



Claims Processing Audit Checklist

 Show only Checklist

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Claim Intake & Verification

Review processes for receiving, logging, and verifying claim information.

Claim Received Date

Enter date...

Claim Number

Enter a number...



Claim Type

- ☐ Property
- ☐ Liability
- ☐ Auto
- ☐ Workers' Compensation
- ☐ Other

Initial Description of Loss

Write something...

Policy Status Verification

- ☐ Active
- ☐ Lapsed
- ☐ Cancelled
- ☐ Suspended

Supporting Documents (e.g., Police Report)

 Upload File

Coverage Validation

Assess accuracy and thoroughness of policy coverage verification.

Policy Type Verified?

☐ Homeowners

☐ Auto

☐ Commercial

☐ Other

Coverage Endorsements Applied?

☐ Yes

☐ No

☐ N/A

Summary of Coverage Validation Findings

Write something...

Policy Effective Date

Enter a number...

Date of Coverage Validation Completion

Enter date...

Coverage Areas Validated (Select All That Apply)

- ☐ Property Damage
- ☐ Liability
- ☐ Business Interruption
- ☐ Personal Injury
- ☐ Other

Was Policy Exclusions Reviewed?

- ☐ Yes
- ☐ No

Damage Assessment & Documentation

Evaluate methods for damage assessment, photographic evidence, and estimating repair costs.

Description of Damage

Write something...

Photos of Damage (Front)

 Upload File

Photos of Damage (Rear)

 Upload File

Photos of Damage (Side)

 Upload File

Estimated Repair Cost

Enter a number...

Damage Severity (e.g., Minor, Moderate, Severe)

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Date of Damage Assessment

Enter date...

Time of Damage Assessment

Enter time...

Reserves & Payment Authorization

Check adherence to reserve setting guidelines and payment authorization protocols.

Initial Reserve Amount

Enter a number...

Reserve Rationale/Justification

Write something...

Date Reserve Set

Enter date...

Adjusted Reserve Amount (if applicable)

Enter a number...

Explanation of Reserve Adjustment (if applicable)

Write something...

Date of Reserve Adjustment (if applicable)

Enter date...

Authorization Level Required

- ☐ Level 1
- ☐ Level 2
- ☐ Level 2A
- ☐ Level 3

Authorizing Manager Signature

Vendor Management (If Applicable)

Audit processes for selecting, managing, and billing from third-party vendors.

Vendor Selection Process

- ☐ Formal RFP Process
- ☐ Informal Bid Process
- ☐ Existing Approved Vendor List

Number of Vendors Used

Enter a number...

Vendor Contract Review Process Description

Write something...

Vendor Contract (Example)

 Upload File

Vendor Performance Monitoring

- ☐ Formal Performance Reviews
- ☐ Informal Feedback
- ☐ No Formal Monitoring

Average Vendor Response Time (Days)

Enter a number...

Regulatory Compliance

Verify compliance with relevant state and federal insurance regulations.

Applicable State Regulations (Check all that apply)

☐ State A Regulations

☐ State B Regulations

☐ State C Regulations

☐ Federal Regulations

Summary of Key Regulatory Changes Implemented

Write something...

Date of Last Regulatory Compliance Training

Enter date...

Number of Regulatory Exams Passed (Last 12 Months)

Enter a number...

Upload Documentation of Compliance with Specific Regulation (e.g., 2110)

 Upload File

Confirmation of Adherence to Prompt Payment Laws?

- ☐ Yes
- ☐ No
- ☐ N/A

Description of Processes to ensure Compliance with Unfair Claims Practices Acts

Write something...

Customer Communication

Assess communication quality and timeliness throughout the claims process.

Initial Contact Method

- ☐ Phone
- ☐ Email
- ☐ Mail
- ☐ Portal Message

Summary of Initial Conversation

Write something...

Date of Initial Contact

Enter date...

Time of Initial Contact

Enter time...

Communication Topics Covered

- ☐ Claim Status
- ☐ Required Documentation
- ☐ Coverage Questions
- ☐ Next Steps
- ☐ Other

Customer Concerns/Feedback

Write something...

Resolution Offered (If Applicable)

- ☐ Explanation of Coverage
- ☐ Additional Information Provided
- ☐ Payment Authorization
- ☐ Escalation to Specialist
- ☐ No Resolution Required

Claim Closure & Reporting

Review procedures for claim closure, documentation, and reporting.

Claim Closure Date

Enter date...

Claim Closure Summary

Write something...

Total Paid Amount

Enter a number...

Claim Status

- ☐ Closed - Paid
- ☐ Closed - Denied
- ☐ Closed - Recovered
- ☐ Closed - Other

Supporting Documents

- ☐ Final Repair Invoice
- ☐ Release of Liability
- ☐ Subrogation Documents
- ☐ Other

Supporting Documentation

 Upload File

Claim Reference Number (for reporting)

Write something...

Fraud Prevention

Evaluate measures in place to detect and prevent fraudulent claims.

Claimant Relationship to Insured?

- ☐ Immediate Family
- ☐ Business Associate
- ☐ Friend/Acquaintance
- ☐ Unknown

Claim Amount (USD)

Enter a number...

Describe any unusual claim circumstances.

Write something...

Which red flags were observed?

- ☐ Inconsistent Statements
- ☐ Missing Documentation
- ☐ New Injuries/Damage
- ☐ Unexplained Delay
- ☐ Multiple Claims

Date of Incident

Enter date...

Upload supporting documentation (e.g., police report, medical records)

 Upload File

Suspected Fraudulent Activity?

- ☐ Yes
- ☐ No
- ☐ Uncertain

Data Security & Privacy

Confirm protection of sensitive claimant data and adherence to privacy regulations.

Data Encryption Method Used

- ☐ AES-256
- ☐ RSA
- ☐ Other (Specify in Long Text)

Detailed Description of Encryption Process

Write something...

Access Controls Implemented

- ☐ Role-Based Access Control (RBAC)
- ☐ Attribute-Based Access Control (ABAC)
- ☐ None
- ☐ Other (Specify in Long Text)

Description of Access Control Measures

Write something...

Compliance Framework Adherence

- ☐ HIPAA
- ☐ GDPR
- ☐ CCPA
- ☐ Other (Specify in Long Text)

Date of Last Security Audit

Enter date...

Summary of Audit Findings and Remediation Steps

Write something...

Data Privacy Policy Document



Upload File