

“The purest and most thoughtful
minds are those which love color
the most”

John Ruskin

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Response of the Insurance Industry to COVID-19 Pandemic in Pakistan

COVID-19 is a 1-in-100-year event which has changed the course of humanity in many ways. From impacting various sectors of the economy to dictating how we interact with each other socially – nothing will be the same for a long period of time. Along with many industries, the COVID-19 pandemic presents significant challenges to insurers given their nature of business, and contractual coverage of health and mortality risk. More specifically, in response to changing customer behavior, insurers have had to rethink distribution channels and their outreach; launch new products and sustain old ones; enhance the use of technology for augmentation in all areas of business; and most importantly, make use of the large amount of data that is being generated in fruitful ways. To protect policyholders' interests and minimize the impact on the stability of the insurance industry, the Securities and Exchange Commission of Pakistan (SECP) has issued guidelines for insurers.

Challenges and Opportunities for Insurance Industry

It is rightly said that every challenge brings a new opportunity. The insurance industry, amongst many other industries globally and in Pakistan, has been on the forefront of this challenge acting, reacting and innovating in ways we hadn't imagined before. Events around us such as layoffs, cost cutting and shutting down of businesses have created a compound impact on the general uncertainty of the situation. In times such as these, the importance of the core proposition of the life and health insurance business, which is insurance protection, is being focused upon. In my opinion, it is the right time to create awareness regarding the protection benefits offered by insurance, along with investment solutions. Additionally, the kind of savings discipline it brings in every individual is worth exploring.

Key actions taken by the Industry

The insurance industry has responded to the COVID-19 pandemic responsibly, with the view to support the employees, partners and above all its customers. Some notable actions are mentioned below:

Ensuring that robust business continuity arrangements are in place

Insurance companies have largely continued operations despite nationwide lockdowns through timely implementation of work from home programs. Due to social distancing guidelines, it is necessary, now more than ever, to establish best practices for seamless and secure ways to get work done. Management is using various tools to ensure productivity in a remote setting, while employing secure data technology to protect internally sensitive information from a potential breach.

Emphasizing fair and flexible treatment of customers

Policyholders rely on their insurance plans to provide financial protection in times of distress. While pandemics are generally excluded from product benefits, insurance companies are providing coverage in their existing plans for COVID-19 and have also extended complimentary coverage to their clients against corona virus disease. By providing coverage at no additional cost, insurance companies are delivering on their promise to support customers in unforeseen events so that they do not feel that they have been unreasonably treated. Moreover, customers have been granted extension in grace period of premium payment to avoid cancellation of cover. This extension has been granted considering that customers may also be dealing with business interruption and irregular income concerns.

Launching standalone protection products

Considering the need for specialized, protection plans in the midst of a pandemic, insurance companies have launched short-term, digital plans for coverage against corona virus disease. The plan offers well-rounded coverage to the policyholder and his family to include payout on positive diagnosis, treatment in hospital, and death due to COVID-19. The launch of simple, affordable plans indicates the proactive approach of the insurance industry to address specific consumer needs.

Facilitating innovation

Associated with expeditious claim handling, remote interactions between clients and insurers, and electronic documentation handling. Insurance companies are leveraging digital payment platforms for receipt of premium and disbursement of claims. They have also waived off non-mandatory document requirement for claim processing and are using electronic mediums such as SMS and emails for document delivery, claims handling and issuance of pre-authorization for treatment in hospitals. Lastly, insurers are strengthening partnerships with digital aggregators to expand their product availability. Customers can view offerings by various providers on the aggregators' platform to make a more informed choice.

Creating awareness on digital platforms

Insurance companies are engaging their audiences online through informative pieces on prevention and treatment of corona virus disease. Through interactive posts and live videos on Facebook, insurance companies are playing their part in creating a dialogue around this new disease. Some examples of content include the types of testing facilities available, WHO-issued isolation guidelines, preventative measures and equipment, myths regarding the disease, emergency help lines etc. Insurers are also expected to incorporate telemedicine facilities in their insurance plans to encourage remote consulting and home delivery of medicines.

Supporting medical institutions, charities and organizations that are on the fore-front in the fight against COVID-19

Some insurance companies are donating a certain amount of money to a medical institution every time someone shares their posts on social media, thus not just advocating the act of donations, but ultimately creating awareness for a wider audience.

Ensuring the mental well-being of employees

Insurance companies are aware of the pressures of working from home where an employee's personal and professional lives often converge. To encourage physical activity at home, some insurance companies have partnered with fitness instructors to conduct online training programs for their employees which not only keeps them motivated for the tasks at hand, but gives a feeling that they are cared for. Moreover, some have partnered with testing facilities to provide free-of-cost COVID-19 testing service to enable early detection and prevention of spread. For employees working in office premises, adequate safety protocols are observed and disinfecting activities are conducted on a regular basis.

