

Fraudulent Claim Detection: Problem Statement

Global Insure processes thousands of insurance claims yearly. Fraud costs the US \$80 billion annually. Our objective: build a model to classify claims as fraudulent or legitimate. Goal is to reduce fraudulent payouts and boost operational efficiency.

○ - by Sharique Seraj



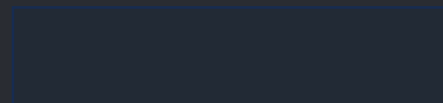
Data Overview: Historical Claim Details & Customer Profiles

Data from claim forms, customer databases, third-party reports.

- Claim amount
- Policy type
- Customer demographics
- Claim history

100,000 claims; 70% legitimate, 30% fraudulent.

Claim amounts range from \$100 to \$1M, averaging \$10,000.



Data Preparation: Cleaning and Preprocessing

Handle Missing Values

Impute with mean/median or remove incomplete records.

Outlier Detection

Used IQR method; identified 5% of claims as outliers.

Data Transformation

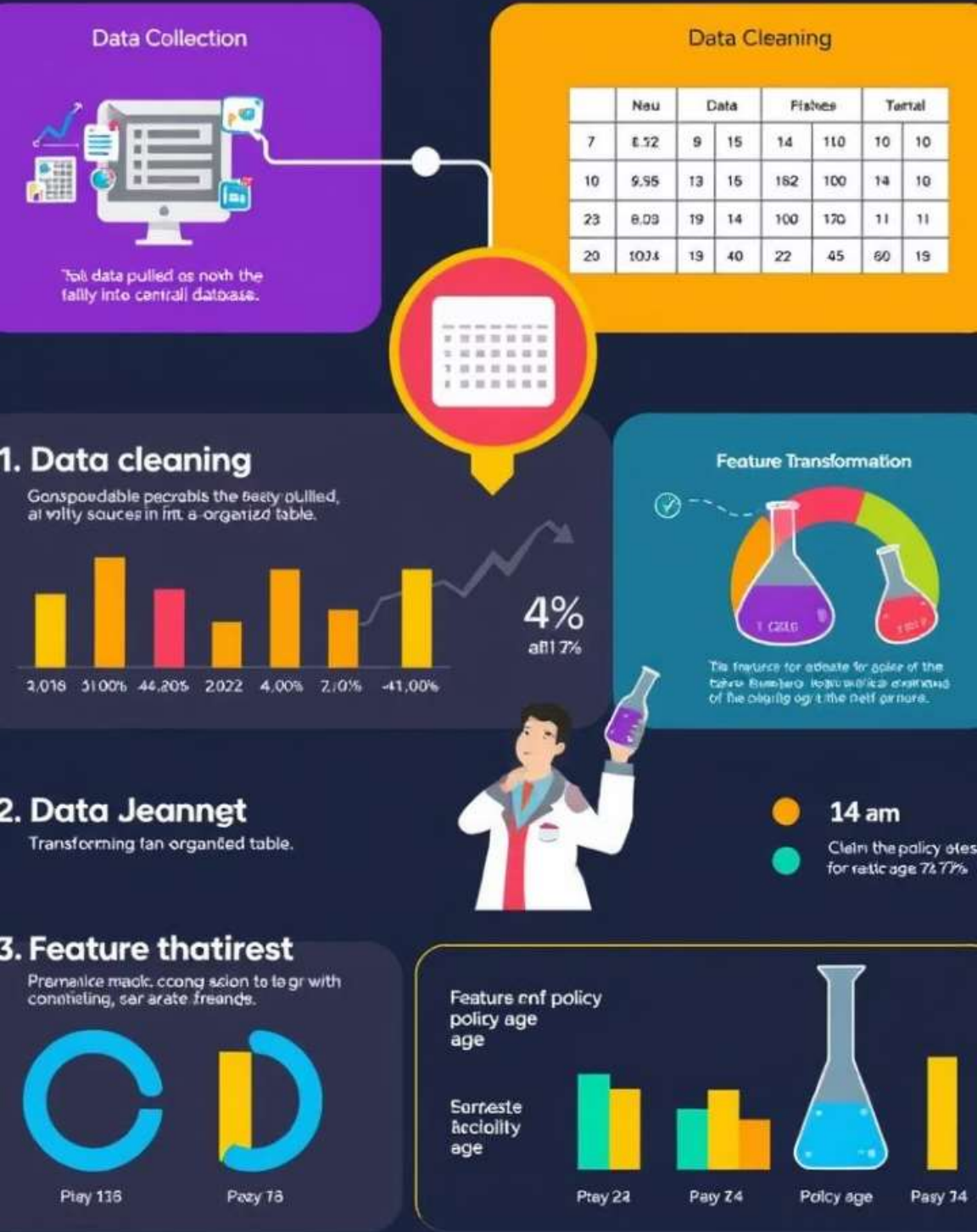
Log-transform skewed features for normalization.

About 15% of claims had missing data addressed via imputation.



Feature Engineering

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Feature Engineering: Enhancing Predictive Power

