

# SOP: Claim Assessment and Investigation Procedures

This SOP details the **claim assessment and investigation procedures**, covering the systematic process for evaluating insurance claims, verifying the validity of claims, conducting thorough investigations, gathering and analyzing evidence, interviewing involved parties, and documenting findings. The objective is to ensure accurate, fair, and timely resolution of claims while minimizing fraud and maintaining compliance with regulatory standards.

## 1. Purpose

To provide a standardized approach for the assessment and investigation of insurance claims, ensuring all claims are processed efficiently, equitably, and in accordance with policy terms and applicable regulations.

## 2. Scope

This procedure applies to all claim assessment and investigation activities undertaken by the claims department.

## 3. Responsibilities

- **Claims Assessor:** Initial claim review and assessment, documentation.
- **Claims Investigator:** In-depth investigation, evidence gathering, interviews.
- **Claims Supervisor/Manager:** Oversight of process, approval of outcomes.
- **Compliance Officer:** Regulatory conformity monitoring.

## 4. Procedure

### 1. Claim Registration

- Receive and log claim submission.
- Assign claim reference number.
- Acknowledge receipt to claimant.

### 2. Initial Assessment

- Review submitted documents for completeness and eligibility.
- Verify claimant identity and policy coverage.
- Identify apparent discrepancies or signs of possible fraud.

### 3. Investigation Planning

- Determine the level and type of investigation required.
- Assign investigator (if necessary).
- Develop investigation plan and timeline.

### 4. Evidence Collection

- Gather physical, digital, and testimonial evidence.
- Conduct site visits, if needed.
- Secure and document all information in accordance with data protection policies.

### 5. Interview Involved Parties

- Interview claimant, witnesses, and other relevant parties.
- Record interviews and maintain confidentiality.

### 6. Analysis and Evaluation

- Analyze evidence and documentation collected.
- Compare findings with policy terms and conditions.
- Identify inconsistencies or instances of suspected fraud.

7. **Documentation of Findings**

- Prepare an investigation report summarizing findings and recommendations.
- Ensure all evidence and interviews are properly documented and stored.

8. **Resolution and Reporting**

- Decision on claim approval, partial approval, or denial.
- Inform claimant of the outcome in writing.
- Escalate suspected fraud to the appropriate authorities, if necessary.

9. **Records Management**

- Archive claim records and investigation files per company policy and regulatory requirements.

10. **Continuous Improvement**

- Review and update procedures based on feedback, regulatory changes, and lessons learned.

5. **Related Documents**

- Claims Handling Policy
- Fraud Prevention Policy
- Investigation Report Template
- Interview Consent Form

6. **Revision History**

Date	Version	Description	Author
2024-06-10	1.0	Initial document	Claims Dept.