



Insurance Fraud Prevention Checklist

Claim Submission Review

Verify completeness and accuracy of initial claim submissions.

Claim Submission Date

Enter date...

Claim Number

Enter a number...

Claim Type

- ☐ Auto
- ☐ Homeowners
- ☐ Life
- ☐ Commercial

Narrative Description of Loss

Write something...

Policyholder Verification Method

- ☐ Phone Call
- ☐ Email
- ☐ In-person

Supporting Documentation (Photos, Police Report)

 Upload File

Applicant/Insured Background Checks

Review criminal history, credit reports, and social media for red flags.

Credit Score

Enter a number...

Criminal Record Check Status

- ☐ Clear
- ☐ Minor Offense
- ☐ Felony
- ☐ Pending Charges

Date of Background Check

Enter date...

Notes from Background Check Report

Write something...

Prior Insurance Claims (select all that apply)

- ☐ None
- ☐ Single Claim
- ☐ Multiple Claims
- ☐ Denied Claim
- ☐ Cancelled Policy

Copy of Criminal Record Check Report

 Upload File

Loss History Verification

Cross-reference reported loss history with MVRs, CLUE reports, and industry databases.

Number of Previous Claims

Enter a number...

Date of Previous Claim (Most Recent)

Enter date...

CLUE Report Accessed?

- ☐ Yes
- ☐ No

Upload CLUE Report (if accessed)

 Upload File

MVR (Motor Vehicle Record) Checked?

- ☐ Yes
- ☐ No

Notes/Comments on Loss History Review

Write something...

Witness Statement Analysis

Evaluate consistency and credibility of witness testimonies.

Witness Statement Content

Write something...

Statement Consistency (with Police Report/Other Accounts)

- ☐ Fully Consistent
- ☐ Mostly Consistent
- ☐ Somewhat Consistent
- ☐ Inconsistent

Witness Demeanor (Observed)

- ☐ Cooperative
- ☐ Evasive
- ☐ Apprehensive
- ☐ Calm
- ☐ Agitated

Notes on Witness Behavior

Write something...

Relationship to Insured/Claimant

- ☐ Friend
- ☐ Family Member
- ☐ Business Associate
- ☐ Neutral Party
- ☐ Unknown

Investigator Signature

Damage Assessment Verification

Confirm the reported damage aligns with the loss event and independent estimates.

Estimated Repair Cost (Initial)

Enter a number...

Estimated Repair Cost (Independent Assessment)

Enter a number...

Damage Severity

- ☐ Minor
- ☐ Moderate
- ☐ Severe
- ☐ Total Loss

Photos of Damage (Before)

 Upload File

Detailed Description of Damage

Write something...

Pre-existing Damage Indicated?

- ☐ Yes
- ☐ No
- ☐ Unsure

Date of Damage Assessment

Enter date...

Medical Records Scrutiny

Review medical records for inconsistencies, unusual treatment patterns, and duplicate billing.

Treatment Notes Review

Write something...

Number of Visits

Enter a number...

First Date of Treatment

Enter date...

Primary Diagnosis Consistency

- ☐ Consistent
- ☐ Inconsistent
- ☐ Unable to Determine

Billing Code Discrepancies

- ☐ Unusual Billing Codes
- ☐ Duplicate Billing
- ☐ Upcoding
- ☐ None

Attached Scanned Records

 Upload File

Vehicle/Property Inspection

Document vehicle or property condition and any pre-existing damage.

Detailed Description of Vehicle/Property Condition

Write something...

Pre-Existing Damage Count (e.g., Scratches, Dents)

Enter a number...

Visible Signs of Tampering?

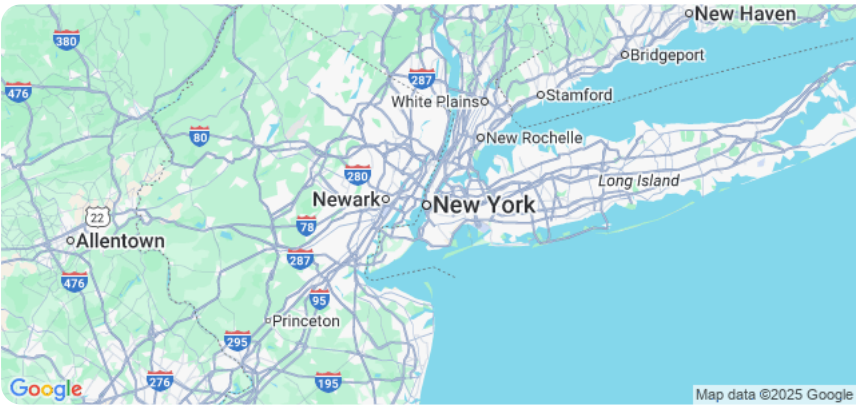
- ☐ None
- ☐ Modified VIN
- ☐ Altered Mileage
- ☐ Repaired Damage (Unreported)

Photographs of Vehicle/Property (Front, Back, Sides, Damage)

 Upload File

GPS Coordinates of Inspection Location

 Set My Current Location



Inspection Date

Enter date...

Inspector Signature

Policy Coverage Review

Confirm policy terms and conditions apply to the reported loss.

Policy Type

- ☐ Homeowners
- ☐ Auto
- ☐ Commercial Property
- ☐ Business Interruption
- ☐ Workers' Compensation

Coverage Amount (USD)

Enter a number...

Policy Effective Date

Enter date...

Deductible Amount

- ☐ 500
- ☐ 1000
- ☐ 2500
- ☐ 5000

Review Notes & Comments (e.g., specific endorsements, exclusions)

Write something...

Business Interruption Coverage Included?

- ☐ Yes
- ☐ No
- ☐ Unsure

Flood Insurance Coverage?

- ☐ [object Object]

Data Analytics Monitoring

Track claim patterns and identify potential fraud indicators using data analytics tools.

Average Claim Severity (USD)

Claim Frequency Rate (Claims/100 Policies)

Loss Ratio

Fraud Indicators Triggered (Select all that apply)

- ☐ Unusual Claim Patterns
- ☐ Suspicious Witness Statements
- ☐ Unexplained Damage
- ☐ Inconsistencies in Records

Date of Analytics Review

Enter date...

Summary of Analytics Findings

Write something...

Reporting & Escalation

Document suspicious activities and escalate potentially fraudulent claims to the appropriate authorities.

Summary of Suspicious Activity

Write something...

Estimated Fraudulent Value (\$)

Enter a number...

Severity Level (Low, Medium, High)

☐ Low

☐ Medium

☐ High

Date of Initial Suspicion


Enter date...

Assigned Investigator

Notes/Comments for Investigator

Write something...

Supporting Documentation (optional)

 Upload File