

Fraud investigation

Fraud exists in various guises in all lines of insurance. Sedgwick takes fraud detection and prevention very seriously to achieve significant savings for our clients by defending against unjustified claims. We have a wide range of options at our disposal to detect attempted fraud.

Working together from the start

We develop a concept together with our clients to detect questionable losses. Initially we define fraud scenarios and relevant questions, based on our experience and technical expertise. Our claims handlers are provided with a fraud scenario catalogue, which are then regularly compared with the claims being processed on our clients' behalf.

This first step, which precedes the actual claims processing, is an efficient core element of the fraud investigation process.

When a claim is identified at this stage it does not necessarily mean that fraud is suspected, but the claims will be forwarded to our specialist department for further examination.

This triage process begins our successful fraud detection process.

Further investigation

We assess the information and documents provided, and depending on the loss event, we investigate either via our internal staff or external specialists. After consultation with you, we have several options including pure background research, contacting the claimant or policyholder, requesting further documents and information, or carrying out direct interviews.

We use standardised processes and forms which can be evaluated and made available at any time.

Cost-effective

During the investigation process, we pay particular attention to the cost-effectiveness of the measures taken.

In the event of proven fraud, the aim is to relieve the insurer from the obligation to pay. Even in cases where fraud cannot be proven, the measures taken can cause the policyholder or claimant to suspend the claim.



Peace of mind

We offer our clients the certainty that fraud cases are identified and efficiently proven. At the same time, our systematic approach ensures that suspicious cases are invalidated quickly and claims processing can continue swiftly for the benefit of the policyholders.

We provide data on the audited losses including the number of loss events and proven cases of fraud. We also detail attempted fraud costs. This data demonstrates the savings achieved and how you are acting responsibly on behalf of your customers.

Why fraud combat with Sedgwick?

- Individually designed fraud scenarios and indicators
- Swift process, highly flexible
- Software controlled internet research
- Transparent and neutral assessment
- Use of internal experts and external investigators
- International experience in fraud investigation
- Easy overview of achieved savings



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