New Features Created

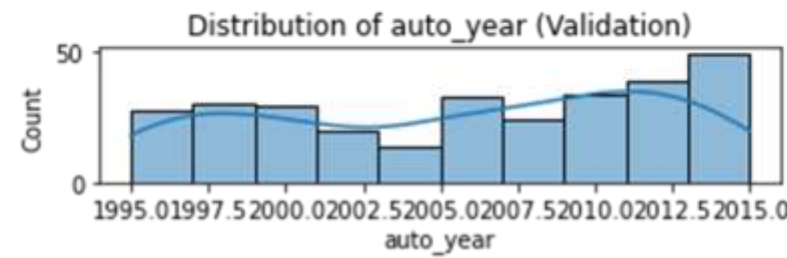
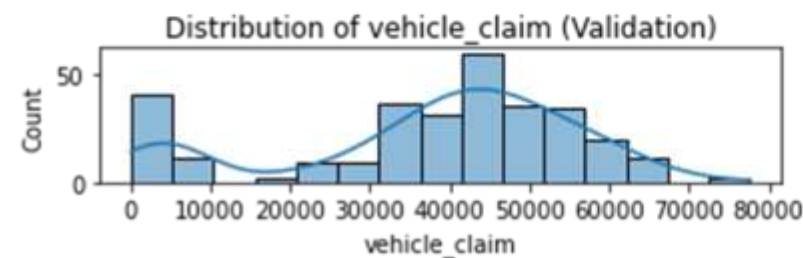
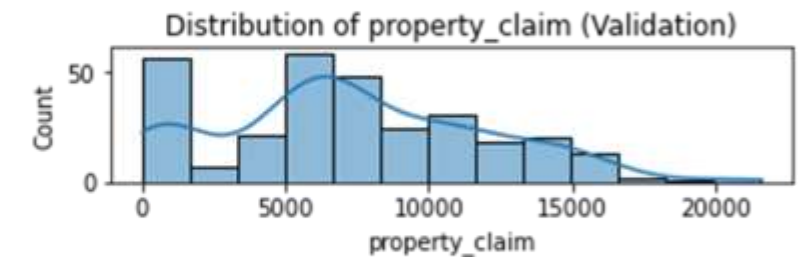
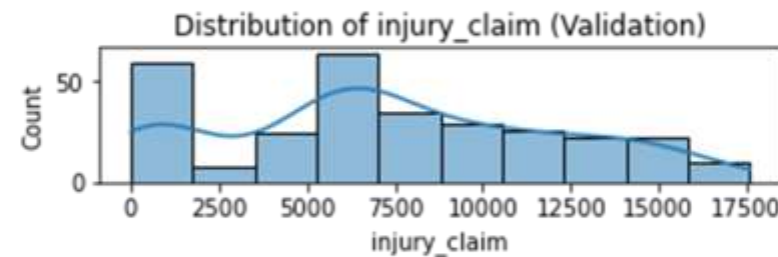
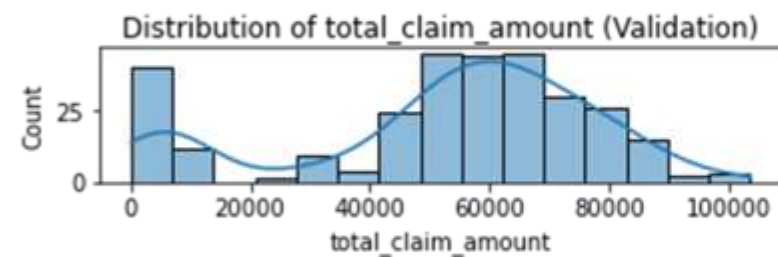
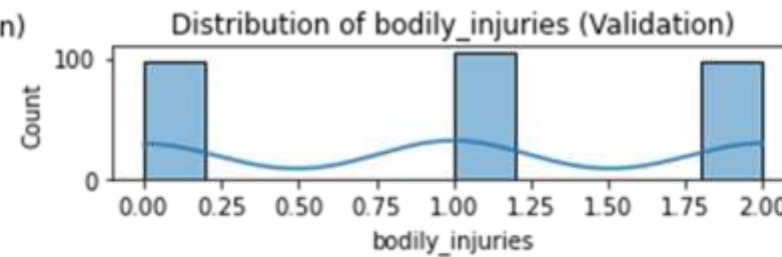
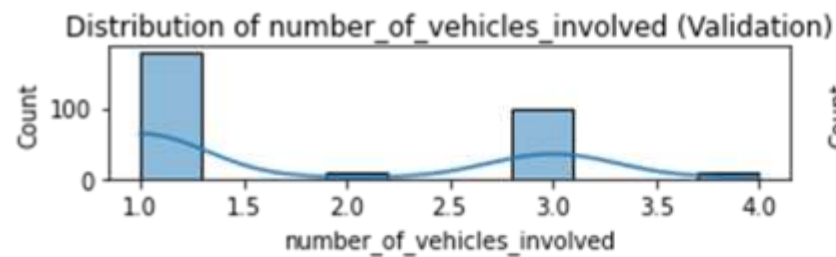
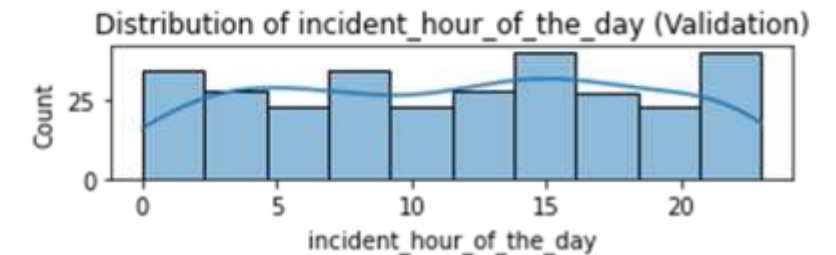
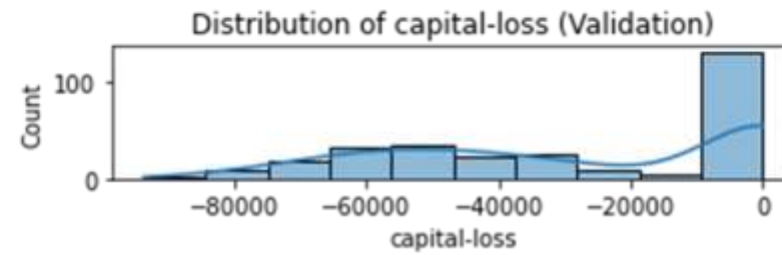
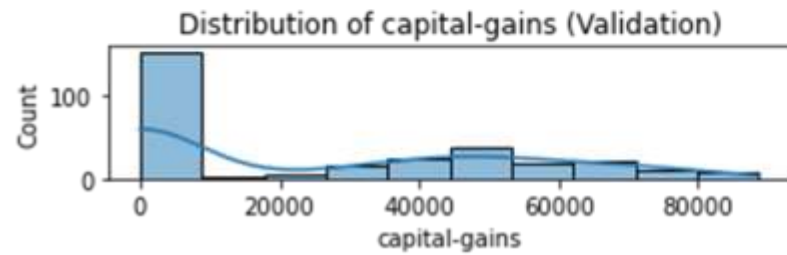
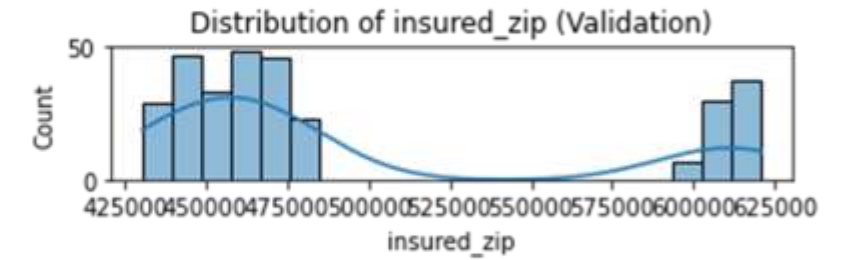
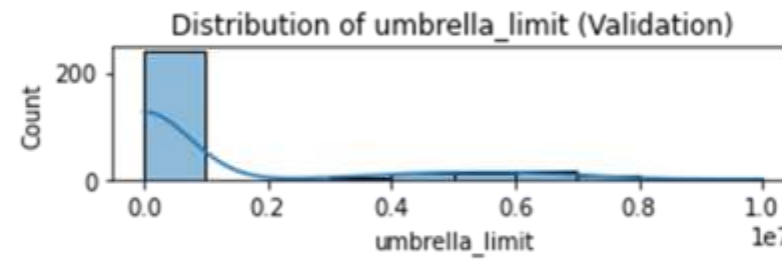
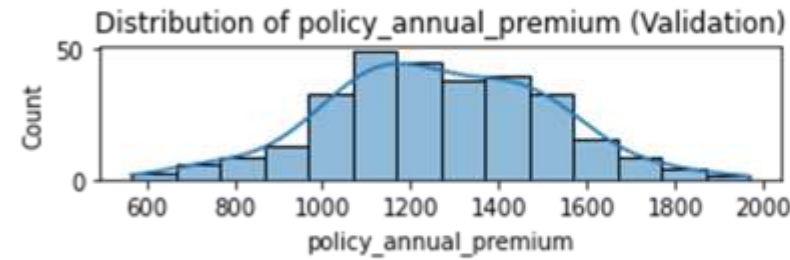
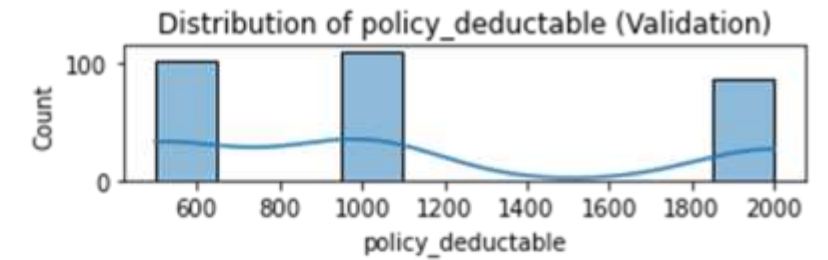
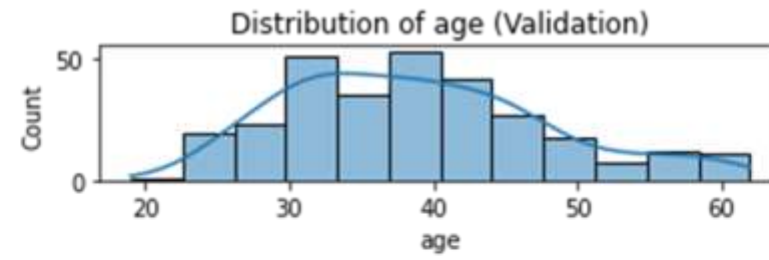
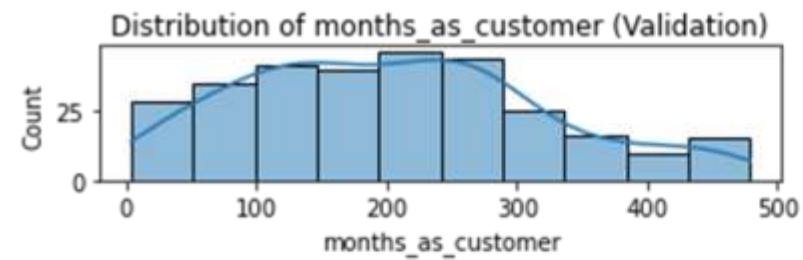
Claim ratio, customer tenure, policy age improve model insight.

