ROI is the counterfactual — proving a claim was prevented rather than never likely. The answer is randomised cohort design. AIA Vitality’s published New Zealand outcomes (95% behaviour change, validated against a control cohort) establish the methodology is deployable in insurance. Zurich Resilience Solutions has used Risk Engineering Value calculations in commercial lines for decades. ROIl is not a new concept — it is an established commercial methodology waiting to be applied to individual life and health at scale.

External validation

McKinsey Health Institute finds a $4 return on every $1 invested in health, across health investment broadly. Trust for America’s Health (with Urban Institute and RWJF) found a 5.6x ROI within five years on proven community-based prevention programmes. And the live precedent exists: Sompo Holdings and RIZAP GROUP entered a capital and business alliance in June 2024, building a wellbeing data platform and an integrated product Sompo calls Insurhealth® — Device-as-a-Service PaaS under a different name.

Sources: McKinsey Health Institute, “The Health of Nations,” 2026, mckinsey.com · TFAH / Urban Institute / RWJF, “Prevention for a Healthier America,” 2009, tfah.org · Sompo Holdings + RIZAP GROUP, sompo-hd.com, June 2024

Protection + Health + Wealth. One relationship. One outcome.

The Guardian Insurer is an outcome-aligned institution that coordinates protection, health and wealth to improve customer resilience — before a claim is necessary. Measured not by what it pays out. Measured by what it prevents. It is not a product category. It is an institutional posture — a deliberate decision to redesign what the institution optimises for. Everything else follows from that decision.

Pillar 01 — Protection

Outcome-aligned coverage measuring customer resilience, not transaction volume. Claims intelligence that acts before the adjuster is required. The payout is the last resort, not the primary product.

Pillar 02 — Health

Prevention before the claim. PaaS delivery. Behaviour-linked pricing that rewards modifiable choices. The insurer as medical concierge — the trusted partner before, during, and between health events.

Pillar 03 — Wealth

Integrated financial resilience: advisory that measures the client's actual financial objective, not the product distribution margin. Health is where the evidence is densest today; wealth integration is the next frontier — and the institutions that build outcome-aligned financial advisory before it becomes standard will own that adjacency. The SFC's HK$66.4M enforcement action against Hang Seng Bank in 2025 confirms the problem is structural, not incidental.

The MIT CISR validation

The Guardian Insurer maps precisely onto the Orchestrator business model identified by MIT CISR in 2025 — the institution that assembles an ecosystem of complementary products and services to achieve customer outcomes. CISR researchers found Ecosystem Driver companies grew from 12% of businesses in 2013 to 58% in 2025, the only model to consistently exceed industry-average revenue growth across that period. The Guardian Insurer is not a thought-leadership concept. It is the highest-value business model of the AI era — applied to insurance.

> *"We are kind of the private banking of health insurance. Our members are expatriates, diplomats, wealthy people — individuals willing to access and navigate the best of healthcare in the world."*
>
> — Xavier Lestrade, Managing Director, AXA Health International · Scouting for Growth podcast, 2025. The Guardian Insurer is the private banking model applied to resilience — not just for the wealthy, but for every policyholder.

Sources: MIT CISR, Weill, P., Sebastian, I., Woerner, S. & Benedict, G., 2025, mitsloan.mit.edu · VanderLinden, S. and Lestrade, X., Scouting for Growth podcast, youtube.com/watch?v=8LLipHnvT4k

The Guardian Insurer model already exists. It has operated for decades. In commercial insurance.

This section does not describe a future state. Zurich Resilience Solutions operates 1,000 risk engineers conducting 60,000 annual risk assessments, powered by 75 years of claims data, explicitly to prevent losses before they occur. Zurich's commercial clients do not receive a payout when a building burns down. They receive a risk engineer before the fire is ever lit.

That relationship is continuous, outcome-oriented, and economically validated across decades of practice. It is precisely the Guardian Insurer operating model — applied to property and liability rather than life and health. The question is not whether the model works. It works. The question is why life and health insurance — the domain closest to human resilience — has not applied it to individuals.

