1. Reviewed new files to determine current status of injury claim and to develop plan of action.
2. Conducted day-to-day administrative tasks to maintain information files and process paperwork.
3. Investigated properties to determine extent of damage and estimate repair costs.
4. Incorporated [Type] objectives to achieve action plans and strategies.
5. Used [Type] systems to program, set up functions, and enter data for claims.
6. Analyzed data to identify underlying principles.
7. Ordered [Type] information to complete [Type] files.
8. Finalized [Type] files for insurance claim payment release.
9. Interviewed claimants and witnesses to gather factual information.
10. Corrected [Type] codes to properly classify [Type] claims.
11. Examined photographs and statements.
12. Verified insurance claims and determined fair amount for settlement.
13. Consulted police and hospital records when needed.
14. Collaborated with claims department and industry anti-fraud organizations to resolve claims.
15. Prepared summaries of damage, payments and policy coverage.
16. Researched claims and incident information to deliver solutions and resolve problems.
17. Handled complaints and grievances using negotiating and problem-solving skills.
18. Developed new [Type] applications for cross-functioning departments.
19. Reviewed and analyzed suspicious and potentially fraudulent insurance claims.
20. Investigated and processed [Type] insurance claims for policyholders.