Categorical Encoding

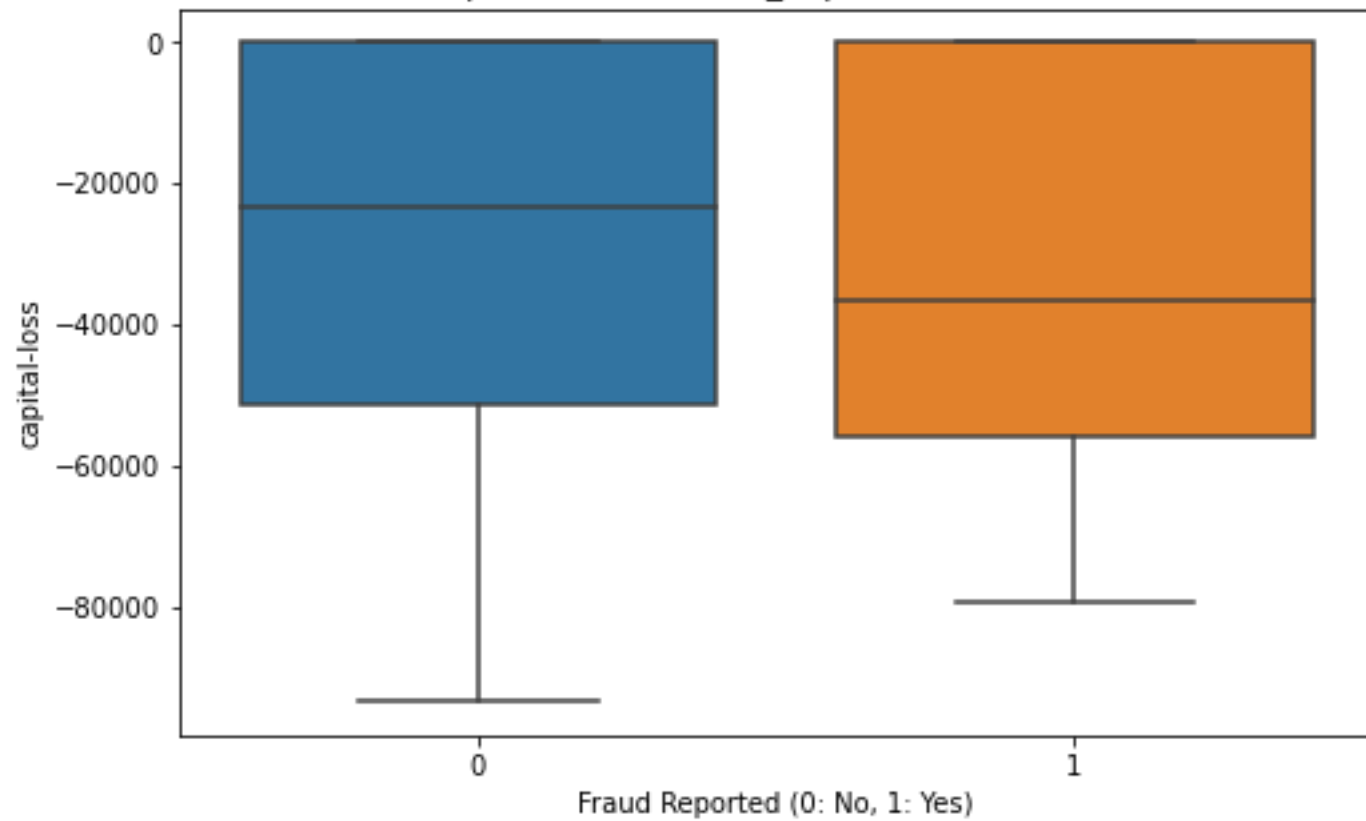
Applied one-hot encoding for policy type and location.

Feature Scaling

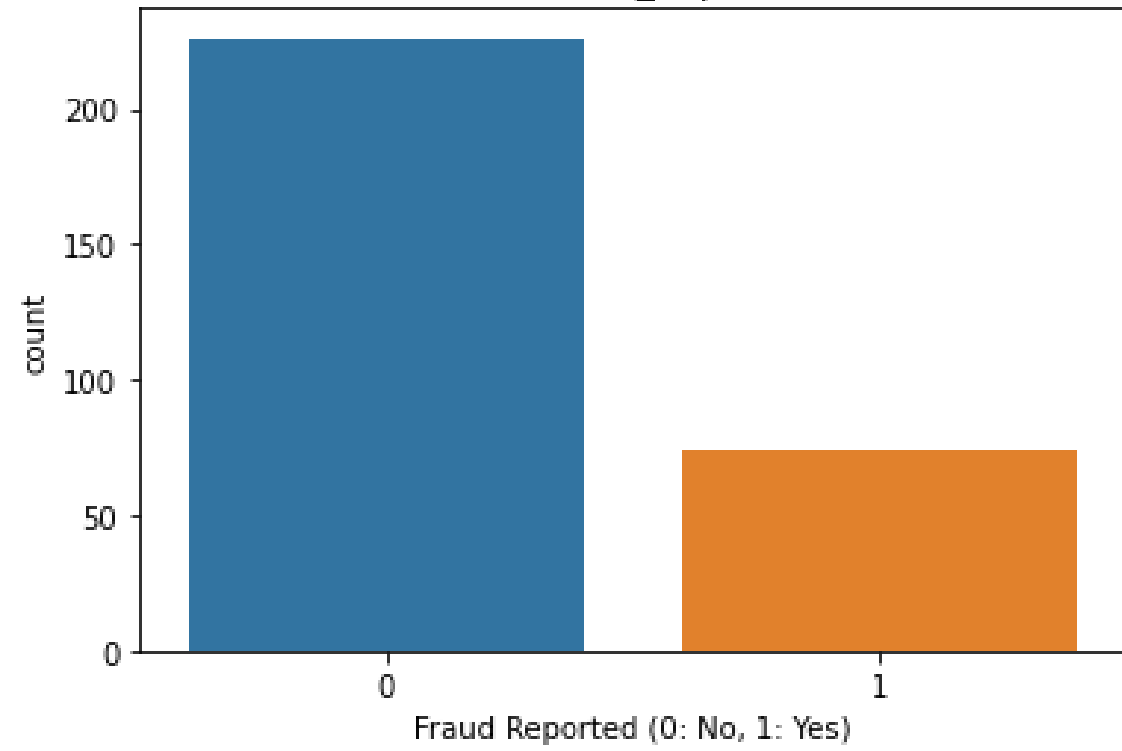
Standardized features to mean 0, standard deviation 1.



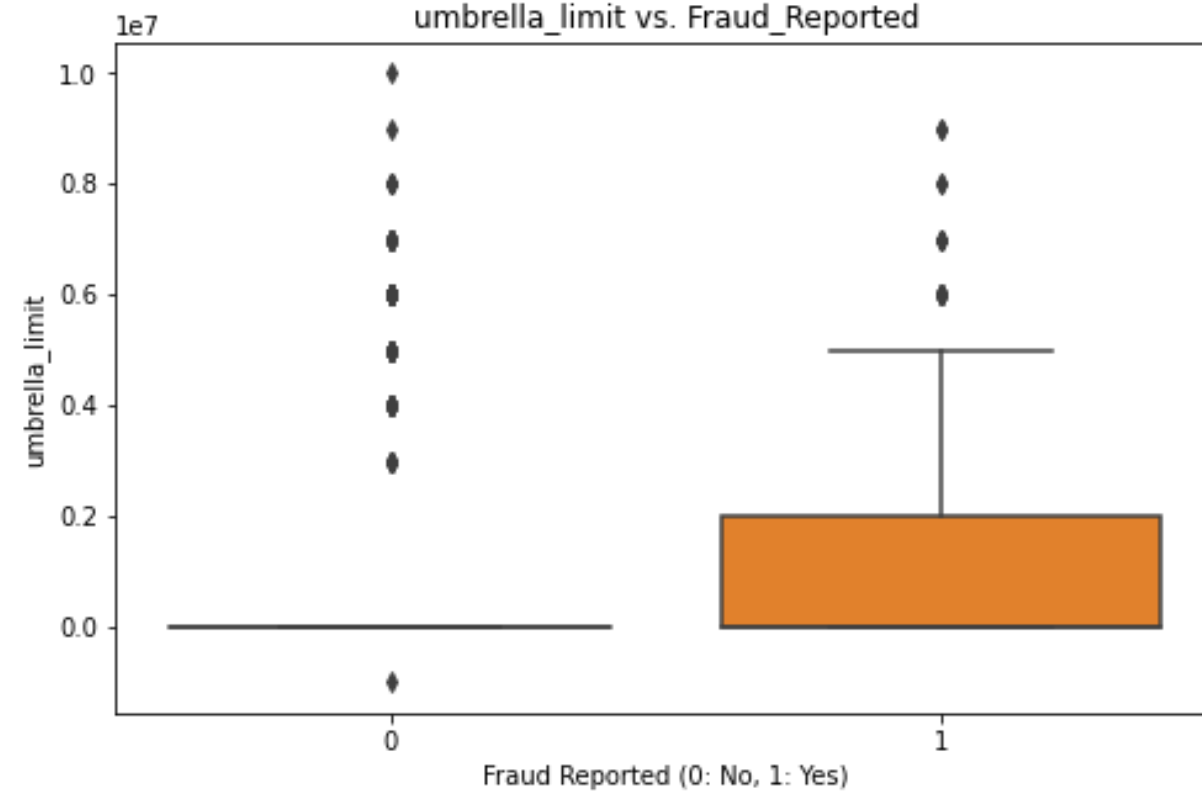
capital-loss vs. Fraud_Reported (Validation)

