

# Project landscape

## Root cause analysis of fraudulent insurance claims

### Data

Do we have data about fraud experienced in the wider industry, to benchmark our own experience against?

Do we have enough data to determine if a claim was indeed fraudulent?

Is our claims data in such a format that we can analyse it?

Do we need access to external parties' data (such as the police) to help us identify fraudulent claims?

### Information

Does our claims administration staff have access to information about fraudulent claims trends and are they using this information in their claims assessment processes?

Do we have enough information at our disposal so that we can monitor increases or decreases in the occurrence of fraud proactively?

Is fraud information easily accessible by all staff?

Do we need to share our information on fraud with the authorities?

### Knowledge

Are we able to use the information we've gathered about fraudulent claims to proactively identify fraud early in the claims handling process, before claims are paid?

Do we have the skills to develop a machine learning model that can help us to proactively classify claims as either fraudulent or not? This can be deployed as a web app to claims staff to assist them during claims assessment.