> *"Commercial property insurers inspect buildings. They detect risks before they become losses. Life insurers collect premiums and wait. The commercial model has always been the better model. It has simply never been applied to the individual's health."*
>
> — Alan Martin, Resilient Risk and Health Solutions · Podcast with Sabine VanderLinden, April 2025

The proof of concept is at scale. The governance model is established. The actuarial infrastructure exists. What is missing is not capability.

"The gap is not capability. The gap is courage." — Andy Chow, 2026

Sources: Zurich Resilience Solutions, zurich.com/commercial-insurance/services/zurich-resilience-solutions

The transition is already underway.

Horizon 01 — the Payer · Protection → Claim → Payout

The Advisory Abdication in structural form. The insurer is optimised for the moment of loss, not the prevention of it. The customer is a risk profile until a claim is filed, then a liability to be managed. Most APAC life and health insurers operate here today. Customer experience: "I pay. I wait. I need it. They process it."

Horizon 02 — the Care Partner · Prevention → Navigation → Outcome

The transition already underway. AXA Health International is building bridges between wellness, prevention, virtual healthcare, and insurance in one platform, serving 200 countries. AIA Vitality: 95% behaviour change, 79% health improvement (AIA NZ, August 2024). AIA Amplify Health: Singapore, October 2025, 1,500-member first cohort. Perci Health (Octopus Ventures, Legal & General): AI-powered cancer care navigation in income protection. MediConCen (HSBC AM, $12.7M): AI claims automation, Hong Kong, HealthMutual Group partnership July 2025. Ping An Good Doctor: 5.81M B-end enterprise users, 40.6% revenue growth 2025. Customer experience: "My insurer helps me before I need to claim. The relationship exists between claims, not only during them."

Horizon 03 — the Guardian Insurer · Protection + Health + Wealth → One Outcome

Integration of protection, health, and wealth into one outcome-aligned relationship — measured by what it prevents. GRAIL's Galleri test detects signals from more than 50 cancer types with a single blood draw. Munich Re deployed Galleri with 11 US life carriers, reaching over 100,000 policyholders. GRAIL and Samsung C&T announced a South Korea commercialisation partnership in October 2025, with stated extension into Japan and Singapore. No insurer has fully built Horizon 3 yet. The question is who builds it first. Customer experience: "One institution. Three dimensions of my resilience. My insurer detected a risk before I had symptoms. The claim never happened."

Sources: AIA NZ, August 2024, aia.co.nz · AIA Singapore, aia.com.sg · MediConCen: fintech.global (Feb 2024), lifeinsuranceinternational.com (Jul 2025) · Ping An Good Doctor, prnewswire.com · Munich Re, munichre.com · GRAIL/Samsung C&T: SEC Form 8-K, October 2025

The same four moments. A different institutional design.

The four incidents in Section 04 are documented, formally appealed outcomes. The question is not whether they happened. The question is what would have happened under a different architecture.

Guardian AIA — claims. The sensing layer flags the 140-year rainfall event in real time and deploys an adjuster before the claim is filed. The question is not "is this claimable?" but "what does our customer need right now?" Same event. Different institutional design.

Guardian Bowtie — underwriting. The exclusion is applied with clinical rationale, a written proportionality assessment, and a 24-month Health Data Firewall review pathway. Ongoing biometrics can only improve the terms. Modifiable risks improve; the premium reflects it; the relationship continues.

Guardian GP — the informed patient received. The AI-assisted health navigator synthesises four years of data, identifies three actionable insights, and schedules a specialist telehealth consultation within 48 hours at zero out-of-pocket cost. The medical concierge relationship is the operational standard, not an aspiration.

Guardian RM — advice that measures the objective. The RM's performance metric is the client's financial resilience, not distribution margin. The five-pillar ETF framework is stress-tested against the stated objectives; two refinements are recommended. Nothing is sold that was not asked for.

None of these scenarios required technology that does not exist. All of them required institutional design that has not yet been chosen. The Guardian Insurer is not a future aspiration. It is a current design decision.

From diagnosis to deployment. Four phases. One institutional transformation.

This is not a ten-year vision. It is a structured 36-month transition with clear decision gates.