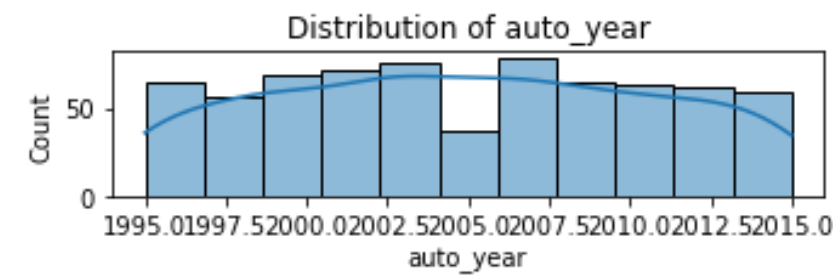
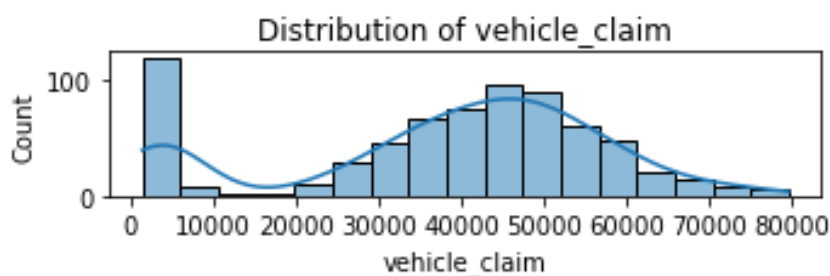
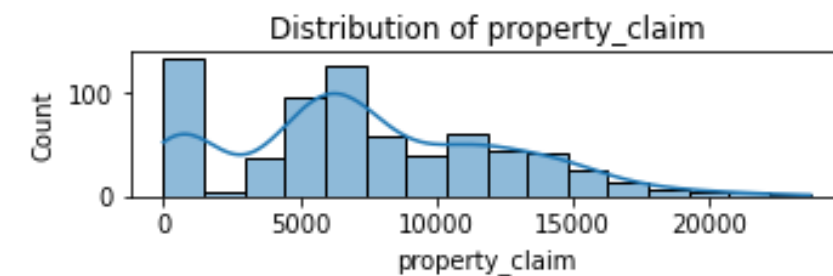
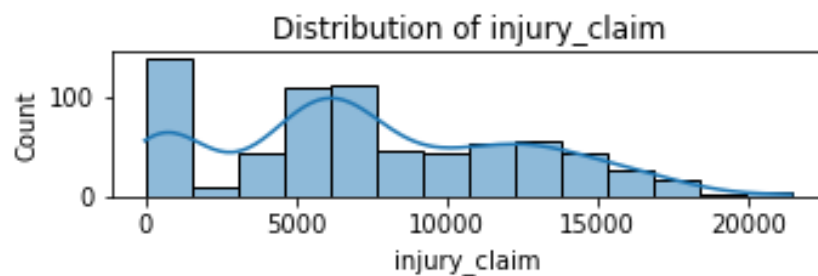
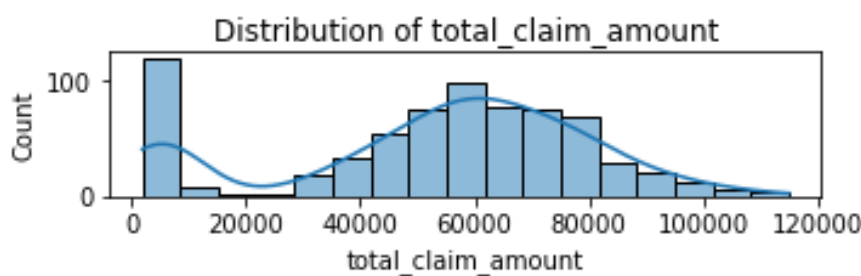
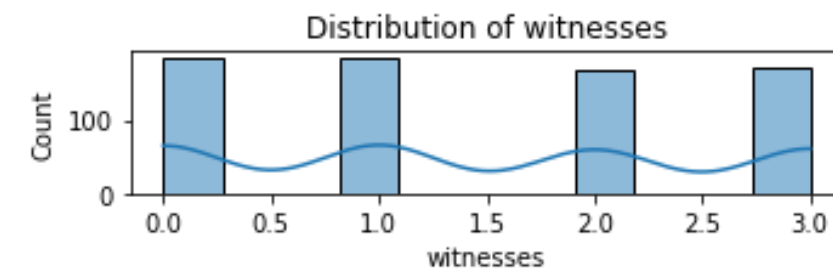
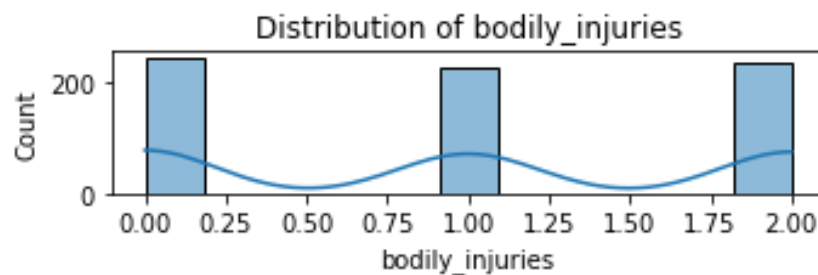
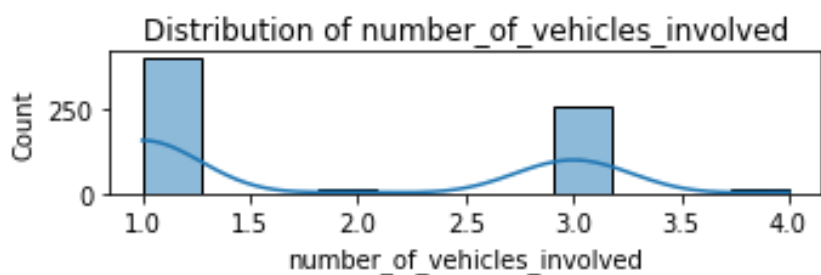
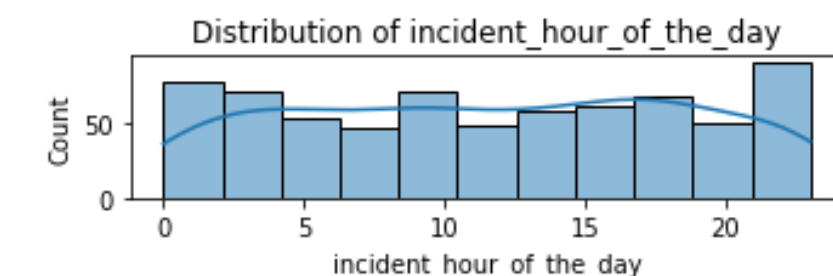
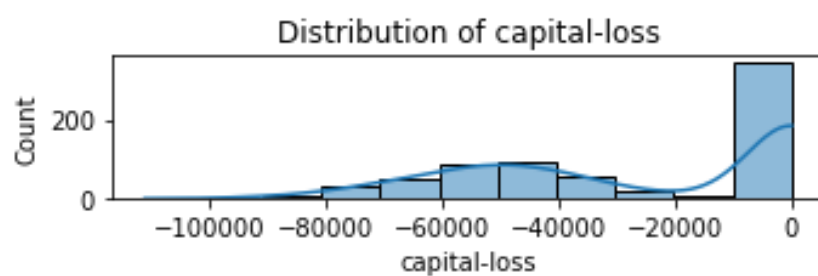
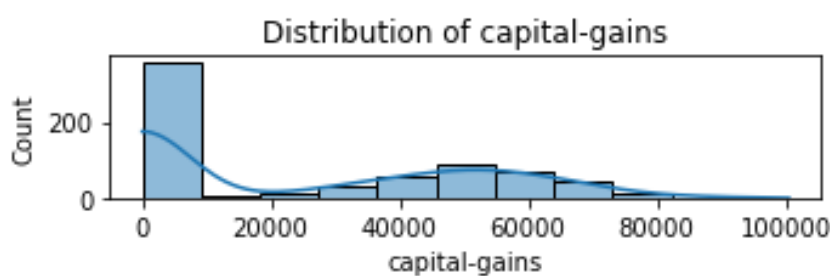
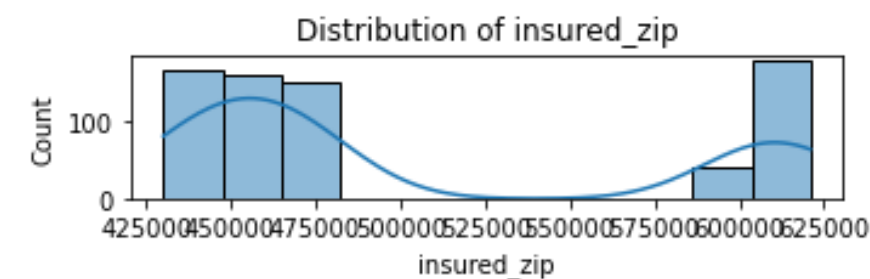
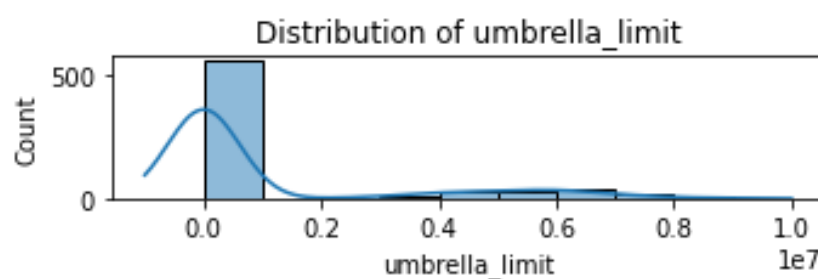
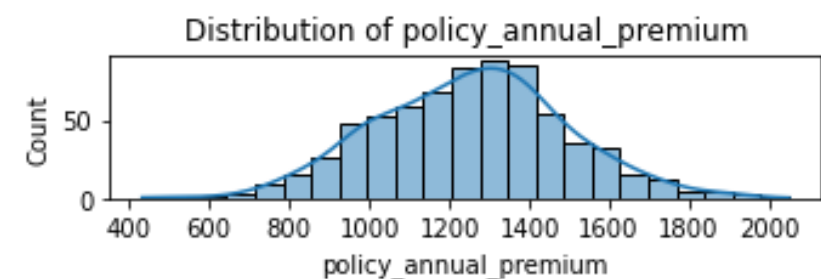
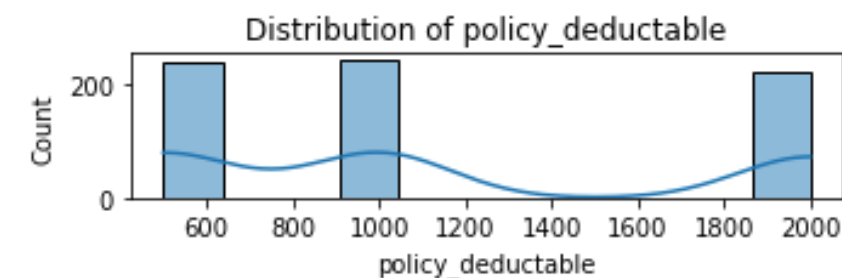
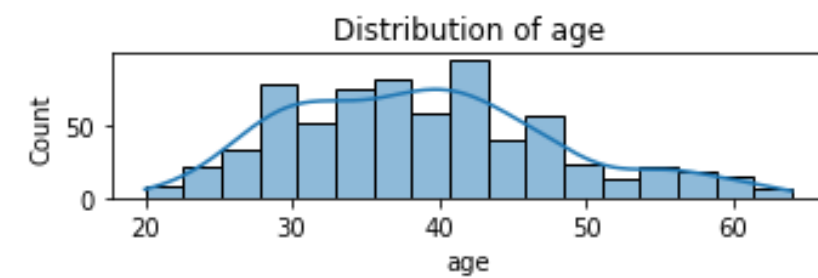
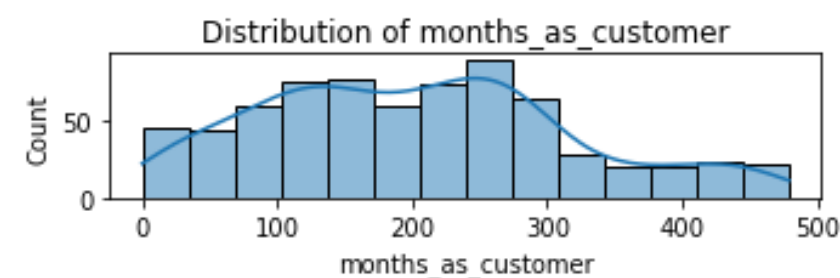


