



Insurance Claims Case Management Checklist Template

Claim Intake & Verification

Initial steps to receive and validate the claim details.

Claimant Name

Write something...

Claim Number

Write something...

Date of Loss

Enter date...

Brief Description of Loss

Write something...

Policy Number

Enter a number...

Type of Claim

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

Supporting Documentation (Police Report, Photos)

 Upload File

Policy Validation

Confirming policy coverage and eligibility.

Policy Status

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

Policy Effective Date

Enter date...

Policy Expiration Date

Enter date...

Policy Number

Enter a number...

Coverage Type

- ☐ Property
- ☐ Liability
- ☐ Vehicle
- ☐ Personal

Claimant Relationship to Policyholder

- ☐ Policyholder
- ☐ Family Member
- ☐ Third Party

Notes on Policy Validation

Write something...

Investigation & Documentation

Gathering evidence and compiling necessary documentation.

Initial Incident Report Summary

Write something...

Photos/Videos of Damage

 Upload File

Date of Incident

Enter date...

Witness Statements (if applicable)

Write something...

Police Report (if applicable)

 Upload File

Claim Number

Enter a number...

Notes on Investigation Findings

Write something...

Type of Investigation Completed

- ☐ Internal
- ☐ External
- ☐ Both

Coverage Determination

Assessing liability and determining coverage extent.

Coverage Status

- ☐ Approved
- ☐ Denied
- ☐ Pending Review
- ☐ Partial Approval

Primary Coverage?

- ☐ Yes
- ☐ No

Coverage Limit

Enter a number...

Coverage Determination Notes

Write something...

Determination Date

Enter date...

Policy Exclusions Applied?

☐ Yes

☐ No

Supporting Documentation

 Upload File

Damage Assessment & Valuation

Evaluating the extent of damage and calculating the claim value.

Estimated Property Damage Cost

Enter a number...

Estimated Vehicle Damage Cost

Enter a number...

Lost Wages (if applicable)

Enter a number...

Medical Expenses (if applicable)

Enter a number...

Detailed Description of Damages

Write something...

Photos/Videos of Damages

 Upload File

Damage Severity Level

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Negotiation & Settlement

Communicating with claimants and negotiating a settlement agreement.

Negotiation Summary

Write something...

Initial Settlement Offer

Enter a number...

Counteroffer Amount

Enter a number...

Negotiation Approach

- ☐ Collaborative
- ☐ Assertive
- ☐ Compromising

Negotiation Start Date

Enter date...

Negotiation End Date (or Estimated)

Enter date...

Settlement Outcome

- ☐ Agreement Reached
- ☐ No Agreement
- ☐ Further Negotiation Required

Reason for Settlement (if applicable)

Write something...

Claimant Signature (if applicable)

Payment Processing

Authorizing and issuing claim payments.

Claim Amount

Payment Amount

Payment Method

- ☐ Check
- ☐ Electronic Funds Transfer (EFT)
- ☐ Wire Transfer

Payment Issue Date

Payment Notes (Internal)

Payment Status

- ☐ Pending
- ☐ Processed
- ☐ Reversed
- ☐ Failed

Proof of Payment (Optional)

 Upload File

Claim Closure & Audit

Finalizing the claim, archiving records, and conducting audits.

Claim Closure Date

Enter date...

Total Claim Value Paid

Enter a number...

Closure Notes / Summary


Write something...

Audit Required?

☐ Yes

☐ No

Supporting Documentation (Optional)

 Upload File

Claim Adjuster Signature

Audit Reference Number (If Applicable)

Communication & Stakeholder Management

Maintaining consistent communication with all relevant parties.

Initial Contact Date with Claimant

Claimant Communication Method (e.g., phone, email, mail)

Summary of Communication with Claimant (Date, Time, Topic)

Write something...

Stakeholder Notified (e.g., Adjuster, Legal Counsel, SIU)

- ☐ Adjuster
- ☐ Legal Counsel
- ☐ SIU
- ☐ None

Number of Communication Attempts (Claimant)

Enter a number...

Notes on Stakeholder Communication (e.g., Concerns, Agreements)

Write something...

Communication Status

- ☐ Ongoing
- ☐ Resolved
- ☐ Escalated

Record of Communication (e.g., Email, Letter)

 Upload File

Regulatory Compliance

Ensuring adherence to all applicable laws and regulations.

Applicable State Regulations?

☐ Yes

☐ No

Federal Compliance Requirements Met?

☐ Yes

☐ No

Last Compliance Training Date

Enter date...

Summary of Compliance Review Findings

Write something...

Number of Compliance Audits Completed This Year

Enter a number...

Supporting Compliance Documentation (e.g., audit reports)

 Upload File

Data Privacy Regulations (e.g., GDPR, CCPA) Addressed?

☐ Yes

☐ No