



Zurich Claims Investigative Services (ZCIS)

Fighting fraud for our customers and our industry



Insurance fraud is big business. In fact, it's a staggeringly big business, with around \$308.6 billion stolen each year in the U.S.¹ Insurance Fraud occurs in about 10% of all Property and Casualty Claims.¹ Consumers feel the impact of this massive theft through higher premiums. Excluding health insurance, the FBI estimates that insurance fraud costs the average American family between \$400 and \$700 a year.²

To help protect our customers from being victims of insurance fraud and help fight its costly impacts, **Zurich Claims Investigative Services (ZCIS)** has a nationwide network of investigators and specialists trained to confirm the legitimacy of claims and to identify, diligently pursue and deter fraudulent activity across multiple lines of insurance business.

ZCIS supports Zurich's Claims unit by providing thorough investigation of potential fraud indicators to support timely, fair and accurate claims decisions and recovery of payments made on fraudulent claims. We also work with law enforcement and industry groups to exchange insights to help combat fraud across the insurance industry.

Experienced in claims investigation

- ZCIS team members average of 18 years of total industry experience and over 14 years working in claims investigations.
- More than a quarter of ZCIS' staff have prior law enforcement and fraud investigations experience including
 - State and federal backgrounds as well as deep claim expertise,
 - Military intelligence & surveillance
 - Insurance fraud bureau investigators
 - Fire/Arson Investigators
 - Fraud intelligence analysts
 - Medicare/Medicaid fraud experts
- Our team members hold designations as Certified Fraud Examiners, Certified Insurance Fraud Investigators, Fraud Claim Law Specialists, Associates in Claims, Workers Compensation Law Specialists and Senior Claim Law Associates.
- Our investigators have deep knowledge of all common areas of fraud, including but not limited to:
 - Bodily injury
 - Heavy equipment theft
 - Incendiary fires
 - Medical provider billing practices
 - Medical provider referral schemes
 - Organized ring activity
 - Staged/caused collisions
 - Vehicle finance fraud
 - Vehicle theft
 - Workers' Compensation fraud
 - General Liability fraud
 - Customer fraud awareness
 - Background and social media searches
 - Surveillance management



1. Coalition Against Insurance Fraud. "About Fraud" webpage. Accessed October 10th, 2023.
2. Federal Bureau of Investigation. "Insurance Fraud" webpage. Accessed 23 September 2021.

How ZCIS helps catch the “fraudsters”

Whether responding a request to investigate a claim or acting on our own upon early identification of suspicious activity related to a claim, ZCIS immediately reviews and investigates suspicious indicators to assist our Claims professionals in resolving the claim as efficiently as possible. We investigate suspicious claims, regardless of the dollar amount of the potential misrepresentation. ZCIS also reports any confirmed suspicious claims to Departments of Insurance and law enforcement for potential criminal action. We also pursue restitution in cases where fraud has been proven.



1. Taking action...in the office and in the field



Whether crunching data at a desk or investigating a claim where an incident occurred, the ZCIS team uses a wide range of resources to reveal fraud. We also call on an extensive network of highly qualified vendor partners to help with:

- Surveillance
- In-person statements
- Mobile device and vehicle “infotainment” forensics
- Accident reconstruction and injury analysis
- Medical, pharmaceutical and other canvasses
- Locate stolen cargo and goods

2. Keeping up with the fast pace of fraud



ZCIS is collaborating with our Information Technology Team on a state-of-the-art, case management system to enhance communications throughout our Claims team, make investigations even more efficient and build a database to link individuals associated with multiple claims and parties in other claims. This complements our longstanding use of cutting-edge technology and strategic data application in:

- Fraud link analyses
- Fraud scoring/predictive models
- Text mining of unstructured data
- Flagging of medical provider outliers
- Medical provider network analyses
- License plate readers
- Industry leading social media search tools
- Link analysis software

3. Expanding our knowledge



In addition to working closely with our customers and local, state and federal law enforcement agencies, ZCIS has forged important, ongoing relationships with organizations whose leadership and members help enhance our investigation skills. We are members of:

- Coalition Against Insurance Fraud
- International Association of Special Investigation Units
- International Association of Auto Theft Investigators
- International Association of Arson Investigators
- Transported Asset Protection Association
- National Insurance Crime Bureau

Our specialists also regularly exceed annual educational requirements set within the ZCIS team, and we share new insights with customers, brokers and our Claims colleagues via thought-leadership features, podcasts, webinars and other forums.

Finding the fraud, closing the claim: Serving up success for a restaurant business

We know efficiency in claims handling is a priority for our customers, and ZCIS' investigative work can help close claims more quickly. Beyond that, we can spot patterns of targeted fraud attempts (sometimes called "nomadic" claims) that can greatly benefit a business going forward.

Here's an example of how that works:

- ZCIS found multiple red flags in a claim against a restaurant group that is a Zurich customer.
- Our investigation indicated the claim was likely fraudulent and related to "nomadic" activity.
- Digging deeper, ZCIS uncovered three other cases of possible fraud made against the restaurant group over four years.
- Based on the ZCIS investigation, it was believed this insured was being targeted by nomadic groups.
- Upon completing the investigation and closing the claim, ZCIS hosted a presentation for the customer and a broker, providing background on the type of fraud and in-depth review of the four fraudulent claims made.



If you have any questions about Zurich Claims Investigative Services, please reach out to Delpha DiGiacomo Director- Zurich Claims Investigative Services at delpha.digiacomozurichna.com

Zurich Claims Investigative Services is a part of our mission to be there for customers when it matters most. Find out about more of how our Claims teams work together to work for you at Special Investigations Unit | Claims | Zurich Insurance (zurichna.com).

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