

INCREASE EFFICIENCY WHILE MINIMIZING FRAUD THROUGHOUT THE CLAIMS PROCESS

For insurance policyholders, the speed and ease of submitting claims and receiving payments can make or break the customer experience. In the digital “on-demand” consumer environment, time consuming, labor intensive claims submission and review processes simply aren’t competitive.

Insurers must adapt to this new environment, where policyholder expectations for anywhere, anytime service and accelerated settlements must be weighed against the risk of claims leakage - especially increased fraud - that result from basic automation. Insurers need speed and accuracy throughout the claims process to succeed. That’s why we created Luke.

Luke is the only AI-native claims automation solution that’s smart enough to significantly increase the volume of claims that are paid immediately, without the need for manual review, while accurately detecting and flagging potential fraud for further investigation by claims handlers and SIU teams. It empowers insurers to deliver the best service possible while safeguarding against the risk of increased fraud.

KEY BENEFITS

- Fast, easy claim submission via Luke’s intuitive UI
- Accurate, real-time claim validation and fraud detection
- Immediate settlement and payout of straightforward claims
- Automatic escalation of complex claims for review by claim handler
- Minimized risk of automation-related fraud
- Augments claims handlers’ capabilities



THE WORLD’S LEADING INSURERS TRUST LUKE TO DELIVER:

- Enhanced customer experience
- Fast and fair settlements
- Lower claims processing costs
- Reduced claims leakage
- Increased fraud detection
- Greater transparency and speed throughout the claims process
- Easy integration with existing claims platforms

Automate Claims While Mitigating Automation-Related Fraud

Luke is a SaaS-based solution that insurers can integrate with existing claims management systems. It is comprised of several key features that optimize the claims process for insurers and their customers.

INTUITIVE POLICYHOLDER INTERFACE FOR CLAIMS SUBMISSION

The simple, intuitive Luke UI enables the policyholder to submit claim details, photos, accident reports, and other supporting information quickly and easily.

CLAIM VERIFICATION IN REAL TIME

Luke's Artificial Intelligence (AI) immediately verifies the validity of the information submitted and checks it against the terms of the policy to verify that the claim is valid and complete. This all happens in real time, without the need for additional emails, phone calls or other delays.

AI-NATIVE DECISION ENGINE

Luke's AI determines the next best action on the claim based on policy parameters, supporting information provided by the policyholder, and a range of historical and 3rd party data.

SEAMLESS INTEGRATION WITH FORCE FRAUD DETECTION

All claims processed by Luke are analyzed by Force, Shift's AI-native fraud detection solution, to quickly identify and flag potential fraud for further investigation. If no likelihood of fraud is found, and Luke determines that the claim is valid and meets the terms of the policy, the claim is settled.

If further investigation is required, Force provides detailed supporting information for fraud investigators to review the claim and determine whether fraud exists before deciding how to proceed.

AUGMENT CLAIMS MANAGEMENT SOLUTIONS

Luke's SaaS-based AI engine works seamlessly with existing claims management solutions, enhancing the claims handlers at the point of decision.

LUKE DRIVES CLAIMS SATISFACTION

According to JD Power, the three most important factors that influence customer claims satisfaction are:

- Fairness of settlement
- Speed
- Transparency

Applying Shift's AI-native Luke solution to the claims process addresses each of these issues, enabling insurers to achieve straight through processing for a greater number of claims while delivering an exceptional customer experience.

Learn more about how Luke can help you deliver an amazing customer experience with claims automation you can trust at shift-technology.com

About Shift

Shift Technology delivers the only AI-native fraud detection and claims automation solutions built specifically for the global insurance industry. Our SaaS solutions identify individual and network fraud with double the accuracy of competing offerings, and provide contextual guidance to help insurers achieve faster, more accurate claim resolutions. Shift has analyzed hundreds of millions of claims to date, and was named by CB Insights to the 2018 Global AI Top 100. For more information please visit www.shift-technology.com.