

Global **claims fraud service**

Sedgwick's claims fraud strategy saves our clients money, protects their reputations and helps them care for valued customers.

Most insurance claims are genuine. But our experience shows that not all claims are honestly presented — and that addressing suspect claims quickly and efficiently is crucial.

At Sedgwick, we've invested in our claims fraud strategy and service because we understand that tackling claims fraud is a critical component of insurers' risk strategies — and that it matters a great deal to their customers. Key features of our claims fraud strategy include:

Detection

Each claim is screened for fraud concerns, and any claims that require a second opinion are flagged. Detection is complementary, built into our claims fraud service as a standard feature.

Triage

When a concern is identified during the detection process, Sedgwick immediately examines it further to determine appropriate next steps. This ensures only those that warrant further enquiry are recommended for investigation — it's an approach that's consistent with treating customers fairly. As with detection, triage is a standard component of our claims handling.

Containment

To investigate suspicious claims, our claims fraud specialists use a variety of compliant and proportionate methods and tools, including desktop services and visits. And as we work to continually enhance the customer experience, we're harnessing the power of digital solutions like never before.

For clients who choose to undertake detection and triage in-house, our investigators are available for bespoke enquiries. As an integral part of Sedgwick's global network approach to tackling claims fraud, we can support insurer-led case management throughout the world.

Fraud management consultancy

We can help insurers implement an effective claims fraud strategy, using our in-house expertise and scale; we can also assist with regulatory requirements to tackle financial crime.

Sedgwick understands that one size doesn't fit all — that's why we're always working in partnership with our clients to support their specific counter-fraud strategy.

The Sedgwick difference

Our claims fraud investigation service is built around our belief that the characteristics of a good investigation — prompt service, attention to detail and an established rapport — mirror the elements of good customer care.

As we strive to ensure our service is always improving, we will continue to enhance our claims fraud services with new, innovative technology and market-leading data.

To identify and settle genuine claims quickly, whilst serving as stewards of our clients' risk pools and reputations, we work hard to keep our caring counts philosophy at the heart of everything we do.

To learn more about our claims fraud service, we encourage you to contact us:



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