Phase 01 · months 0–3 — diagnostic and commitment. Map claims data to find the highest concentration of modifiable risk — that is your Horizon 1 entry point. Commission the Health Data Firewall clause for one product line this quarter. Appoint one leader with P&L authority — not innovation budget. Establish ROII as a trial boardroom metric alongside loss ratio.

Phase 02 · months 3–12 — Horizon 1 deployment. Deploy AI claims intelligence targeting the messy middle: unstructured documents, adjuster workflows, FWA detection. Integrate health navigation alongside claims. Establish FHIR-compliant data pathways with Firewall protections active. Decision gate: does your institution now measure customer resilience as a KPI?

Phase 03 · months 12–24 — PaaS launch. Launch behaviour-linked products with the Firewall active. Dynamic pricing on modifiable biometric indicators (human telematics). Integrate a Vitality-equivalent engagement model and cancer care navigation into income protection. Bring the reinsurer into the actuarial model: price prevention ROI, not only retrospective loss data.

Phase 04 · months 24–36 — the Guardian Insurer. Integrate predictive detection (GRAIL Galleri or equivalent) into high-value cohorts. Extend from health to wealth with outcome-aligned advisory. Full Protection + Health + Wealth integration. ROII is your primary P&L metric alongside traditional measures.

The new measurement framework

KPI 01 — Customer Resilience Score: does the customer's modifiable risk profile improve year on year? KPI 02 — Preventable Claim Rate: what share of claims were preceded by a detectable signal that was not acted on? KPI 03 — Firewall Adoption: what share of policyholders share voluntary wellness data? KPI 04 — Horizon Advancement Rate: what share of the portfolio is served by Horizon 2 or above?

Technology partners by horizon

H1: MediConCen (HK claims AI) · AIA Amplify Health (health navigation) · Perci Health (cancer navigation). H2: AIA Vitality (behaviour engagement) · Swiss Re (metabolic health actuarial). H3: GRAIL / Samsung C&T APAC (predictive detection) · Munich Re clinical risk model.

Different organisations. Different markets. Different business models. One direction.

These organisations are not coordinating. They are responding independently to the same structural signal: the customer who was prepared for a relationship is no longer accepting a transaction.

ORGANISATION	SIGNAL	DIRECTION
AXA Health International	Medical concierge positioning; wellness, prevention, virtual healthcare and insurance in one platform; 200 countries	Payer → Care Partner
AIA Vitality	95% behaviour change, 79% health improvement, 64% more active; multi-market, published outcomes (AIA NZ, Aug 2024)	Payer → Care Partner
AIA Amplify Health	Health data integrated beyond the claim event; Singapore, Oct 2025, 1,500-member first cohort	Payer → Care Partner
Zurich Resilience Solutions	1,000 risk engineers, 60,000 annual assessments, 75 years claims data; prevention before loss at scale	Commercial Guardian Insurer
Sompo + RIZAP	Insurhealth® — insurance and health combined; wellbeing data platform; capital alliance June 2024	Payer → Care Partner
Ping An Good Doctor	5.81M B-end enterprise users (2024); 40.6% revenue growth (2025); integrated health ecosystem at scale	Payer → Care Partner
Munich Re + GRAIL	Galleri deployed with 11 US carriers, 100,000+ policyholders; Samsung C&T APAC commercialisation announced	Toward Guardian Insurer
Perci Health + L&G	AI-powered cancer care navigation in income protection; prevention through survivorship; Octopus Ventures-backed	Care Partner → Guardian

> *"What happens when an insurer stops talking about becoming a care partner and actually starts building like one?"*
>
> — Sabine VanderLinden, Alchemy Crew Ventures · Scouting for Growth, AXA Global Healthcare episode, 2025

The Advisory Abdication is being eroded from the outside by informed customers, and from the inside by institutions that have decided the Care Partner model is better economics. The question is whether your institution is eroding the Abdication from within — or waiting for a competitor to do it for you.

The age of AI tourism is over. This is now a first-mover problem.

The organisations pulling ahead are not those with the most advanced AI models. They are those with the strongest trust architecture, governance discipline, and human-aligned outcomes.

