



Insurance Claims Support Process Checklist

Claim Initiation & Validation

Verify claim details, policy coverage, and required documentation.

Claim Number

Claimant Type

- Individual
- Business

Date of Loss/Incident

Policy Type

- Homeowners
- Auto
- Commercial
- Other

Policy Number

Write something...

Brief Description of Incident

Write something...

Documentation Review

Assess completeness and accuracy of supporting documents (e.g., police report, medical records).


Narrative Description of Loss

Write something...

Police Report (if applicable)

 Upload File

Medical Records/Bills (if applicable)

 Upload File

Document Completeness

- Complete
- Incomplete - Missing Information
- Requires Further Clarification

Number of Pages Reviewed

Enter a number...

Date of Document Review

Enter date...

Coverage Determination

Confirm policy coverage based on claim type and circumstances.

Policy Type

- Homeowners
- Auto
- Health
- Commercial
- Other

Coverage Level

- Standard
- Extended
- Premium

Coverage Limit Amount

Enter a number...

Endorsement Status

- No Endorsements
- Endorsed - Increased Limits
- Endorsed - Exclusion

Notes on Coverage Specifics

Write something...

Policy Effective Date

Enter date...

Loss Assessment & Estimation

Evaluate the extent of loss and estimate repair/replacement costs.

Estimated Repair Cost

Enter a number...

Estimated Replacement Value

Enter a number...

Description of Damage/Loss

Write something...

Damage Photos/Videos

 Upload File

Assessment Method

- Vendor Quote
- Internal Estimation
- Appraiser Report

Date of Assessment

Enter date...

Salvage Value (if applicable)

Enter a number...

Fraud Detection & Prevention

Implement fraud prevention measures and investigate suspicious activity.

Potential Fraud Indicators Present?

- Yes
- No
- Unsure

Describe any suspicious circumstances observed.

Write something...

Claimant's Reported Loss Amount (USD).

Enter a number...

Select any relevant fraud risk factors:

- New Policyholder
- Large Loss Amount
- Multiple Claims
- Inconsistent Information
- Unusual Reporting Delay

Witness Involved?

- Yes
- No
- Unknown

Upload any supporting documents (e.g., police report, surveillance footage).

 Upload File

Claim Payment Authorization

Secure necessary approvals for claim payment and disbursement.

Claim Amount

Enter a number...

Deductible Applied

Enter a number...

Recovery Amount (if applicable)

Enter a number...

Payment Method

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

Authorization Level Required

- Level 1
- Level 2
- Level 3

Authorization Date

Enter date...

Authorizing Manager Signature

Authorization Notes

Write something...

Claim Payment & Notification

Process claim payment and notify claimant of approval and amount.

Claim Payment Amount

Enter a number...

Payment Method

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

Payment Notes (if applicable)

Write something...

Payment Issue Date

Enter date...

Payment Issue Time

Notification Message to Claimant

Write something...

Notification Delivery Method

- Email
- Mail
- Phone Call

Claimant Confirmation Received (Yes/No)

Write something...

Claim Closure & Record Keeping

Finalize claim, update records, and archive supporting documentation.

Claim Closure Date

Enter date...

Total Claim Amount Paid

Enter a number...

Summary of Closure Notes

Write something...

Claim Status

- Closed - Approved
- Closed - Denied
- Closed - Withdrawn

Final Documentation (if applicable)

 Upload File

Claim Adjuster Signature

Internal Reference Number

Write something...

Communication & Follow-up

Maintain clear and consistent communication with claimant throughout the process and address any follow-up inquiries.

Last Communication Date

Enter date...

Communication Method

- Phone
- Email
- Mail
- Portal Message

Summary of Last Communication

Write something...

Number of Follow-up Attempts

Enter a number...

Follow-up Status

- Pending
- Completed
- Cancelled

Next Follow-up Date

Enter date...