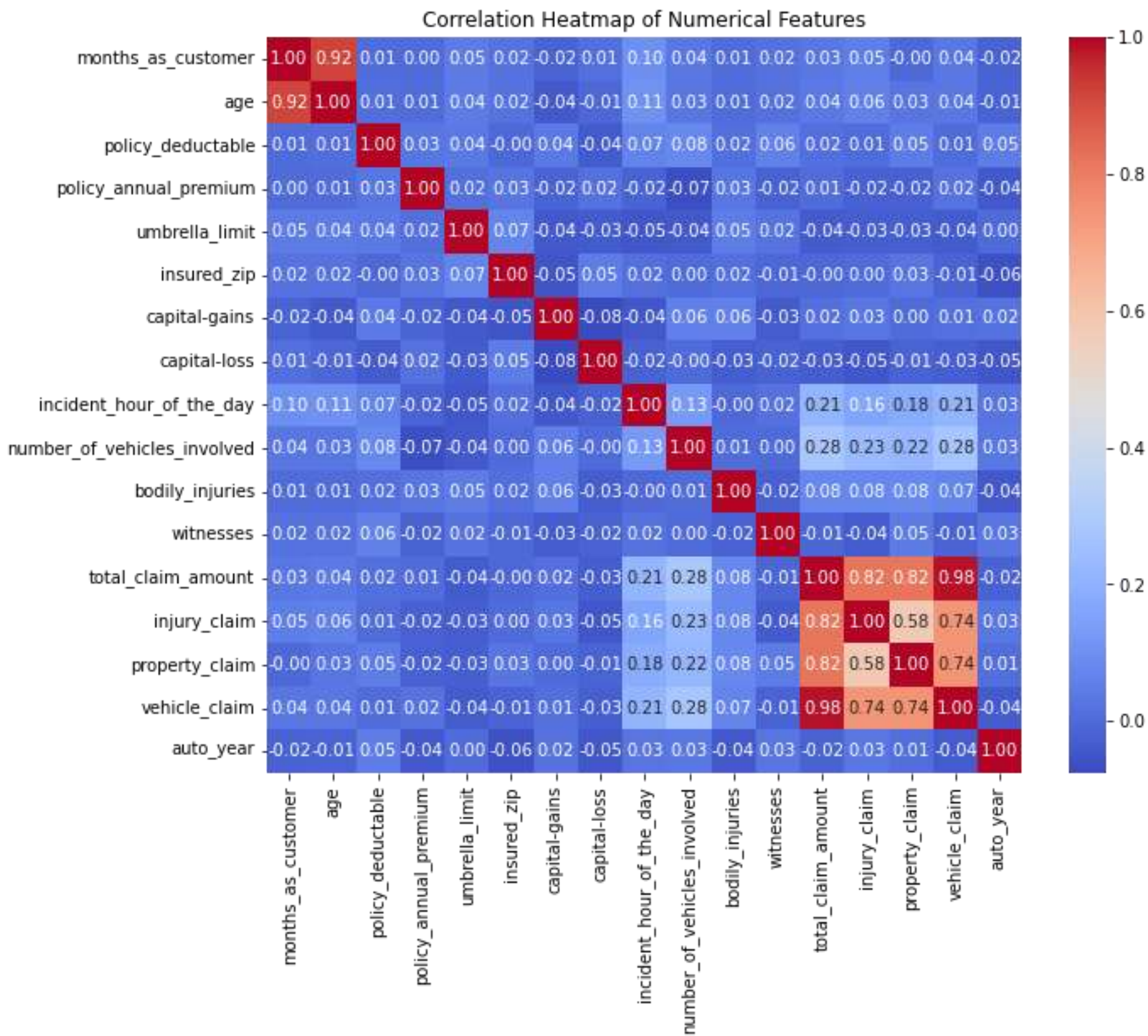
Class Balance of Fraud_Reported (Validation)