The situation of COVID-19 in Pakistan indicates that stakeholders will be battling the challenges of the pandemic for a while. Regulated institutions are facing various difficulties whilst ensuring compliance with regulatory requirements related to reporting and submission of information. However, I am of the opinion that this difficult time has provided our industry one more opportunity to reassess our entire business model starting from the needs of the customers, customer segmentation, right products, paperless processes, risk measures and a more efficient use of technology.

Sania Ahmed
EFU Life Assurance

Chartered Insurance Institute 'Investing In The Profession'

Affiliated institutes survey 2020

"This article originally appeared in 'A World Of Promise: Building a trusted international insurance and financial planning profession', 2020, published by the Chartered Insurance Institute and is reprinted with kind permission."

The profession is changing. Levels of trust are rising. Institutes are developing new services to respond to the challenges.

These are three of the key headlines from the Chartered Insurance Institute's first annual survey of its affiliated institute network, giving a unique insight into trends in the insurance profession across five continents ranging in size from India (population 1.4 billion) to Gibraltar (population 35,000).

The first annual survey gives a unique insight into trends in the insurance profession

Standards are being prioritised

The survey reveals that powerful forces of change are buffeting insurance players worldwide. Many of these are generated by the external environment — in particular, changing customer behaviour (named as a top five issue in 47% of markets), as well as regulatory change and the rising cost of fraud (both at 37%). However a number arise from within the profession, not least the drive to innovate, for example by harnessing new digital technologies (42%), and the desire to attract talent (33%). In Africa, one of the respondents, highlighting the talent challenge facing the sector, attributed this to the "ageing nature of the workforce" - meaning the profession is having to run fast simply to stand still as it replenishes its talent pool as existing staff retire.

Of course, some of the trends are more prominent in one region than another. Microinsurance was cited by 67% of institutes in Africa, and 20% in central and south Asia, but didn't feature to the same extent elsewhere. On the other hand, tools to enhance the accuracy and effectiveness of risk management were most prevalent in Europe and the Caribbean. While the Asia-Pacific region was most likely to be focused on applying new

technology to the customer journey, and dealing with the disruptive impact of emerging business models.

Above all, the need to raise professional standards was seen as an overarching theme, enabling organisations and individuals to address a world that's transforming before their eyes, whatever the origin of the change. Some 61% of respondents listed professional standards as a top-five priority, and in some regions — such as Asia-Pacific — the frequency of citation was almost 100%. In essence, robust, widely observed standards are increasingly seen as the 'lever' that's able to unlock progress on many other fronts.

FIGURE 1:



Graphic shows % of institutes identifying each issue as one of the 'top five' in its market

Top issues: key findings at a glance



Data shows % of institutes identifying each issue as one of the 'top five' in its market

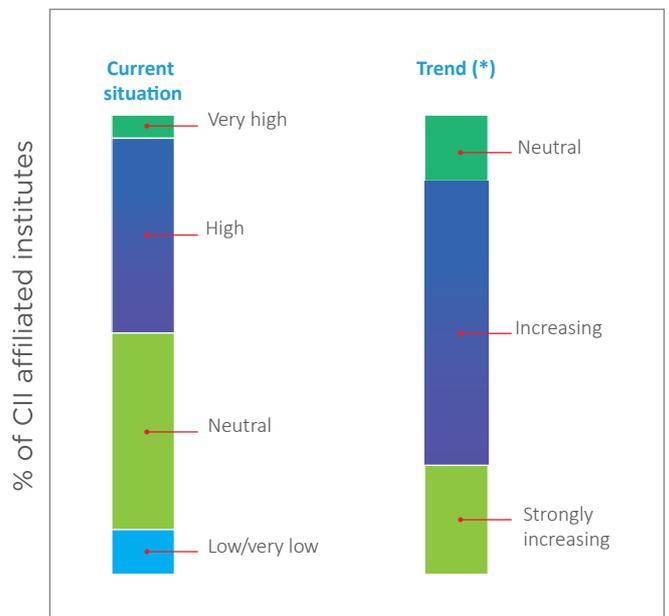
Trust is on the rise

This commitment of many in the insurance ecosystem to raising standards seems to be paying dividends. Some 48% of institutes expressed the view that, today, public trust in the profession is either 'high' or 'very high'. At the other extreme, just 9.5% felt trust levels were anything less than neutral (either 'low' or 'very low').

But it was the direction of travel that's most revealing. Not a single institute expected public trust to decline during the coming years, with more than three quarters looking forward to a strengthening. Africa was the most confident of the regions, with approximately half of the institutes anticipating a 'strong increase' in trust during the coming period. Europe, on the other hand, was the continent most likely to see a neutral trend (three quarters responding in this vein) — this is partly explained by the fact it was the region most likely to regard trust as already having strong foundations.

