PREVENTING FRAUD BEFORE IT HAPPENS — AI-LED DETECTION IN INSURANCE

Countries we operate from

PROBLEM STATEMENT

A leading insurance provider faced rising fraudulent activities across its policy issuance and claims functions, resulting in:

Slow identification of suspicious activities from isolated data.

Lack of insights to detect impersonation or collusion.

Ineffective claim reviews lead to financial losses.

Manual audits limit scalability and uniformity.

INT.'S SOLUTION

INT. delivered **AI Fraud Detection Layer** in the insurer's operations — combining analytics with rules.

- **Anomaly Detection:** Identifies unusual patterns in claims and payouts.

- **Risk Scoring:** Adapts from historical fraud to assess transaction risk.

- **Link Analysis:** Uncovers relationships between devices and accounts.

- **Red Flag Triggers:** Evaluates policies with identity checks for compliance and security.

- **Claims Module:** Thoroughly analyzes claims against relevant historical data.

6-Step Applied Process

01
Data Ingestion & Cleansing:
Integrated structured and unstructured data across KYC, claims, and third-party APIs.

02
Pattern Mining & ML Training:
Used supervised and unsupervised models to identify historic fraud markers and learn anomaly thresholds.

03
Real-Time Scoring Engine:
Enabled scoring for every new policy and claim against learned patterns and risk rules.

04
Linkage Mapping:
Visual tools flagged shared device IDs, addresses, or intermediaries across unrelated entities.

05
Action Framework:
Triggered referrals, escalations, or auto-rejections based on score bands and confidence levels.

06
Reporting & Governance:
Created dashboards for fraud teams with traceable outcomes, false positive tracking, and audit views.

87%

faster fraud case detection from initial event to escalation

42%

reduction in financial losses due to suspicious claims and identity misuse

3x

improvement in accuracy of fraud flagging with ML vs. rule-only logic

92%

traceability of flagged transactions with built-in justification and closure workflows

55%

drop in manual investigations, freeing analyst bandwidth for high-risk cases

Full compliance with IRDAI fraud reporting and risk control guidelines

INT.
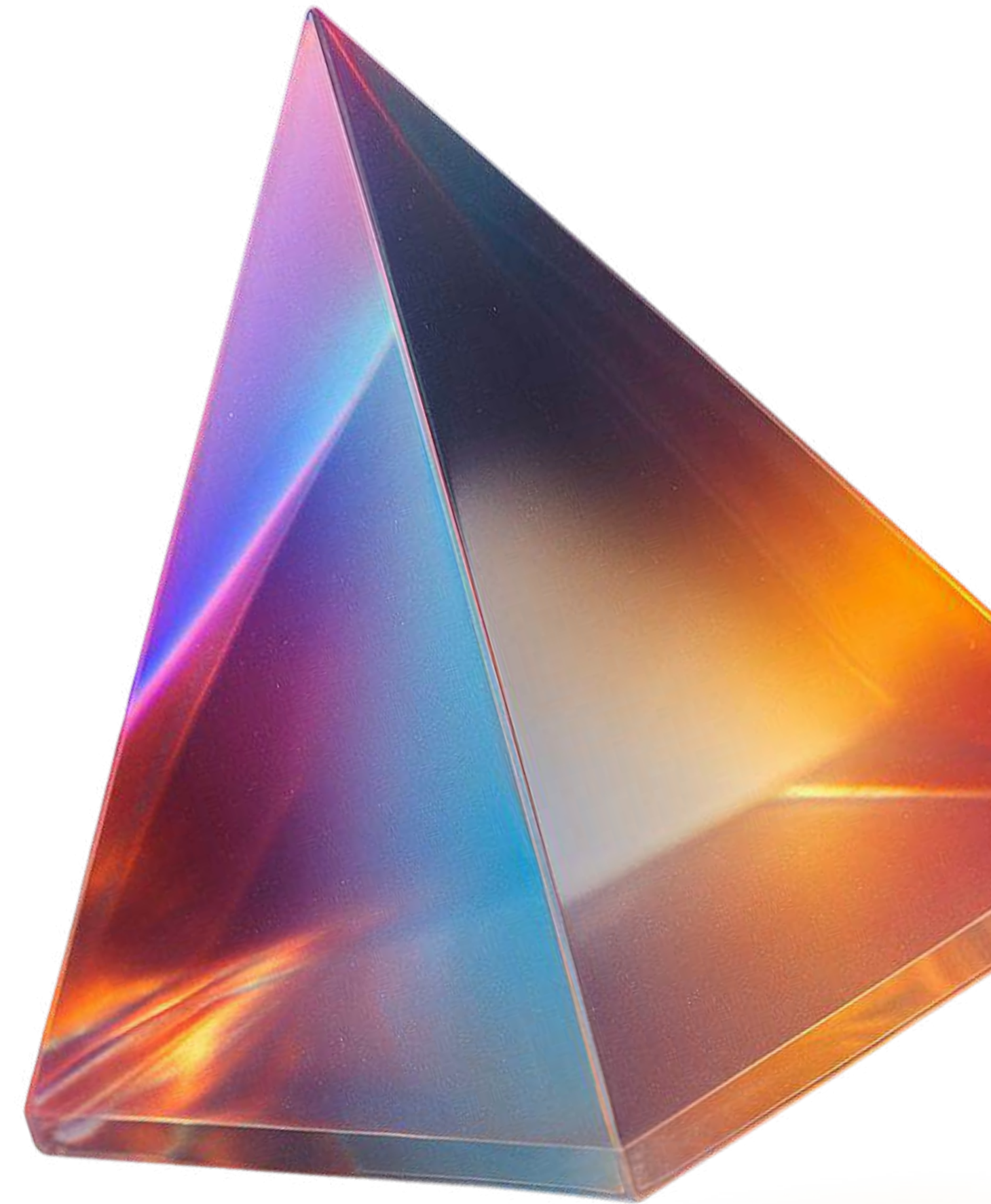
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