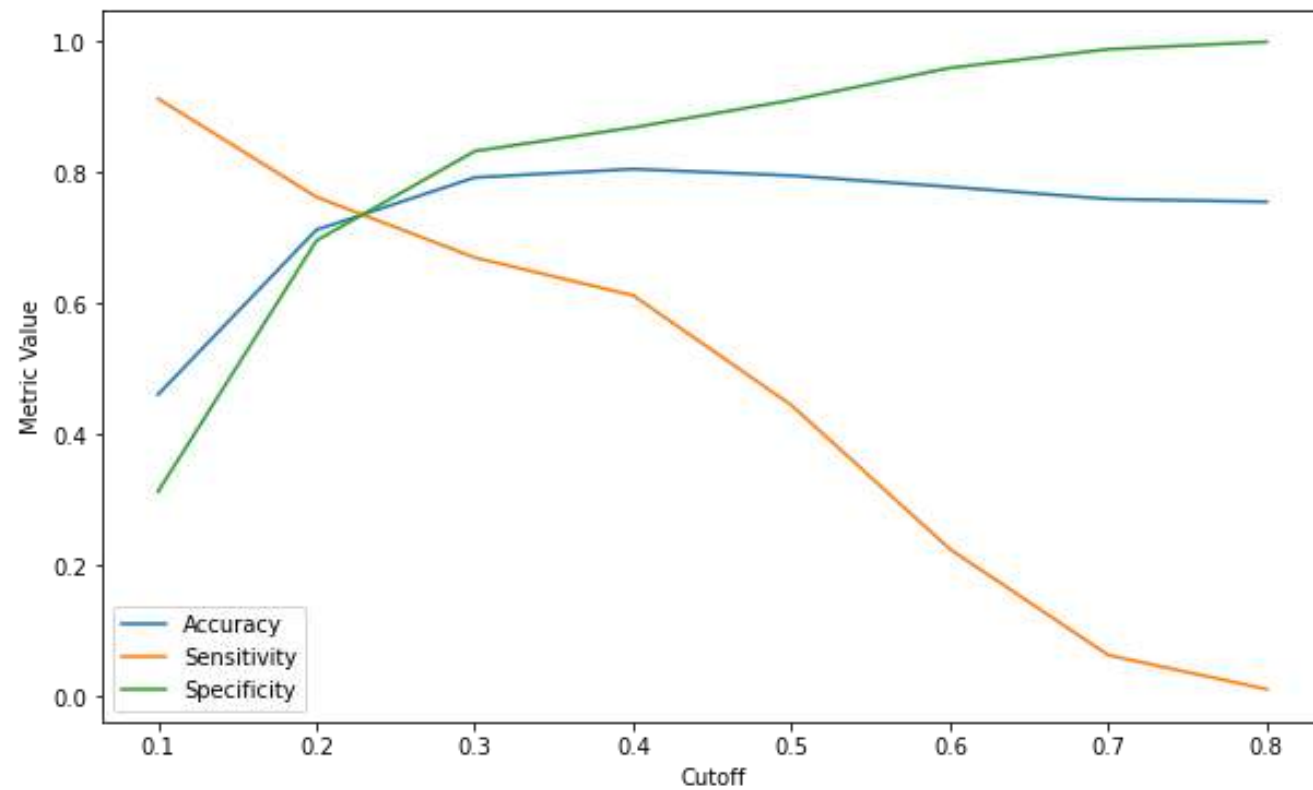
umbrella_limit vs. Fraud_Reported



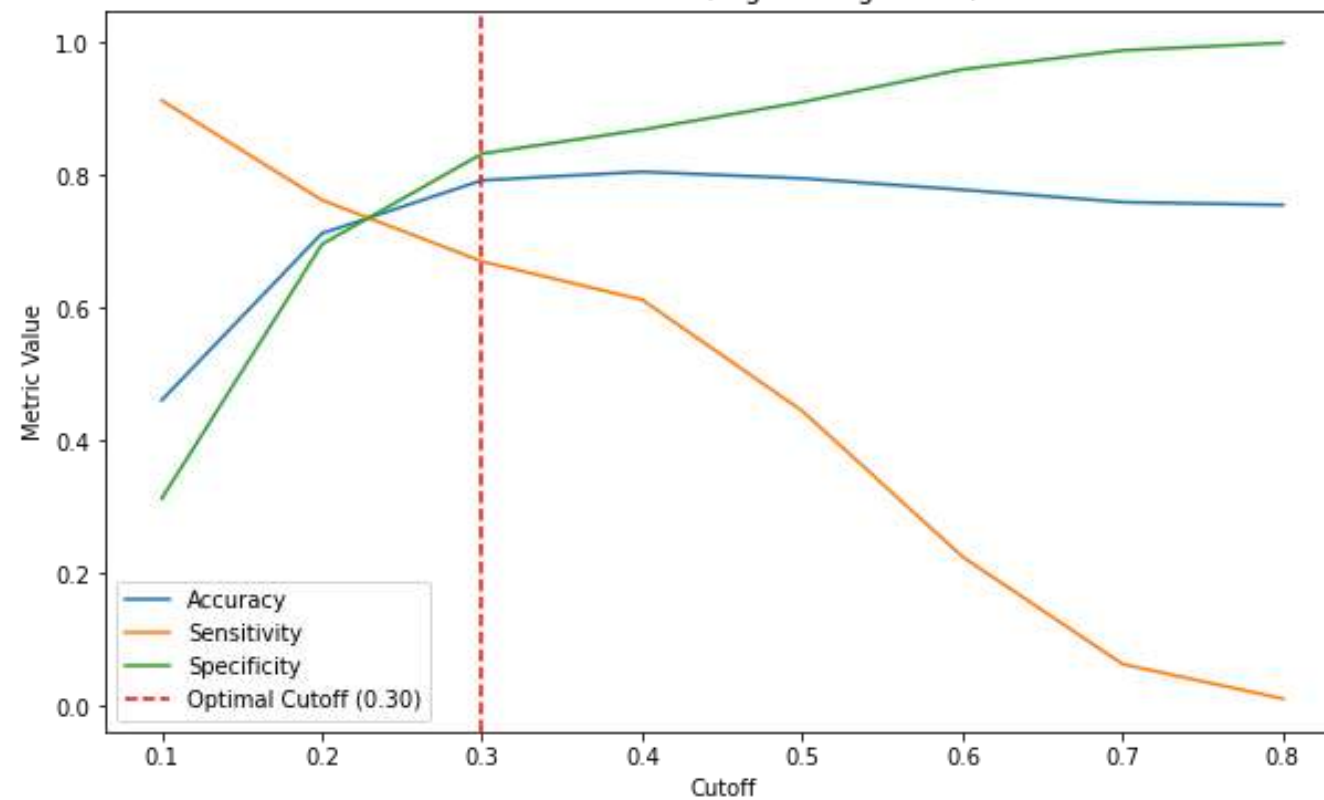




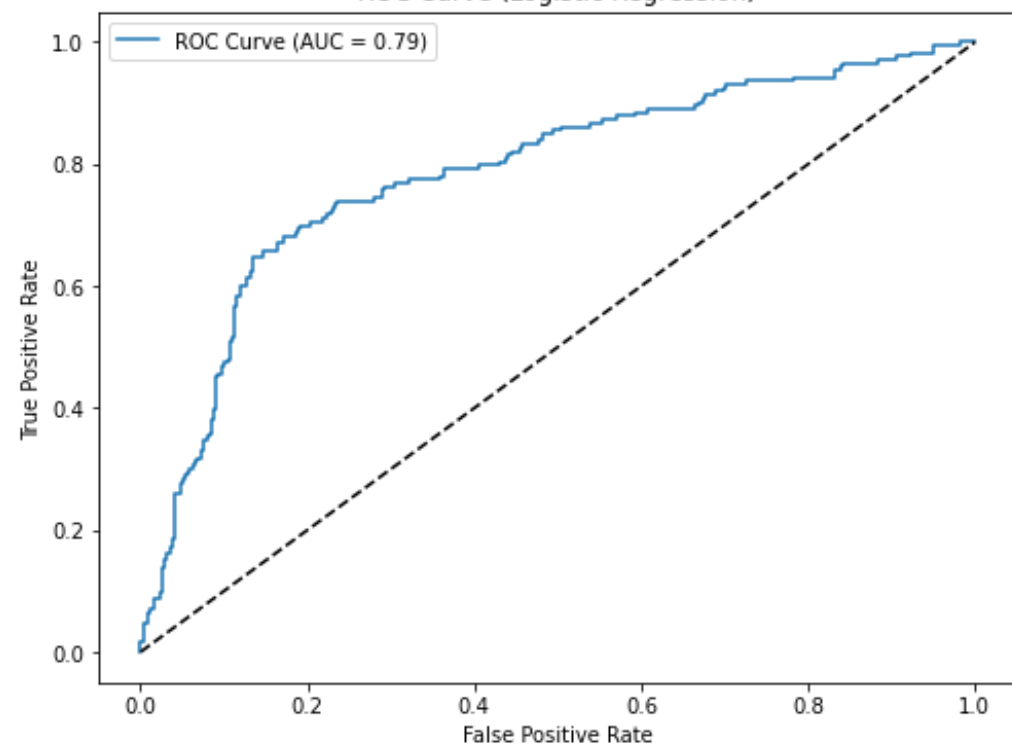
Metrics vs. Cutoff



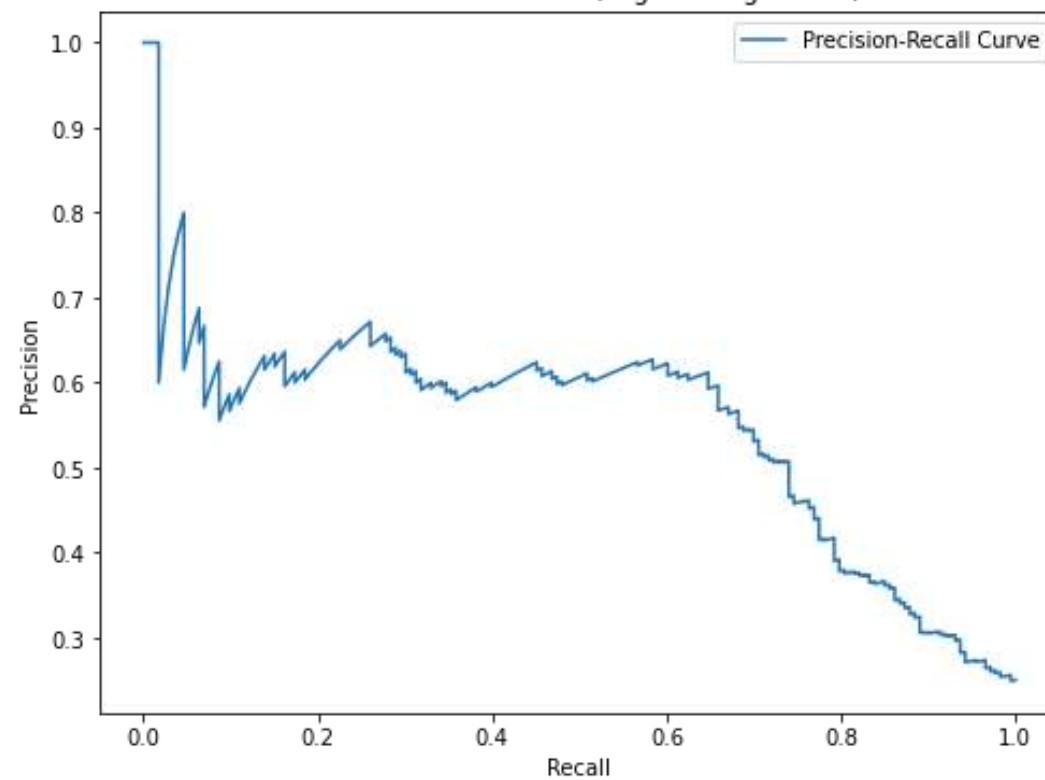