FIGURE 2:

Public trust in the insurance and personal finance profession



(*) no institute answered 'decreasing' or 'strongly decreasing'

Expanding services:

Key findings at a glance (relates to facing page)



Data shows % institutes mentioning a given service as a 'top five' expansion priority

Public trust: Key findings at a glance



The immediate priorities are to get our diploma programme accredited and place the courses online

Respondent in the Caribbean



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E-learning in a league of its own

Finally, we surveyed the services that affiliated institutes currently offer, and/or intend to expand. This revealed that significant investment is being made in suites of new products and services - ones that acknowledge the changing nature of society and respond to changing patterns of learning and knowledge.

By some magnitude, e-learning was the service that affiliate institutes are most likely to be expanding, with nearly 70% rating it as a top-five priority (in terms of the focus today, e-learning ranks a more modest sixth, behind such services as accreditation, lectures and CPD seminars). Many respondents provided additional detail of how their e-learning proposition is requiring them to acquire or enhance their digital capability and competence. One remarked: "We increasingly provide the market with services which depend on resilient and flexible IT. IT is now at the heart of what we do." Another pointed out the generational effect, with younger people expecting rich technology enablement as a basic feature of any organisation providing them with a service: "It's an essential if we're to have any hope of catching learners at a young age, for example while still in secondary schools, and encourage more tertiary institutions to offer insurance as a course of study."

Turning to other prominent services, we find that 'training for qualifications' is the service most likely to be listed as a core to today's institute proposition,

mentioned by 54% of respondents (42% plan further expansion), with CII exam support not far behind – cited by 38% as a key service today, with 29% intending further expansion.

Final remarks

The responses from affiliated institutes about their service development bear testament to the wealth of innovation and new thinking among fellow professional bodies as they strive for relevance and influence during the coming years. Indeed, as we look among the lower-profile items being prioritised, we find many placing importance on research and publications (which 34% plan to expand), community outreach (29%), future leaders events (21%) and mentoring (13%). These results are a tribute to the work of affiliated institutes as they build upon their 'qualifications' heritage to support learning and build trust across a far larger canvass.

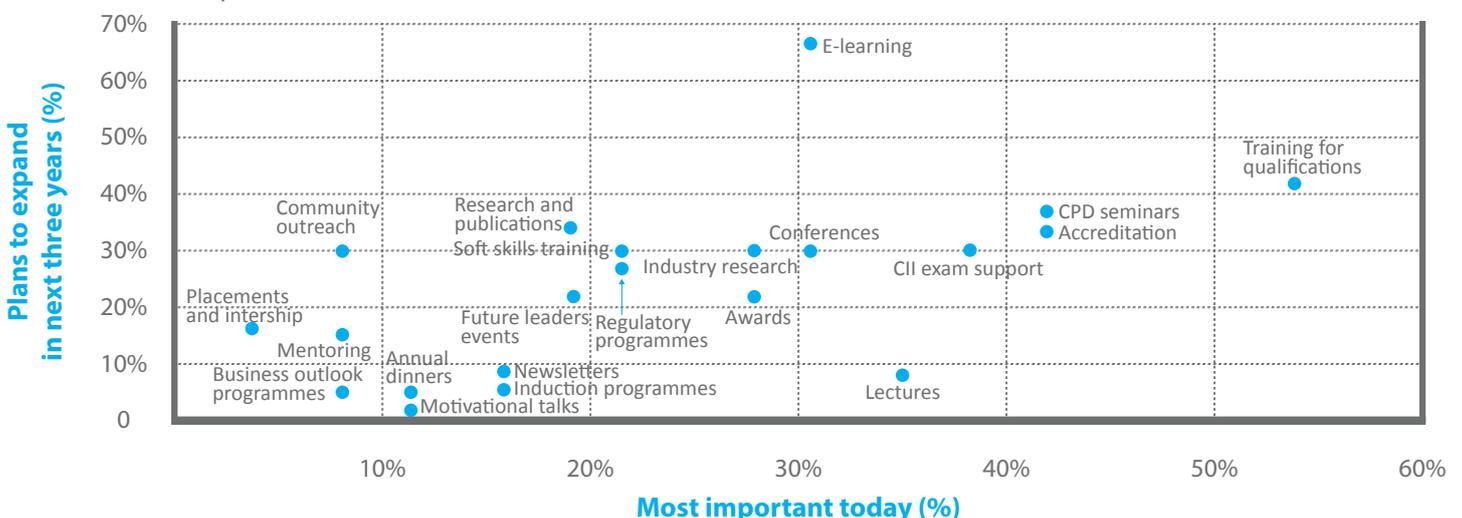
As stated in the opening paragraph, the insurance and personal finance profession is changing, levels of trust are rising, and institutes are developing new services to respond to the challenges. It will be fascinating to track these trends during the years ahead as affiliated institutes redouble their efforts and play an ever-increasing role in the creation of an international profession, one that justifies parity of esteem with many of the other professions that enjoy a global reach.

