

Hong Kong claims fraud service

Sedgwick's claims fraud service in Hong Kong saves clients money, protects reputations and keeps valued customers

Most insurance claims are genuine, but claims fraud is a perennial problem – one with potential to increase along with the financial pressures of a tough market.

When fraud is suspected, claims need to be tackled quickly. We aim to stay one step ahead. Our expert team provides an effective strategy for insurers, brokers and corporate clients that includes detection, triage and containment services to help prevent and control fraud.

Key features of our claims fraud service include:

Detection

We screen every claim for fraud concerns. Detection is complementary, built into our claims process as a standard feature.

Triage

Through our triage service, we take a deeper dive into claims identified via the detection process. Based on our findings, we determine appropriate next steps, ensuring only those that warrant further review are recommended for investigation. Our counter-fraud approach is supported by a combination of people, technology and insight. We focus on doing the right thing and treating customers fairly. As with detection, triage is a standard component of our claims handling services.

Containment

Our claims fraud specialists investigate suspect claims using a variety of compliant and proportionate methods and tools, including desktop services and visits. To support this process we're harnessing the power of digital solutions like never before. For clients that undertake

detection and triage in-house, our investigators are also available to support insurer-led case management – not only in Hong Kong, but throughout Asia.

Fraud management consultancy

One size doesn't fit all. We help insurers implement effective claims prevention strategies specifically designed for them. Through our in-house expertise and partnership approach, we understand and can guide you through regulatory requirements in the fight against financial crime.


What sets us apart

Sedgwick's claims fraud investigation service is built around our ethos that the characteristics of a good investigation – prompt service, attention to detail and establishing a rapport – mirror the elements of good customer care.

We strive to continually improve our service; we are integrating innovative, market-leading technology that uses artificial intelligence, machine learning and integrated data to support our experts in identifying and targeting claims fraud.

At the heart of Sedgwick's approach is our caring counts philosophy, ensuring we identify and settle genuine claims quickly whilst serving as stewards of our clients' risk pools and reputations.

To learn more about our claims fraud service, contact:

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