

Insurance Claims Investigation Checklist

Initial Claim Receipt & Acknowledgement

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

Claim Received Date	
Enter date	
Claim Received Time	
Claim Reference Number	
Enter a number	
Claim Intake Method	
Online Portal	
Phone	
☐ Mail	
Agent	

	Receipt
Write something	
Claim Status (Initial)	
Open	
Acknowledged	
Claim Processor Signatu	ıre
Policy Verification	on & Coverage Assessment
	on & Coverage Assessment be of coverage, and applicable deductibles/limits.
onfirms policy validity, scop	
Policy Number	
Policy Number	
Policy Number Enter a number	

Coverage Type Homeowners Auto Commercial Life Health Policy Limit Enter a number Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review Write something	Policy Expiration Date	
Homeowners	Enter date	
Homeowners		
□ Auto □ Commercial □ Life □ Health Policy Limit □ Enter a number Deductible Applied □ Yes □ No Deductible Amount □ Enter a number Notes on Coverage Review		
Commercial Life Health Policy Limit Enter a number Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Life Health Policy Limit Enter a number Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Policy Limit Enter a number Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Policy Limit Enter a number Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review		
Deductible Applied Yes No Deductible Amount Enter a number Notes on Coverage Review	Policy Limit	
☐ Yes ☐ No Deductible Amount Enter a number Notes on Coverage Review	Enter a number	
☐ Yes ☐ No Deductible Amount Enter a number Notes on Coverage Review		
☐ Yes ☐ No Deductible Amount Enter a number Notes on Coverage Review	Deductible Applied	
Deductible Amount Enter a number Notes on Coverage Review		
Deductible Amount Enter a number Notes on Coverage Review		
Enter a number Notes on Coverage Review		
Enter a number Notes on Coverage Review		
Notes on Coverage Review	Deductible Amount	
	Enter a number	
Write something	Notes on Coverage Review	
	Write something	

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

Photos of Damage (Front)



Photos of Damage (Back/Details)



Description of Damage

Write something...

Location of Damage (GPS Coordinates)





Quantity of Damaged Items

Enter a number...

Enter date	
Time of Damage	
iability Determination (If Applicable)	
vestigates 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	
	J
Estimated Damages Caused by Negligent Party	

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
Homeowners
☐ Homeowners ☐ Auto
Homeowners Auto Commercial
Homeowners Auto Commercial Life
Homeowners Auto Commercial Life Health Specific Policy Language Review Notes
Homeowners Auto Commercial Life Health
Homeowners Auto Commercial Life Health Specific Policy Language Review Notes
Homeowners Auto Commercial Life Health Specific Policy Language Review Notes

Endorsement Status	
No Endorsements	
Endorsement Present	
Endorsement Details (if applicable)	
Write something	
	<u> </u>
Coverage Limit	
Enter a number	
Policy Effective Date	
Enter date	
Exclusions Applied	
None	
Flood	
■ Earthquake	
stimate Review & Validation	
aluates repair or replacement estimates for accuracy and reasonabler	ness.
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)	
4 Upload File	
Estimate Received Date	
Enter date	

Deductible Applied	
Enter a number	
warral Iradia atawa Alaa	
raud Indicators Ass	
entifies and assesses potential fraud	d indicators in the claim.
Claimant Relationship to Insured	I
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	
Enter a number	
Narrative Summary of Suspiciou	s Activities
Write something	

No Professional Involvement
Attorneys Involved
Public Adjuster Involved
Contractor Involved
Date of Initial Incident Report
Enter date
Regulatory Compliance & Reporting
nsures compliance with relevant regulations and reporting requirements.
Reporting Deadline
Enter date
Reporting Jurisdiction
Reporting Jurisdiction Federal
Federal
Federal State
Federal State Local

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	
btains 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