



Insurance Claims Investigation Checklist

 Show only Checklist

Display Style
Default 

Initial Claim Receipt & Acknowledgement

Verifies proper receipt and acknowledgement of the insurance claim by the company.

Claim Received Date

Enter date...

Claim Received Time

Enter time...



Claim Reference Number

Enter a number...

Claim Intake Method

Online Portal

Phone

Mail

Agent

Notes on Initial Contact/Receipt

Write something...

Claim Status (Initial)

Open

Acknowledged

Claim Processor Signature

Policy Verification & Coverage Assessment

Confirms policy validity, scope of coverage, and applicable deductibles/limits.

Policy Number

Policy Effective Date

Policy Expiration Date

Coverage Type

- Homeowners
- Auto
- Commercial
- Life
- Health

Policy Limit

Deductible Applied

Yes

No

Deductible Amount

Enter a number...

Notes on Coverage Review

Write something...

Damage Documentation & Evidence Gathering

Ensures thorough documentation of damage through photos, videos, and witness statements.

Photos of Damage (Front)

 Upload File

Photos of Damage (Back/Details)

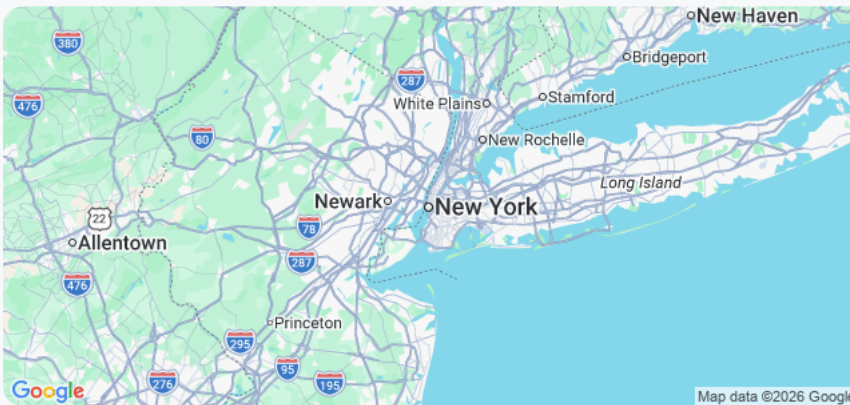
 Upload File

Description of Damage

Write something...

Location of Damage (GPS Coordinates)

 Set My Current Location



Quantity of Damaged Items

Enter a number...

Date of Damage

Enter date...

Time of Damage

Enter time...

Liability Determination (If Applicable)

Investigates and determines liability in liability claims.

Primary Negligence Party

- Claimant
- Insured
- Third Party
- Unclear/Further Investigation Needed

Description of Incident

Write something...

Witness Statements (If Applicable)

Write something...

Estimated Damages Caused by Negligent Party

Enter a number...

Contributing Factors to Accident

- Speeding
- Distracted Driving
- Weather Conditions
- Mechanical Failure
- Other

Date of Incident Report Filed

Enter date...

Coverage Verification & Policy Interpretation

Reviews policy language and interpretations to ensure appropriate coverage.

Policy Type

- Homeowners
- Auto
- Commercial
- Life
- Health

Specific Policy Language Review Notes

Write something...

Endorsement Status

- No Endorsements
- Endorsement Present

Endorsement Details (if applicable)

Write something...

Coverage Limit

Enter a number...

Policy Effective Date

Enter date...

Exclusions Applied

- None
- Flood
- Earthquake

Estimate Review & Validation

Evaluates repair or replacement estimates for accuracy and reasonableness.

Estimated Repair Cost

Enter a number...

Actual Repair Cost

Enter a number...

Estimate Source

- Contractor
- Public Estimator
- Insured's Choice

Estimate Accuracy

- Accurate
- Slightly High
- High
- Low

Notes on Estimate Discrepancies

Write something...

Supporting Documentation (Photos, Invoices)

 Upload File

Estimate Received Date

Enter date...

Deductible Applied

Enter a number...

Fraud Indicators Assessment

Identifies and assesses potential fraud indicators in the claim.

Claimant Relationship to Insured

- Claimant is the Insured
- Claimant is a Family Member
- Claimant is a Business Partner
- Claimant is a Third Party

Suspicious Circumstances

- Unexplained Delay in Reporting
- Conflicting Statements
- History of Prior Claims
- Significant Injury or Loss
- Vague or Inconsistent Narrative

Prior Claims in Last 5 Years

Narrative Summary of Suspicious Activities

Write something...

Professional Involvement

- No Professional Involvement
- Attorneys Involved
- Public Adjuster Involved
- Contractor Involved

Date of Initial Incident Report

Enter date...

Regulatory Compliance & Reporting

Ensures compliance with relevant regulations and reporting requirements.

Reporting Deadline

Enter date...

Reporting Jurisdiction

- Federal
- State
- Local


Claim Count Reported

Enter a number...

Summary of Reporting Activity

Write something...

Supporting Documentation

 Upload File

Reporting Form Used

- Form A
- Form B
- Custom Form

Submission Date

Enter date...

Settlement Authority & Approval

Obtains necessary settlement authority and approvals before finalizing the claim.

Settlement Amount Proposed

Enter a number...

Settlement Authority Level Required

- Level 1
- Level 2
- Level 3
- Legal Review Required

Date of Settlement Approval

Enter date...

Approving Manager Signature

Approval Comments/Justification

Write something...

Settlement Type

- Full Settlement
- Partial Settlement
- Denied