Laurence Smith

Editor, *A World Of Promise*

FIGURE 3:

Services that build public trust



Graphic shows % institutes identifying a given service as one of the 'top five'

Fraudulent Claims

Too many fraudulent claims have put Mrs. Adnan in the spotlight and she must present a solution to her boss. There are many options to consider. The solution she picks could either be a game changer for Mrs. Adnan or set her further down on the wrong track

Case studies received for the Case Study Competition reproduced for our readers interest

Introduction:

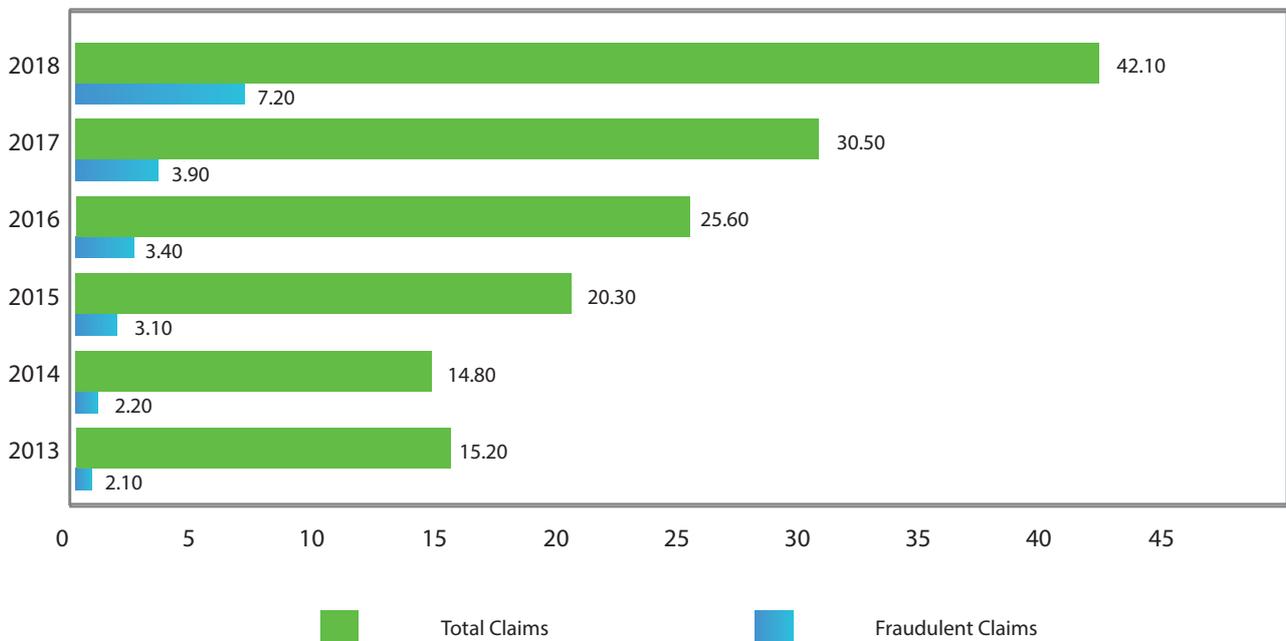
It's late in the evening, Mrs. Adnan is imagining all the good times with her kids and her husband. She could be with her family right now, but she's still at work. She can't remember the last time she had dinner with her family. Mrs. Adnan has been working with FrontLine Assurance Limited for over ten years. FrontLine is like a second home to her. She started off as a senior officer and now she's the head of the claims department and one of the few women in senior management.

It has been a tough year for FrontLine Assurance Limited, especially for the claims department. This is the sixth consecutive day where Mrs. Adnan is staying late. She gets to work early in the morning and comes back home late at night. The number of fraudulent claims being detected is

growing rapidly and the department is working longer hours to ensure everything is being done right. But it isn't sustainable, and the increasing rate of claims detections is raising eyebrows both within the department and higher up the ladder. Mrs. Adnan is under a lot of pressure. She needs to find a solution to either fully stop these fraudulent claims from occurring or find a way for early detection. She has been researching this issue, but she cannot decide which way to go. She's not only worried about the company but she is also getting stressed for the customers because a rise in fraudulent claims could increase the premium for the customers. Since the insurance industry is huge and very competitive, it's highly unlikely that the customers would keep paying high premiums when they can pay less for a policy in another company.