Firemark Ventures and Alchemy Crew, in joint research at ITC USA 2025, identified the structural shift already underway: personal AI agents will increasingly discover, compare, and purchase insurance on behalf of consumers. In that environment, AI assistants decide which products a customer sees and how they are framed. Trust, accumulated health data, and a documented behavioural track record create switching costs that AI agents will surface as differentiation — but only for insurers who have built them. Price remains the only axis for those who have not.

The evidence from adjacent sectors is documented. Travel aggregators have seen material declines in organic discovery as AI overviews shift consumer behaviour. Payment networks are building agentic commerce rails that search, authorise, and settle end-to-end without consumer intervention. Insurance is next. The window for first-mover advantage is open. It will not stay open.

The strategic verdict

This is no longer a strategy question. It is a timing question. The insurer who builds a genuine prevention relationship — in one market, with one exceptional commitment — creates a trust asset no AI agent can price-compare and no competitor can replicate through technology alone. Every other insurer competes on margin. Margin is compressible. Trust is not.

Sources: Firemark Ventures / Alchemy Crew, "The State of AI in Insurance," ITC USA 2025, firemark.com.au

One market. One product line. One cohort. This quarter.

> *"Insurers who succeed in wellness do not win by buying the flashiest apps. They win by designing for policyholders who truly need support — not just rewarding the already healthy. That is where digital risk intelligence transforms from a conceptual slide into a tangible P&L line."*
>
> — Sabine VanderLinden, Alchemy Crew Ventures · Podcast with Alan Martin, April 2025

1 — Identify your Horizon 1 entry point. Map your claims data to the highest concentration of modifiable risk in your portfolio. That market, that cohort, that product line is where you start. Not where you aspire to. Where you start this quarter.

2 — Write the Health Data Firewall into one product. One clause. One product line. One contractual commitment that voluntary health data can only improve a customer's terms — never worsen them. This is the trust foundation everything else is built on.

3 — Assign P&L authority — not innovation budget. One accountable executive who owns the Guardian Insurer mandate and whose performance is measured on customer resilience outcomes, not pilot completion.

Three binary audit questions

Does your institution currently measure customer resilience — or transaction volume? Does your data strategy include a contractual commitment that voluntary health data can only improve a customer's terms, never worsen them? Is there one person in your organisation today who owns the Guardian Insurer mandate — with P&L authority, not innovation budget?

> *"The first insurer that commits — in one market, with one exceptional standard — to prescribing and preventing rather than paying and processing will define the next decade."*
>
> — Matteo Carbone, IoT Insurance Observatory · Vitality Global interview 2025

"The product is no longer the payout. The product is the resilience."

"The gap is not capability. The gap is courage." — Andy Chow · AI & Marketing Strategy Advisor, APAC · andychowtameforthefuture.org · June 2026

Series hashtags: #GuardianInsurer #PaaS #Insurance #InsuranceCMO #APAC #HealthDataFirewall

Andy Chow · AI & Marketing Strategy Advisor, APAC · andychowtameforthefuture.org

This paper may be shared freely with attribution. The author welcomes direct engagement from APAC insurance leaders on the frameworks presented here.

The Guardian Insurer series

The Incident Series (Posts 1–4): The Claim Is the Product · The Underwriting Blackbox Must Open · The Informed Patient Has Arrived · Advice Is Not a Product Menu → linkedin.com/in/andy-chow-passionmarketer

The Framework Series: Guardian Insurer Whitepaper (Mar 2026) · CFO Playbook: Guardian Insurer with PaaS (Mar 2026) → andychowtameforthefuture.org · Companion to this paper: The Guardian Insurer: The Blueprint (June 2026)

Full series hub: andyc-tameforthefuture.manus.space/insights

References

1. Accenture Insurance, "AI Transforming Claims and Underwriting," accenture.com/us-en/industries/insurance

2. AIA New Zealand, Vitality Programme Outcomes Press Release, August 2024, aia.co.nz

3. AIA Singapore, Amplify Health Launch Press Release, October 2025, aia.com.sg

4. Bain & Company, "2025 Claims Maturity Assessment" (with GLG and Dialectica, 81 P&C insurers), reported in Insurance Business Magazine, December 2025, insurancebusinessmag.com