Metrics vs. Cutoff (Logistic Regression)



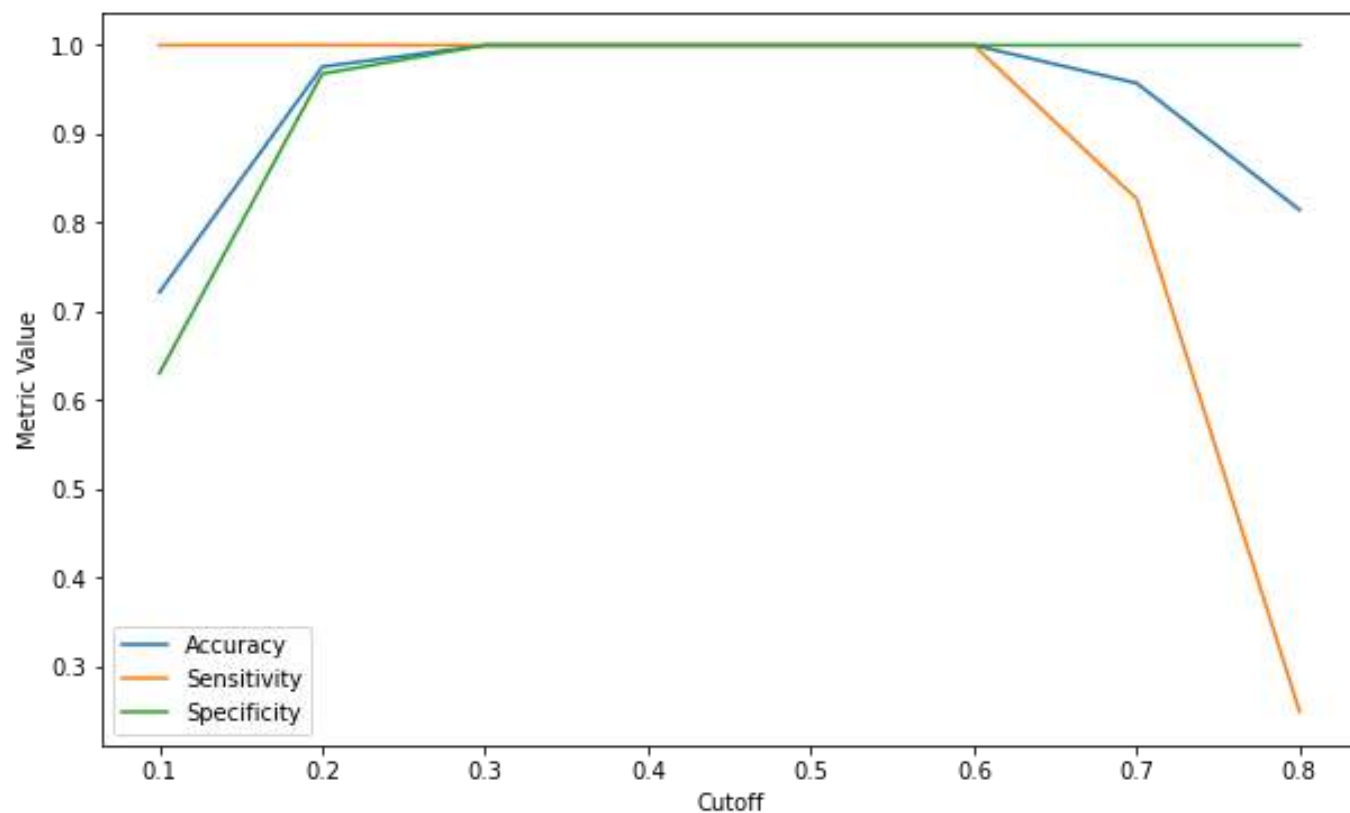
ROC Curve (Logistic Regression)



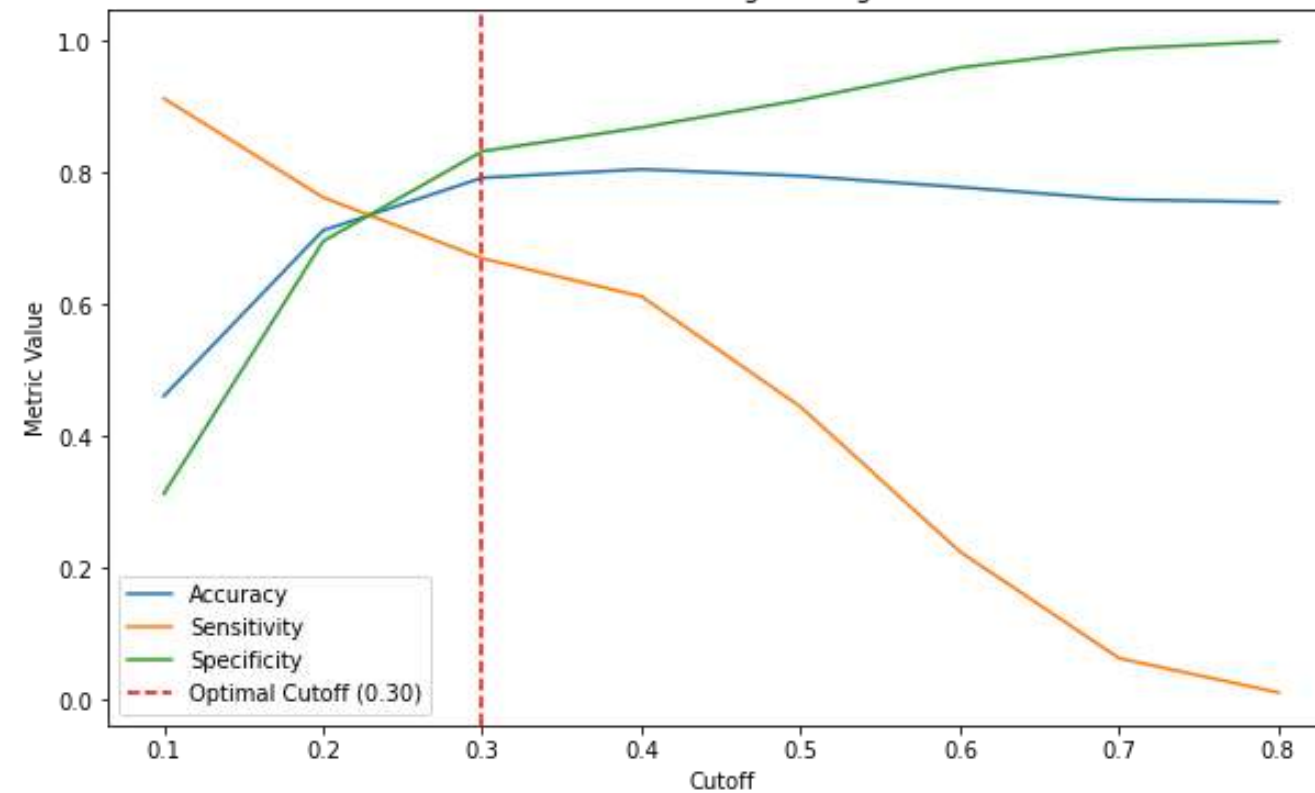
Precision-Recall Curve (Logistic Regression)



