SHIFT



Agentic AI: beyond the technological promise

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Introduction

The insurance industry is going through an unprecedented period of change. Generative AI has captured attention with its ability to produce content, but it is now reaching an operational limit: that of simple assistance. For insurers, the challenge is no longer just to generate text, but to make these systems capable of taking on decisions within a controlled, explainable framework that is aligned with business requirements.

This is where the shift to agentic AI takes place. Unlike conventional models, agents do not simply respond to queries. They reason, plan and collaborate to solve problems end to end. Against a backdrop of growing cost pressure, increasingly complex fraud and the challenge of passing on expertise, this technology is becoming the new standard for decision-making efficiency. For insurers, the stakes go beyond automation. It is about redefining how decisions are produced, controlled and deployed at scale.

For Shift, agentic AI is the culmination of a vision: an insurance industry where artificial intelligence does not replace people, but becomes their most rigorous trusted partner. In this whitepaper, we explore how these agents are redefining subject-matter expertise, securing operations through controlled autonomy, and drawing on the strength of pooled data networks to protect technical results over the long term.



I – The agent as a subject-matter expert

Moving from task automation to complex decision-making

Generative AI opened up a promising path, but agentic AI now defines its destination. Today, an agent no longer simply follows instructions or summarises text. It develops genuine reasoning about complex insurance problems, marking the shift from assistance to expertise.

1. A technological break: from reflex to reflection

The transformation is, above all, a technical one. Where conventional automation was limited to linear actions, agents apply long-term reasoning. They maintain a continuous line of thought over several days to handle a claim from start to finish.

From the moment a claim is opened, the agent does more than collect documents. It validates the consistency of the evidence in real time, cross-checking the policyholder's account against photos of the damage and contextual data to spot any immediate anomaly.

The agent stands out for the way it handles nuance. Faced with conflicting signals, it weighs each element to form a structured recommendation. This intelligence redefines workflow management: the agent prioritises urgency and risk from the first few minutes. Straightforward claims go to automated handling, while critical cases are immediately escalated to experts. By behaving like a specialist who can rank information by importance, AI moves definitively beyond being a simple data-entry tool.

> **"The agent is no longer limited to carrying out secondary tasks; it conducts a genuine investigation. It moves from being a tool to being a trusted partner for the claims handler."**
>
> **Eric Sibony,** Co-founder and Chief Scientist, Shift Technology

2. The agent at the heart of Shift's solutions

For Shift, agentic AI is no longer a technical option bolted on to existing products. It has become their central engine. This approach rests on deep sector specialisation: agents are trained specifically on the full range of critical issues in the business, such as fraud detection, third-party subrogation and recovery, and the analysis of complex legal documents.

The system works through intelligent coordination, in which a lead agent orchestrates the whole process. It calls on expert agents to validate specific points, ensuring precise decision support. This autonomy is nonetheless controlled: the agent uses its own research and analysis capabilities to deliver a complete answer, but it is programmed to hand over to a human expert whenever the case requires it.

3. What operational gains can insurers expect?

The aim of this transformation is no longer just to save a few seconds per task, but to radically improve the quality and relevance of every decision. Process improvements are immediate: the agent pre-analyses all the documents in a claim file to produce a summary that is ready to use. The claims handler can then focus on the final judgement call and decision-making rather than on searching for information.

The use of agents also brings greater consistency to claims handling. Every claim benefits from the same rigour of analysis, regardless of overall workload or complexity.

Finally, the financial impact is direct. By acting as an expert, the agent helps reduce technical losses, notably through the systematic identification of anomalies and recovery opportunities that traditional systems could miss.

II – Mastering autonomy: the real challenge

Ensuring reliable decisions through transparency and risk control

Agentic AI cannot be adopted without absolute certainty: the tool must be as trustworthy as it is powerful. As agents become more autonomous, this must be matched by rigorous control mechanisms and complete transparency over how each decision is reached.

1. Making abstention a virtue: knowing what you don't know

One of the pillars of Shift's strategy is the ability of AI to recognise its own limits. In sensitive processes such as claims management, accuracy above 99% is often required to keep the system viable. To meet this standard, the agent is designed to abstain rather than give an uncertain answer. It pauses its analysis when its confidence level is too low or when the financial stakes are judged to be too high. This deliberate choice to hand over ensures that large-scale automation never compromises the quality of results, protecting the entire value chain.

2. Multi-agent orchestration for cross-validation

The agentic architecture makes it possible to break complex claims down into several successive verification steps. A supervisor agent can call on several expert agents to analyse the same case from different angles, whether fraud, compliance or specific handling rules. The system also includes monitoring modules that can detect inconsistencies or statistical drift, providing constant vigilance over the quality of recommendations. Far from working in isolation, these agents orchestrate the use of external tools and databases to enrich their reasoning, while remaining within a strictly controlled framework.

3. Transparent reasoning and human oversight: the hybrid model

Shift's aim is to amplify human expertise, not replace it. This collaboration relies on a full understanding of each step in the reasoning: every recommendation comes with the specific evidence and handling rules that led to the final result. A detailed record of the steps taken allows claims handlers and regulators to follow the AI's reasoning point by point. The human expert therefore remains the guarantor of the process, validating summaries and recommendations before anything is put into operation.