5. BCG, "Build for the Future 2025" (n=1,250 companies; n=56 P&C insurers), bcg.com

6. Carbone, M. et al., "Unlocking the Value of IoT Data in Underwriting: From Raw Signals to Smart Decisions," HDI TH!NX Campus / IoT Insurance Observatory / PROTH!NX, April 2026

7. Carbone, M., IoT Insurance Observatory / Vitality Global interview 2025, vitalityglobal.com/global-shift

8. Chow, A., "The Guardian Insurer Whitepaper," March 2026, andychowtameforthefuture.org

9. Chow, A., "CFO Playbook: The Guardian Insurer with PaaS," March 2026, andychowtameforthefuture.org

10. Firemark Ventures / Alchemy Crew, "The State of AI in Insurance," ITC USA 2025, firemark.com.au

11. GRAIL / Samsung C&T, Strategic Commercialisation Partnership Announcement, SEC Form 8-K, October 2025

12. Hong Kong Observatory, Rainfall Record 368.9mm, 5 August 2025, hko.gov.hk

13. Insurance Authority Hong Kong, Guideline GL16 and VHIS Code of Practice, ia.org.hk

14. Leclercq, P., LinkedIn public post, 2026

15. Legal & General / Perci Health, Partnership Press Release, January 2024

16. Martin, A. and VanderLinden, S., "Why Insurers Who Invest in Wellness Win," podcast, April 2025

17. McKinsey Health Institute, "The Health of Nations: Stronger Health, Stronger Economies," 2026, mckinsey.com

18. MediConCen / HealthMutual Group, Partnership Announcement, lifeinsuranceinternational.com, July 2025; fintech.global, February 2024

19. MIT CISR, Weill, P., Sebastian, I., Woerner, S. & Benedict, G., "Business Models in the AI Era," 2025, mitsloan.mit.edu

20. Munich Re, GRAIL Galleri Life Insurance Deployment, munichre.com

21. Perci Health, Funding and Expansion Announcement, tech.eu, June 2025

22. Ping An Good Doctor, Annual Results 2024 and 2025, prnewswire.com (March 2025, March 2026)

23. Singapore Ministry of Health, Moratorium on Genetic Testing in Insurance Underwriting, June 2025, moh.gov.sg

24. Sompo Holdings and RIZAP GROUP, Capital and Business Alliance, Official Press Release, sompo-hd.com, June 2024

25. Sompo Holdings, “Insurhealth®” Domestic Life Insurance Description, sompo-hd.com/en/group/life

26. Trust for America’s Health / Urban Institute / RWJF, “Prevention for a Healthier America,” 2009, tfah.org

27. VanderLinden, S. and Lestrade, X., “From Insurance to Personalized Care Pathways,” Scouting for Growth podcast, AXA Global Healthcare, youtube.com/watch?v=8LLipHnvT4k

28. Zurich Resilience Solutions, zurich.com/commercial-insurance/services/zurich-resilience-solutions

29. Securities and Futures Commission Hong Kong, Enforcement Action vs Hang Seng Bank, HK$66.4M fine, January 2025, apps.sfc.hk, refNo=25PR14

30. Accenture, “Future of Asia Wealth Management: Front Office Reimagined,” November 2025 (n=4,700+ investors and senior wealth executives, 11 APAC markets), accenture.com

31. Hubbis, “Asia’s Independent Wealth Reset: Talent, Transparency and Technology Redraw the Playbook,” June 2026, hubbis.com [date aligned with Blueprint — verify against original article before upload]

32. HKMA, Portfolio-Based Approach (PBA) Suitability Assessment Update, February 2024, hkma.gov.hk

ONE QUESTION FOR EVERY CEO

If your most informed customer arrived tomorrow, would your institution reward them for being prepared — or fail them anyway?

That question is the thread connecting all five papers in this series. It is the question the Advisory Abdication cannot answer honestly. It is the question the Guardian Insurer was built to answer.