Claims trend

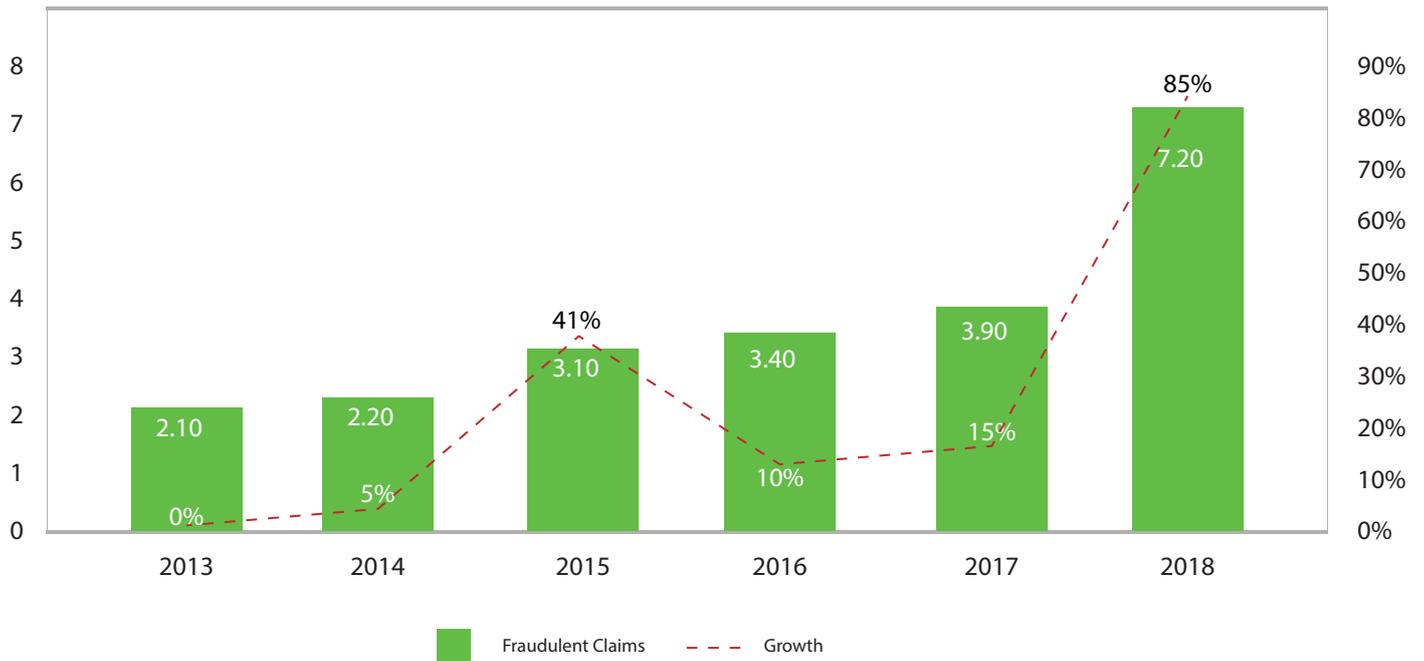
in 000's



There has been a drastic increase in total claims of the company. While there were 15,200 total claims in 2013, there are now 42,100 total claims in 2018 and the year has not even ended yet. Let's not forget the probability of there being unidentified fraudulent claims that just got lucky.

Growth in fraudulent claims

in 000's



There has been 85% growth in the number of fraudulent claims from the previous year and it is a very troubling situation for the company. Mrs. Adnan has a lot of emails to answer for this rising figure. The CEO has scheduled a meeting regarding this issue and all eyes are set on Mrs. Adnan to produce a game plan.

As the pressure is building, she needs to hold on to her nerve and come up with a solution for this problem. She decides to have a meeting with her team to decide what their next step should be. As the meeting proceeds, the team starts brainstorming trying to find a way that they can improve their accuracy of fraud detection and radically decrease their late sittings and overtime.

No one on the team wants to compromise on their customers. So whatever decision they make, they need to think about all the parties that would be affected by it and to put their customers first. Ernest Hemingway wrote, *'Courage is grace under pressure'*, so what Mrs. Adnan needs to do is be courageous enough to experiment, get new ideas, and produce tangible results. *'Innovation requires an experimental mindset'* is what Denise Morrison once said.

The details

The meeting starts, and Mrs. Adnan explained to

her team that insurance fraud is not just the insurance company's problem. It is also the insurance holder's problem. The more fraud there is, the more premium there is for the policy holders to pay. They would have to pay a lot less if there were less fraudulent claims. According to FBI statistics, non-health insurance fraud costs \$40 billion annually, which you cover by paying annual premiums \$400 to \$700 higher than they'd be if there were no fraud at all (*source: Them*). One of the team members suggests starting a PR campaign that would stress the legal actions taken against those customers who commit insurance fraud. Mrs. Adnan found this idea quite useful but asks for more options.

