

CASE STUDY REPORT

Integrated Risk & Claims Decisioning Framework

Fire & Health Insurance Portfolios

Prepared for Professional Portfolio Review

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Date: _____

1. Client Context

A mid-sized general insurance company operating in property and health lines faced rising loss ratios due to inconsistent claims handling, fraud exposure, and weak integration between underwriting and claims.

2. Business Challenge

The insurer faced the following operational challenges:

- Inconsistent claims evaluation across regions and officers
- Limited fraud detection capability
- Weak underwriting feedback mechanisms
- Operational inefficiencies and delayed settlements

3. Strategic Objective

To design and implement a unified framework that standardizes claims assessment, strengthens fraud controls, integrates underwriting insights, and improves settlement efficiency.

4. Approach & Methodology

The framework was implemented through the following structured phases:

Phase 1: Standardized Claims Architecture

- Development of uniform claim documentation templates
- Coverage, admissibility, loss, and fraud modules

Phase 2: Embedded Fraud & Risk Controls

- Integration of fraud indicators and leakage controls
- Systematic red-flag reviews

Phase 3: Analytical Risk Profiling

- Creation of structured claims datasets
- Pattern and cluster analysis

Phase 4: Underwriting Integration

- Post-claim underwriting reviews
- Formal feedback loops

5. Risk Control Framework

| Risk Area | Assessment Focus | Control Mechanism |
|----------------------|--------------------|---------------------|
| Inflated Billing | Price benchmarking | Rate caps |
| Package Manipulation | Tariff mapping | Package enforcement |
| PED Non-disclosure | Medical audit | Waiting periods |

| | | |
|---------------|--------------------|----------------|
| Overvaluation | Asset verification | Average clause |
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6. Implementation Examples

Fire Portfolio – Warehouse Loss

- Stock reconstruction and valuation controls
- Electrical safety audits
- Fraud indicator reviews

Fire Portfolio – Hospital Infrastructure Loss

- Multi-policy coordination
- BI loss modeling
- Maintenance compliance enforcement

Health Portfolio – Hospitalization Claims

- Enhanced pre-authorization review
- Package compliance audits
- Fraud scoring mechanisms

7. Outcomes & Business Impact

| Metric | Before Framework | After Framework |
|-----------------------|------------------|-----------------|
| Claim Consistency | Variable | Standardized |
| Fraud Leakage | High | Reduced |
| Settlement Cycle | Extended | Optimized |
| Underwriting Feedback | Informal | Structured |
| Dispute Frequency | Frequent | Lower |

8. Key Insights

- Standardization improves governance
- Embedded fraud controls reduce leakage
- Analytics improves decision quality
- UW–Claims integration enhances pricing accuracy
- Documentation quality impacts outcomes

9. Future Roadmap

- Predictive severity models
- Automated fraud scoring engines
- Real-time risk dashboards
- Integrated reinsurance monitoring

- AI-assisted pre-authorization systems

10. Portfolio Relevance

This case study demonstrates end-to-end claims management, fraud prevention, underwriting analytics, and operational transformation capabilities aligned with consulting industry standards.

11. Management Conclusion

The integrated framework improved transparency, predictability, and financial control across fire and health portfolios through enhanced risk governance.

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Insurance Analytics & Risk Management Portfolio

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