AI Driven Claims Automation: Personal Lines

Study by Amanpreet Dhillon

The Insurance industry has real challenges with claim processing. Many personal home and auto claims take longer than they should and involve too much manual effort. There is a high risk of errors, missed details, and frustrated customers. I want to show how a clear product approach can fix this problem and deliver value to brokers, adjusters, and clients.

Problem and context

Current claim handling requires people to enter and verify information by hand. This slows everything down and makes it hard to maintain consistent service levels. There are also cases where overpayment or underpayment happens because the process lacks intelligent checks.

Vision and goal

My vision is simple. Create an AI driven claims solution that automates fifty to seventy percent of repetitive tasks. The aim is to reduce claim cycle time, lower errors, and improve customer confidence in the process.

Users and stakeholders

Key users and stakeholders include three groups. Brokers who want faster turnaround and clear updates for their clients. Adjusters who need more time for complex cases rather than repetitive work. Claimants who want fair outcomes and quick resolution with clear communication.

Solution concept

The system would extract information from submitted documents, flag missing or suspicious details, and suggest fair payout ranges based on historical data. A human still reviews high risk claims, while many standard claims move forward without delays.

Backlog example

Sample backlog item for Epic: Claims submission automation. User story: As a broker, I want to upload claim documents so the system extracts required information and validates them automatically. Acceptance criteria: Data capture at least ninety five percent accuracy overall; linked to the correct policy; clear flags for missing items.

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Roadmap and measures

Roadmap and success measures. Phase one, delivers a minimum viable product for personal auto claims. Phase two, expands to home claims and adds stronger fraud detection. Phase three, focuses on scaling across regions and adding reporting for leadership. We measure success with claim turnaround time, error rate, and customer satisfaction.

This concept reflects how I approach real industry problems as a product owner. I am excited to refine it further and apply the same thinking to future products I help build.

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