Insurance fraud can be sometimes very difficult to identify. You need a strong Claims team to decide where to put red flags and plenty of systems and processes in place to support that team.



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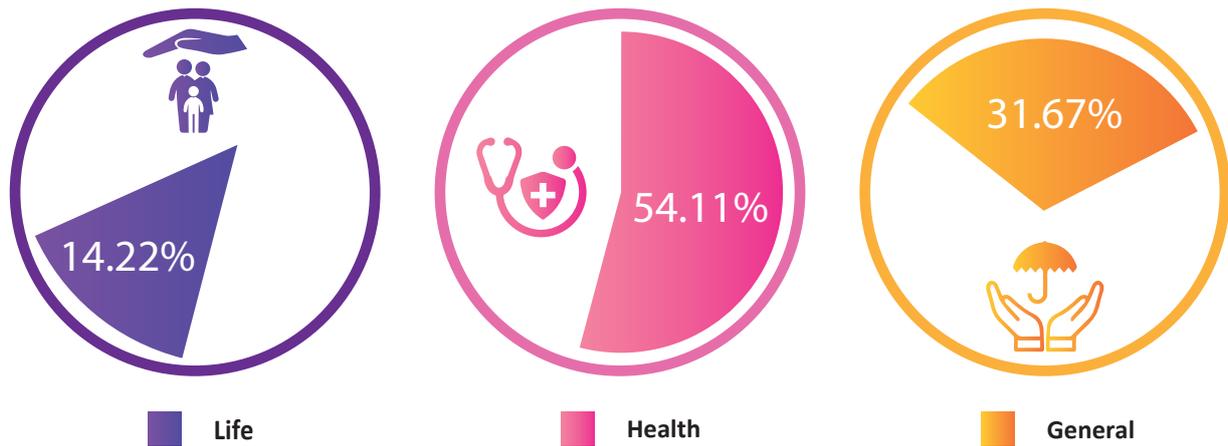


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Fraudulent claims by insurance type



In 2018, FrontLine Assurance Limited recorded that 54.11% of its fraudulent claims came from health insurance. Claimants often buy policies right after being diagnosed by a disease, so that they can get a claim for their treatment. That puts a red flag on those claimants and they need to be investigated. However, sometimes they just get lucky or the claim is legitimate. So, identifying fraud can be very tough as separating these two cases is often difficult. 14.22% of the fraudulent claims come from the Life insurance industry. Allegedly deceased individuals drive claims for life assurance payouts and commit fraud through family members. There have even been cases where a life insurance policy has been bought for a dead person. If the claimant is caught with these fraudulent claims, he/she is faced with criminal charges. 31.67% of the fraudulent claims have come from the general insurance.

Mrs. Adnan asks her team not to blame everything on the claimants. Sometimes there were unseen loopholes exploited in the company itself. Sometimes, there were agents who were also involved in fraud. There are a lot of other ways to try to cheat the system while early detection was difficult.

Mrs. Adnan has herself listened to the calls where claims were made. She took part in the investigation process and she is more convinced that she needs an early warning system that could identify fraud. While fraudulent claims seemed to defy a pattern there were some markers that distinguished them from

legitimate claims. While looking out of the glassed wall of her office, Mrs. Adnan ponders upon the reasons for these fraudulent claims, she felt that the customers should be educated about the consequences of committing fraud.

Options and implications:

Mrs. Adnan and her team are sipping tea. They have come up with quite a few ideas. These ideas could either be very fruitful or could further increase the losses however, there is always room for innovation. In a technology enabled business environment, there are ways to make the claims process intelligent. The use of a PR campaign to warn their customers about the consequences of committing insurance fraud is another option. Using predictive analysis is yet another. Bringing business intelligence into the claims department to make the process smooth is attractive but time and cost intensive. Beefing up the claims investigation team, outsourced and internal, is also something which Mrs. Adnan can consider doing.

Mrs. Adnan came up with the idea of putting red flags on certain claims that exhibit the markers that she has found. She explains to her team the various scenarios where the claimants' behavior could be suspicious, and they could put a red flag there. If a claimant has submitted a very large claim for example, and their behavior seems at odds or suspicious to the circumstances of the claim, put a red flag over it. It is nearly impossible for a claimant to get into an accident or lose something and stay calm. This doesn't

mean that it is not possible. But it is recommended to investigate such cases. Hand written receipts for repairs on an item should also be an alarming sign for the company since they can alter whatever it is written on the receipts. A medical claim made by an employee whose job is ending soon should also alarm the insurers. Mrs. Adnan and her team should know that these scenarios might also be present in legitimate claims, but they need to be proactive in identifying the possible fraudulent claims which they can investigate further.