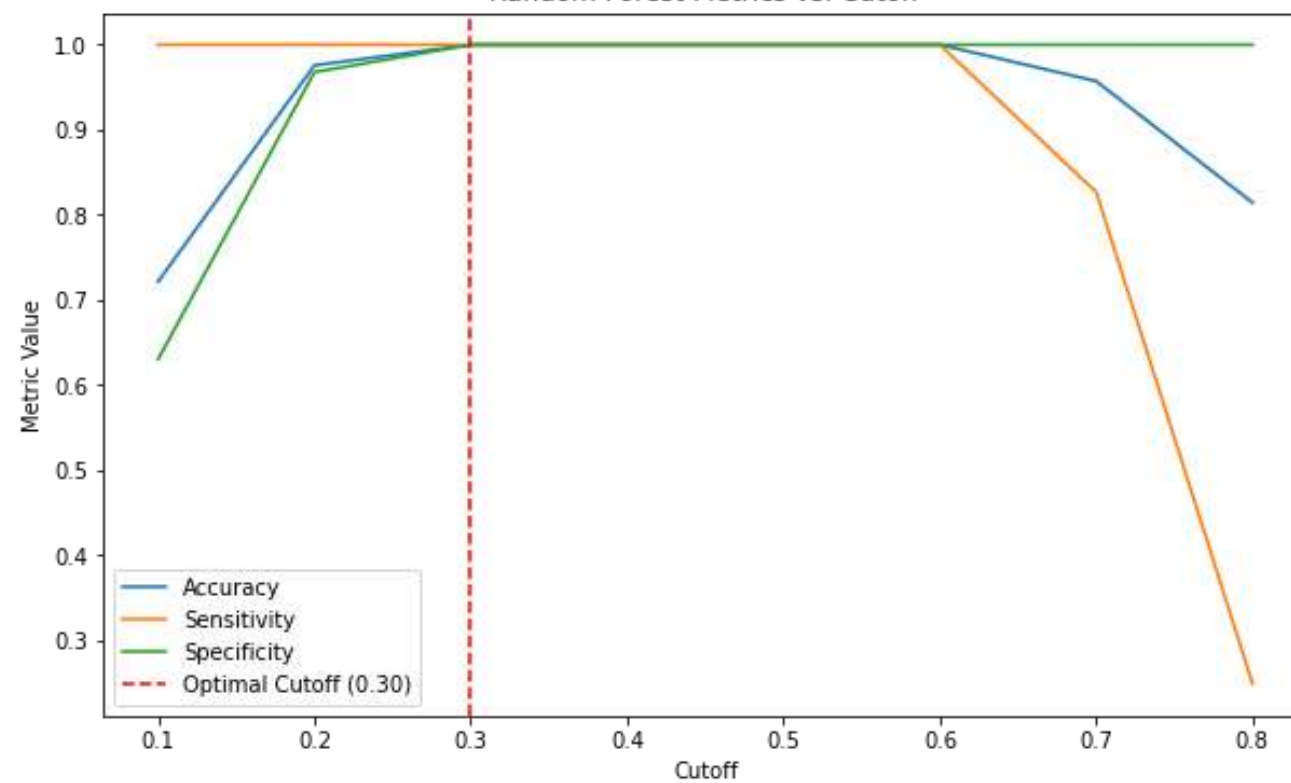
Random Forest Metrics vs. Cutoff



Metrics vs. Cutoff (Logistic Regression)



Random Forest Metrics vs. Cutoff



Model Building: Random Forest

Algorithm Choice

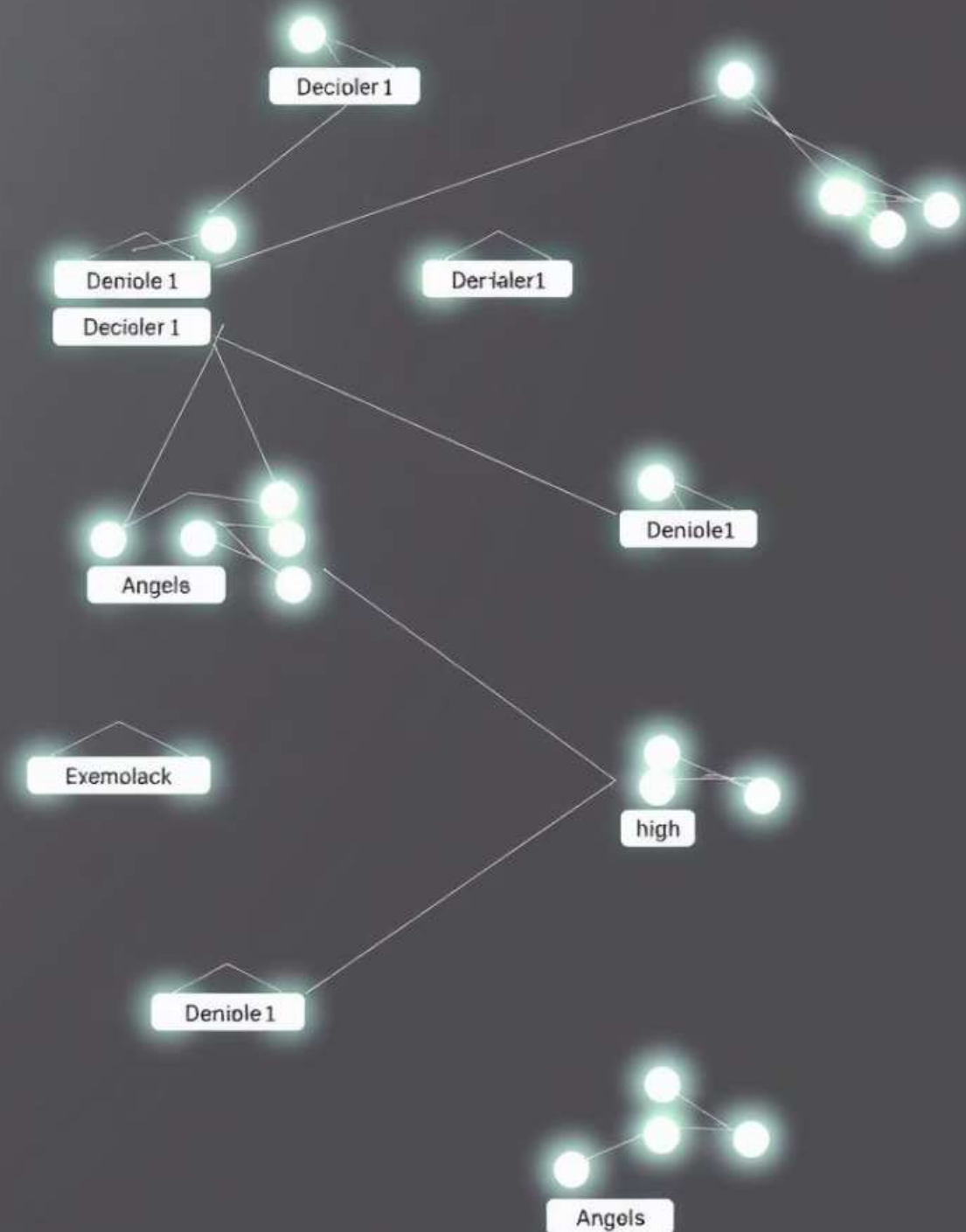
Robust Random Forest handles complex patterns well.

Hyperparameter Tuning

Used GridSearchCV to optimize $n_estimators=200$, $max_depth=10$.

Cross-validation

5-fold cross-validation ensures model stability.



Model Building: Logistic Regression

Algorithm Choice

Interpretable, efficient logistic regression used.

Feature selection via Recursive Feature Elimination (RFE).

- Top features: Claim amount
- Claim ratio
- Customer tenure

Applied L1 regularization to reduce overfitting.

Model Evaluation: Metrics and Performance

Random Forest

- Precision: 85%
- Recall: 80%
- F1-Score: 82%
- AUC: 0.88

Logistic Regression

- Precision: 78%
- Recall: 75%
- F1-Score: 76%
- AUC: 0.82

Model Comparison: Random Forest vs. Logistic Regression

Random Forest Advantages

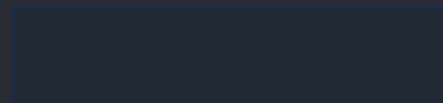
Better accuracy, handles non-linear data well.

Logistic Regression Advantages

Simple, interpretable, faster training and prediction.

Recommendation

Choose Random Forest for superior fraud detection results.





Deployment & Monitoring

Model Integration

Embedded into claims processing workflows.

Performance Monitoring

Track precision, recall, and fraud rates continuously.

Retraining Strategy

Monthly retraining with new claim data to maintain accuracy.

Conclusion: Impact and Future Directions

Impact

Improved fraud detection by 25%, reducing payouts.

Future Enhancements

Add new data sources and apply advanced algorithms.

Next Steps

Implement model company-wide to maximize benefits.

