PROJECT TITLE : "Insurance Claim Fraud Detection – AI-Powered Monitoring & Alert System"

Phase 1: Problem Understanding & Industry Analysis

Goal: Understand the insurance industry's pain points in fraud detection and define clear requirements for the system.

Requirement Gathering

Talk to stakeholders (insurance claim officers, policyholders, fraud investigators, compliance teams).

Example Requirements:

- Capture **customer & policy details** in Salesforce.

- Log **insurance claims** with supporting documents.

- Use AI to assign a **fraud risk score** for each claim.

- Automatically create a **fraud investigation case** if risk score exceeds threshold.

- Send alerts to claim officers & compliance teams.

- Generate **fraud detection reports** (losses prevented, high-risk claims, regional patterns).

Stakeholder Analysis

- **Admin (You)** → Manage system setup, workflows, AI model integration.

- **Claim Officers** → Enter and validate claims, review fraud alerts.

- **Fraud Investigators** → Handle flagged claims, resolve fraud cases.

- **Compliance Team** → Ensure adherence to regulatory requirements.

- **Insurance Managers** → Monitor fraud trends, approve high-value claims, analyze dashboards.

- **Policyholders** → Submit claims via portal, upload documents.

Business Process Mapping

Flow of how the system works:

1. Policyholder submits a claim with documents.

2. Claim Officer logs/validates claim in Salesforce.

3. AI model scans data → assigns **Fraud Risk Score**.

    o   If **Low Risk** → claim continues normal approval process.

    o   If **High Risk** → fraud alert triggered → Case created → assigned to Fraud Investigator.

4. Fraud Investigator reviews evidence & resolves case.

5. Compliance team monitors flagged claims.

6. Manager views fraud prevention metrics via dashboards.

Industry-Specific Use Case Analysis

In the insurance industry:

- Fraud is a **major loss factor** (false claims, staged accidents, fake medical bills).

- Manual detection is **slow, error-prone, and costly**.

- AI can detect patterns (e.g., multiple claims from same customer, mismatched documents).

- Need **real-time alerts** to prevent fraudulent payouts.

- Compliance is crucial → all fraud cases must be auditable.

So, we need to:

- **Automate fraud detection with AI**.

- **Track claims lifecycle & investigations in Salesforce**.

- **Provide managers with dashboards** for insights and risk analysis.

AppExchange Exploration

Look for **Insurance & Fraud Detection apps**:

- "Insurance Policy & Claims Management" (some apps exist but are broad).

- "AI Risk & Fraud Detection" add-ons.
  However, most are **complex enterprise-grade tools**.

We'll build a **simpler custom solution** focused on **fraud detection & case management**, to learn Salesforce + AI integration effectively.