# Claims Analysis Report

Comprehensive Reinsurance Claims Assessment Generated on September 26, 2025 at 03:11 AM UTC

## **Executive Summary**

**Overall Recommendation: REVIEW** 

Fraud Risk Level: HIGH

#### **Key Findings:**

- High fraud risk detected requires immediate review
- Amount discrepancies found between documents
- · Date validation failures identified
- Regulatory compliance issues detected

# **Email Analysis**

| Sender                       | Newton Wamiti                   |
|------------------------------|---------------------------------|
| Subject                      | Fwd: Reinsurance                |
| Date Received                | Fri, 26 Sep 2025 02:41:44 +0300 |
| <b>Document Completeness</b> | Complete                        |
| Documents Found              | 4                               |

# **Document Analysis**

| Document                                      | Туре                               | Confidence | Status    |
|---|------------------------------------|------------|-----------|
| GA - MARINE HULL<br>CARGO SURPLUS<br>2023.pdf | Claims<br>Bordereaux               | High       | Processed |
| GA - MARINE HULL<br>CARGO SURPLUS<br>2023.pdf | Cedant/Insurer<br>Statement        | High       | Processed |
| GA - MARINE HULL<br>CARGO SURPLUS<br>2023.pdf | Claims<br>Notification<br>Document | High       | Processed |
| MARINE Q.2 2024<br>UW YEAR<br>2023.pdf        | Claims<br>Notification<br>Document | High       | Processed |

### **Fraud Detection Analysis**

**Risk Assessment: HIGH** 

To analyze the extracted claims data for potential fraud indicators, I need to assess the data for unusual claim amounts, patterns, claims close to policy expiry dates, multiple claims from the same insured within short periods, and any discrepancies or incomplete documentation. Let's start by examining the extracted claims data for these indicators. 1. \*\*Unusual Claim Amounts or Patterns\*\*: I will review the claim amounts and look for any that stand out as unusually high or low compared to others. 2. \*\*Claims Close to Policy Expiry Dates\*\*: I will check if any claims are reported close to the policy expiry dates. 3. \*\*Multiple Claims from Same Insured\*\*: I will identify if there are multiple claims from the same insured within a short period. 4. \*\*Incomplete or Suspicious Documentation\*\*: I will look for any claims with missing or suspicious information. 5. \*\*Amount Discrepancies\*\*: I will compare the amounts in different documents to identify any discrepancies. Let's start by analyzing the extracted claims data for these indicators.

#### **Fraud Indicators Detected:**

- Suspicious documentation patterns
- Multiple claims from same insured

# **Treaty Exclusions Validation**

No treaty exclusions violations detected.

### **Amount Reconciliation**

All amounts reconciled successfully.

| Bordereaux Total | \$0.00 |
|------------------|--------|
| Statement Total  | \$0.00 |
| Variance         | \$0.00 |
| Variance %       | 0.0%   |

#### **Date Validation**

All dates validated successfully.

# **Duplicate Claims Check**

No duplicate claims detected.

## **Compliance Assessment**

All compliance requirements met.

### **Final Recommendation**

**Decision: REVIEW** 

Rationale: Multiple validation concerns identified that require

supervisory review before processing can proceed.

#### **Required Actions:**

- Schedule supervisory review meeting
- Request additional documentation if needed
- Validate disputed amounts with cedant

# **Authorization and Approval**

This report requires the following authorizations before claim processing can proceed:

| Claims Analyst | Supervisor Review |
|----------------|-------------------|
| Signature      | Signature         |
| Print Name:    | Print Name:       |
| Date:          | Date:             |
|                |                   |

| Underwriting<br>Manager                             | Final Authorization |
|---|---------------------|
| Signature   | Signature           |
| Print Name:   | Print Name:         |
|   | Title:              |
| Date:   | Date:               |
|   |                     |
| Approval Status:                                    |                     |
| □ <b>APPROVED</b> - Proceed wi                      | th claim processing |
| □ <b>CONDITIONALLY APPR</b> ocenditions noted above | OVED - Proceed with |
| ☐ <b>REJECTED</b> - Do not proce                    | ess claim           |
| - REJECTED - Do not proce                           |                     |

**Note:** This document serves as official authorization for claims processing. All signatures must be obtained before proceeding with payment or rejection actions.

This report was generated by the Automated Claims Processing System

Report ID: CLM-20250926-031156 | Generated: September 26, 2025 at 03:11 AM UTC

**Confidential Document - For Internal Use Only**