



# Insurance Claims Adjustment Review Checklist

 Show only Checklist

Display Style  
Default 

## Initial Claim Receipt & Documentation

Verifies completeness and accuracy of initial claim information received.

**Date of Loss/Incident**

Enter date...

**Claim Number (Assigned)**

Enter a number...



### Claim Type

- Property
- Liability
- Auto
- Workers' Compensation

### Summary of Loss Description (Initial Report)

Write something...

### Initial Police Report (If Applicable)

 Upload File

### Claimant Full Name

Write something...

### Insured Full Name

Write something...

# Policy Verification & Coverage Assessment

Confirms policy validity, applicable coverage, and any exclusions.

## Policy Status

- Active
- Inactive
- Lapsed
- Cancelled

## Coverage Type

- Property
- Liability
- Vehicle
- Business Interruption
- Other

## Policy Effective Date

Enter date...

## Policy Expiration Date

Enter date...

### Policy Limit

Enter a number...

### Coverage Details Summary

Write something...

### Endorsements Applied

None

Yes

## Damage Assessment & Investigation

Evaluates the extent of the loss and gathers supporting evidence.

### Detailed Description of Damage

Write something...

### Photos/Videos of Damage

 Upload File

### Estimated Cost of Repair (USD)

Enter a number...

### Severity of Damage

- Minor
- Moderate
- Severe
- Total Loss

### Date of Damage

Enter date...



### Liability Assessment Narrative

Write something...

### Estimated Liability Amount (\$)

Enter a number...

### Legal Counsel Involvement Required?

Yes

No

### Date of Liability Determination

Enter date...

## Reserves Establishment & Adjustment

Sets appropriate reserves for the claim and adjusts them as needed.

### Initial Reserve Amount

Enter a number...

### Reserve Rationale

Write something...

### Date of Initial Reserve

Enter date...

### Reserve Adjustment Amount

Enter a number...

### Reason for Adjustment

- New Information
- Legal Development
- Settlement Negotiations
- Re-evaluation of Damages

### Date of Reserve Adjustment

Enter date...

### Updated Reserve Amount

Enter a number...

## Vendor Management & Payments

Reviews vendor invoices and ensures payments are processed correctly.

### Invoice Amount

Enter a number...

### Invoice Date

Enter date...

### Payment Method

- Check
- Electronic Funds Transfer (EFT)
- Credit Card

### Check Number (if applicable)

Enter a number...

### Payment Date

Enter date...

### Vendor Approval Status

- Approved
- Rejected
- Pending

### Payment Notes/Comments

Write something...

## Communication & Customer Service

Assesses the quality of communication with the claimant and ensures satisfaction.

### Summary of Customer Interactions

Write something...

### Customer Sentiment (Post-Interaction)

- Positive
- Neutral
- Negative

### Number of Customer Follow-Up Calls/Emails

Enter a number...

### Date of Last Customer Contact

Enter date...

### Communication Channels Used (Check all that apply)

- Phone
- Email
- Mail
- Online Portal

### Notes on Customer Concerns/Feedback

Write something...

## Regulatory Compliance & Reporting

Verifies compliance with relevant insurance regulations and reporting requirements.

### Reporting Deadline

Enter date...

### Applicable Regulations (e.g., NAIC, State Laws)

- NAIC Model Laws
- State-Specific Regulations
- Federal Regulations


### Reporting Form Version

Enter a number...

### Summary of Regulatory Changes Impacting Report

Write something...

### Supporting Documentation (e.g., Regulatory Correspondence)

 Upload File

### Report Submission Method

- Online Portal
- Email
- Physical Mail

### Confirmation of Compliance Statement

Write something...

## Claim Closure & Documentation

Ensures proper documentation of claim closure and adherence to internal procedures.

### Claim Closure Date

Enter date...

### Summary of Claim Resolution

Write something...

### Claim Status

- Closed - Paid
- Closed - Denied
- Closed - Withdrawn

### Total Paid Amount

Enter a number...

### Notes Regarding Closure (e.g., unusual circumstances)

Write something...

### Supporting Documentation (e.g., final inspection report)

 Upload File

### Claims Adjuster Signature

## Fraud Indicators Review

Checks for any signs or red flags indicating potential fraudulent activity.

### Claimant Relationship to Insured

- Spouse
- Family Member
- Business Partner
- Friend
- Unknown

### Claim Amount vs. Policy Limit

Enter a number...

### Date of Loss vs. Policy Inception Date

Enter date...

### Suspicious Circumstances

- Unexplained Delay in Reporting
- Conflicting Statements
- Witness Unavailability
- Damage Inconsistent with Reported Event
- Prior Claims History (Claimant)

### Additional Notes/Observations

Write something...

### Independent Verification Needed?

- Yes
- No