

IA Report



First and Final Report

Assignment Received Date: [REDACTED]

Insured Contact Information and Inspection:

Contacted [REDACTED] on [REDACTED], reviewed the claim information and scheduled an inspection.

The inspection was set for [REDACTED] Explained to insured the claim process.

Coverage and Policy Information

Cause of loss/Origin: [REDACTED]

Coverage Notes: [REDACTED]

Risk Description: [REDACTED]

Policy Deductible [REDACTED]

Applicable Loss Deductible [REDACTED]

Loss/Damages Notes on Structures/Additional Structures: [REDACTED]

Loss/Damage Notes on Content Items: [REDACTED]

Other Loss/Damage Notes: [REDACTED]

Recommendations/General Remarks:

QRA: [REDACTED]

SALVAGE: [REDACTED]

SUBROGATION: Subrogation potential on file: [REDACTED] Subro Notes: [REDACTED]

Subro Specific Questions:

When was the home built? [REDACTED]

How long has the insured lived in the home? [REDACTED]

Did the loss occur as a result of a faulty part, item, or contractor? [REDACTED]

Advise to have all pertinent information retained, including the item/part itself, detailed information of the responsible party, etc.

Were there any recent remodeling/repairs done near the source? [REDACTED]

Does the insured have the faulty part/item or have access to the part/item, or do they have the responsible party information?

[REDACTED]

Please provide Make, Model, Serial No. and/or the responsible party information for the cause of damages:

[REDACTED]

Closing

Closing Note/Future Activity:

[REDACTED]

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SIU SCORECARD – The following questions will provide an assessment only, it is the responsibility of the assigned adjuster to review and handle in accordance to their own guidelines.

INSURED INFORMATION:

1. Insured offered little or no details surrounding the loss -
2. The insured requested elevated repairs/amount of damages -
3. Insured asked about speed of payment/settlement -
4. Insured noted a recent lifestyle change - separate/divorced/job loss/etc. -
5. Insured made unusual requests related to the claim/damages -

DAMAGE FACTORS:

6. The damages presented do not align with the claim -
7. Damages are minimal/non-existent despite claims from insured -
8. No identifiable cause of loss present -
9. Repairs already completed -
10. Contractor involved - seemed aggressive/pushy about damages -
11. Contractor estimate provided - includes excessive amounts/repairs -

HOME/PERSONAL PROPERTY FACTORS:

12. Home shows minimal/no content items -
13. Content damages do not align with claims cause of loss -
14. Unusual location of contents related to loss -
15. No proof of ownership on contents -
16. For theft - no structural damages/No Police Report/Content items not aligned with police report -

PERSONAL FACTORS:

17. Push for settlement -
18. Evasive when questioned -
19. Insured noted prior/current financial issues -
20. Insured discussed prior damages/losses -

Indicator Score -

SIU Remarks:

Most claims are legitimate, but some are fraudulent. Therefore, it is appropriate for the adjuster to review all claims for possible fraud. Determining the “fraud probability” of any claim is facilitated when the adjuster is familiar with various fraud indicators. These indicators provided by NICB should help isolate those claims which merit closer scrutiny. No one indicator by itself is necessarily suspicious. Even the presence of several indicators while suggestive of possible fraud, does not mean that fraud has been committed. Indicators of possible fraud are “red flags” only, not actual evidence. Some claims, although suspicious, may have to be paid for lack of conclusive evidence of fraud. However, they should be referred to NICB for further review reviewed with your manager.