



Insurance Claims Adjustment Review Checklist

 Show only Checklist

Display Style 

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