A US-based P&C provider knew they had to deal with the potential of fraudulent claims and took the steps to provide their SIU with fraud detection technology. And while that solution was successfully flagging some potentially non-meritorious claims for investigation, their fraud team believed it wasn’t enough.

**Addressing a missed opportunity to detect fraud**

The rules-based solution the insurer had originally deployed was simply not identifying all the potential fraud the insurer’s claims handlers and SIU professionals felt was in the system. To rectify the situation, they turned to Shift Technology and its AI-native fraud detection solution, Shift Claims Fraud Detection.

To support this objective, AXA Switzerland needed the ability to decide how to evaluate the potential claims loss with the customer still being on the phone with the claims handler. Part of this assessment was the ability to identify suspicious activities and potentially fraudulent claims in real-time.

**Shift Claims Fraud Detection AI identified 73% more potential fraud**

Having already invested in a technology solution that was working to a certain degree, the insurer was specifically looking for something that would very quickly add incremental value by identifying a greater number of claims for possible investigation. Since going live, Shift Claims Fraud Detection has consistently identified 73% more potential fraud than the previously installed rules-based solution by using AI and a vast amount of data from multiple data sources with expert configuration and support by Shift Data Scientists.

**3X return on investment**

The insurer is currently processing more than 15,000 claims per month through Shift Claims Fraud Detection and reported that their use of Shift for fraud detection generated a 3X return on investment in less than three months.