Mrs. Adnan could use private investigators. She could check suspicious claimants through their social media accounts. Nowadays, people brag about everything on social media. Fortunately, for insurers, a lot of people make such mistakes on social media. The PR campaign is looking more useful at this stage.

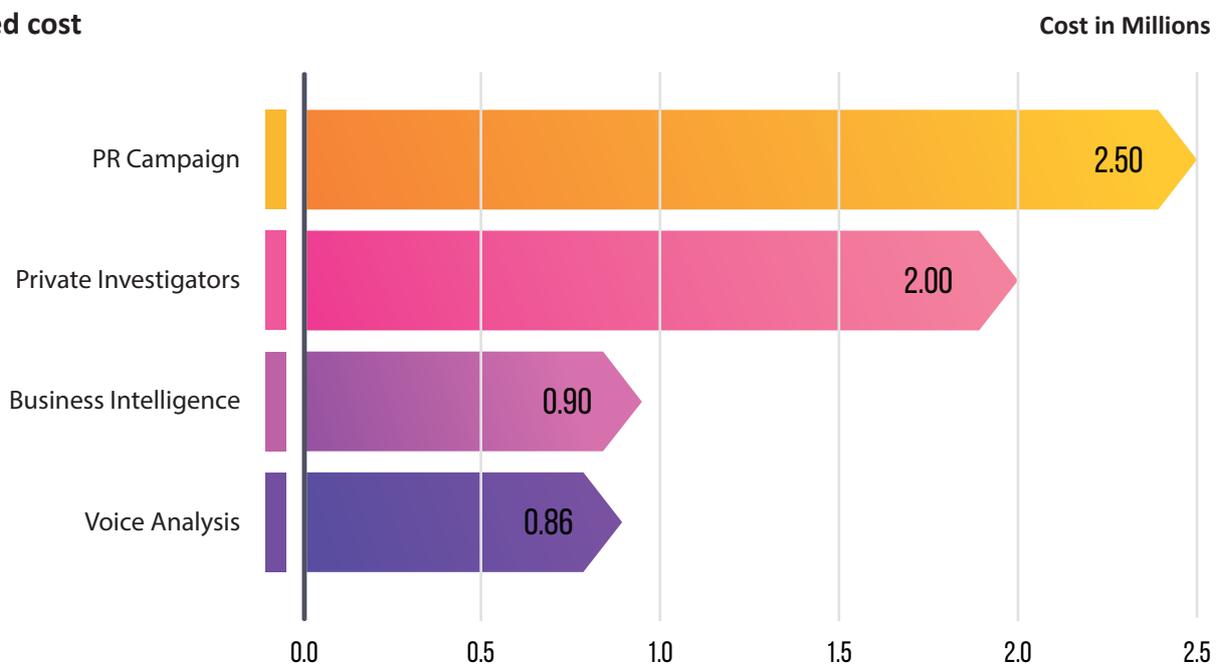
Doing voice stress analysis can also help in identifying fraudulent claims. For example, if the claimant sounds calm after submitting a very large claim, that means there's something wrong. But we cannot just rely on

this program because not every claim is made on phone.

Someone in the team pointed out that there were mounds of data available in her company but were not being used the way they could be. There could be many analyses done on this data with the help of Business Intelligence (BI).

BI could help study claimants' histories whereas predictive analysis tools could help perform predictive analysis with the help of that history using the markers Mrs. Adnan has identified. There are many data analytics tools available in the market which could be used for this purpose and help Mrs. Adnan and her team in early detection of any fraudulent claims coming their way. Mrs. Adnan is quite excited about introducing business intelligence in her department. She thinks that this could help her take control on the rise in the number of fraudulent claims. It can help her in taking care of the fraudulent claims but also, help her with the data present and provide better insights to gain a more holistic view of the company's performance.

Estimated cost



The graph shows the estimated cost for the options discussed . By looking at this, Mrs. Adnan can make a better, thorough decision.

Best of all, it is non obtrusive; a chance for a negative impact on the customer perception of the company negligible.

Conclusion:

Mrs. Adnan's had the options in front of her but now she needed to pick one.

Business Intelligence and big data analytics are expected to have a huge impact on the insurance business in the future. But what about her present? Using private investigators can also work to identify insurance fraud. But how many private investigators would Mrs. Adnan need? Social media investigations could be of help in studying the suspected claimant. But what if the claimant doesn't use social media? The pros and cons of the options in front of them seemed never ending.

Let's not forget the fact that the company is already suffering from the increase in fraudulent claims, and any new step taken could backfire as well as compounding the issue. There are customers as well who trusted in FrontLine to look after them in their time of need. Their interests should be foremost. There's too much on stake for Mrs. Adnan, her team and the company. Whatever decision she makes, is going to affect all the stakeholders of the company, whether directly or indirectly. Her team is young and wants a solution they can be excited about – they're leaning towards technology, but she isn't fully convinced and is struggling to make a call. What should she do?

*Wardah Absar Ahmed
EFU Life Assurance*

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Reinsurance Market Slips Online Portal

In context of SECP's instructions to all insurance companies who have any risk in excess of their net retention and treaty capacity, to first offer the risk to the local market before approaching foreign reinsurers; the industry had been using a manual slip circulation mechanism to check interest from all insurance companies.

On 14th April 2020 IAP launched the IAP Reinsurance Market Slips (RMS) Online Portal to facilitate the industry in circulating their conventional local facultative reinsurance slips electronically among all Insurance Companies, eliminating the need to physically circulate the reinsurance slips to all the Insurance Companies by hand and to get them stamped & signed by companies to indicate their acceptance/rejection.

The IAP RMS Portal has been developed with consultation of members and under intimation to SECP, the Portal

users can electronically post slips, accept risks they are interested in, reject slips, receive system generated notifications of all slip activity, send automated reminders to companies when needed, view reports and print completed slips for submission to SECP. Special access has also been given to SECP for authenticating market slips submitted by Insurance Companies.

With the launch of Portal insurance companies no longer need to use the outdated physical slip circulation mechanism in practice which was cumbersome, insecure and inefficient. With electronic circulation companies can now complete their slip circulation within 72 hours securely and efficiently.

The IAP ReTakaful Market Slips Online Portal is also near completion, once launched Takaful Operators and Window Takaful Operators will also be able to circulate their facultative local Retakaful slips electronically.

Amendments Proposed to Insurance Ordinance

The Securities and Exchange Commission of Pakistan (SECP) recently proposed amendments to the Insurance Ordinance 2000 to address regulatory gaps in the existing law and provide a conducive regulatory environment to encourage market development.

The draft law has been placed on the regulator's website for stakeholder and public consultation.

The changes aim to facilitate use of technology, provide ease of doing business and address entity-specific and systemic risks by shifting towards risk-based supervision (RBS) and risk-based capital (RBS) regimes.

The amendments will also strengthen the regulatory framework and ensure its alignment with the Insurance Core Principles (ICP) of the International

Association of Insurance Supervisors (IAIS).

The significant reforms proposed in the draft bill includes introduction of dedicated micro insurers; provisions for regulation of takaful and re-takaful; regulation of local and foreign reinsurance business for enhancement of local capacity; regulation of reinsurance brokers; flexibility for introduction of new intermediaries; insurance repository and insurance self-network platform; provisions for regulation of index-based insurance and InsurTech.

Provisions for introduction of the RBS and RBC regimes and establishment and operation of a guarantee fund for insolvency of insurers have been included to strengthen the regulatory framework and align the law with core principles of the IAIS and address systemic risk.

ATTENTION SPAN



.....AND WHAT IT MEANS FOR MARKETEERS

ACCORDING TO RESEARCH,
our attention span has markedly decreased in just
15 YEARS...



12 SECONDS

8.25 SECONDS

INFACT
scientists reckon we now have shorter attention spans than goldfish.....



AVERAGE ATTENTION OF A GOLDFISH:
9 SECONDS

So as marketers, we are trying to sell to goldfish - no wonder it sometimes feels difficult!

HUMAN BEINGS ARE A FORGETFUL LOT....



25%

of teens forget major details of close friends and relatives

7%

of people forget their own birthday from time to time

39%

of Americans have forgotten one basic piece of information or lost one every day item in the past week!

WE ARE EASILY DISTRACTED.....



An office worker, on average, will check their email inbox

30TIMES
every hour

The average user picks up their phone more than

1,500

times a week- taking up an average of 3 hours, 16 minutes a day



On average web page, user will read at most

28%

of the words during an average visit; 20% is more likely

The average page visit lasts less than a minute and users often leave web pages in just

10-20 SECONDS



THIS IS ALL BAD NEWS FOR MARKETEERS...

THE GOOD NEWS?

There are still ways to hold attention. According to Nielsen research, pages with a clear value proposition are able to hold people's attention for much longer

TOP TIPS

- ◆ Be clear in your message
- ◆ Focus on UX and ease of navigation
- ◆ Keep your message short and sweet
- ◆ Appeal to consumer desires - tell stories
- ◆ Use rich media like video- and make the first 8 seconds attention grabbing