III – People refocused on value

Turning recruitment challenges into a performance lever

Introducing autonomous agents into the claims lifecycle is not about replacing human expertise, but amplifying it. In an industry facing rapid team turnover and growing technical complexity, agentic AI supports upskilling by allowing claims handlers to concentrate on high-value decisions.

1. Bridging the specialist skills gap

The insurance industry today faces a major challenge in passing on knowledge. Agentic AI offers a structural answer by acting as a bridge between collective knowledge and day-to-day practice. By building best practice and business rules into their reasoning, agents enable less experienced colleagues to handle complex claims with the rigour expected of an expert. The agent does not just analyse data; it actively supports the claims handler by suggesting the critical steps to follow, which shortens the learning curve and reduces the risk of omissions.

> **"Agentic AI is not meant to replace individuals, but to give them the means to handle larger volumes with greater accuracy. It is the tool that allows a shift from reactive management to a proactive strategy."**
>
> **Jérémy Jawish**, Co-founder and CEO, Shift Technology

2. Putting the focus back on the customer relationship

By taking on the investigation and summarisation phases, which are often heavy and repetitive, AI gives teams back time for their core mission. The agent takes care of collecting, checking and reconciling information, leaving the claims handler free to focus fully on the interaction with the policyholder. This new division of roles is especially valuable at the key moments in the life of a policy, where human availability and empathy matter most. By filtering large volumes of information and presenting claims that are already structured, AI reduces decision fatigue in teams while improving the quality of service delivered.

3. Dynamic collaboration: the claims handler as chief pilot

Shift's model is built on a fluid interaction in which people keep control of the overall strategy. In this setting, the agent submits well-supported recommendations that the claims handler can accept, amend or reject, drawing on the evidence the AI has surfaced. This hybrid approach delivers industrial-scale efficiency while preserving the fine judgement needed for exceptional or sensitive cases. Shift customers therefore see a marked acceleration in processing, with claims cycle times reduced by up to 30%*, while also elevating the role of their people.

(*based on Shift customer data)

IV – Controlling outcomes and the strength of the network

Turning pooled data into measurable financial impact

An agent's intelligence is directly proportional to the quality and breadth of the information it can access. To improve the combined ratio on a lasting basis, agentic AI must draw on a rich data ecosystem and advanced analytical capabilities.

1. The ECLA data network: the benefit of pooling

Shift's European network, ECLA (European Centralized Loss Adjustment), gives agents a breadth of analysis that a system limited to an insurer's own internal data could not offer. Agents can query claims data from multiple partner insurers to identify fraud patterns or suspicious behaviour on an international scale. Beyond simple look-ups, the agent uses this inter-insurer network to add context to its analyses and trigger automatic alerts based on weak signals. This synergy makes it possible to detect complex fraud rings that would remain invisible to an insurer working only with its own data.

2. Stronger protection against new types of fraud

With the rise of content falsified using generative AI, agents are incorporating increasingly sophisticated analytical capabilities to protect insurers' balance sheets. Image analysis tools identify image manipulation, such as the addition of fictitious damage or the use of documents whose metadata has been altered. Advanced models can distinguish real images from artificially generated content, strengthening fraud detection from the moment a claim is reported. By automatically screening out non-compliant documents, AI ensures that only legitimate claims are paid.

3. Impact on profitability and performance

Adopting agentic AI is a strategic decision for the long-term financial health of insurers. Users of these capabilities report a 3% reduction in claims losses, with automation rates of up to 60% on certain types of claim. This efficiency gain comes with accuracy above 99% in assessing claims, which limits settlement errors. By combining lower handling costs with faster turnaround times, insurers can respond to economic pressures while improving policyholder satisfaction.

Conclusion

Agentic intelligence: a new horizon for the insurance industry

Agentic AI marks a decisive stage in the technological evolution of the insurance sector, radically transforming how information is processed and decisions are made. By moving from assistance tools to genuine agents capable of reasoning, insurers now have practical means to automate complex processes end to end, while maintaining accuracy above 99%.

This transformation is about more than productivity. It offers a structural response to the industry's major challenges: the need to protect balance sheets against ever more sophisticated fraud, the need to address the shortage of specialist skills, and policyholders' growing expectations of speed. By freeing claims handlers from repetitive tasks so they can concentrate on judgement and the customer relationship, agentic AI raises the value of human expertise across the value chain.

The future of the sector belongs to organisations that can orchestrate this collaboration between people and agents, drawing on the strength of unique data networks. In this respect, the European ECLA network (European Centralized Loss Adjustment) is an exclusive strategic advantage. Created and operated by Shift, it gives its customers a depth of analysis and a joint detection capability that are unmatched in the market.

The era of augmented experts is now an operational reality. For insurers, the challenge is to deploy these capabilities at scale to transform their performance for the long term. However, the complexity of this transition means working with expert partners who can ensure secure integration and full control of business risk.

About Shift Technology

Shift delivers AI agents that transform insurers' most critical work. By combining deep industry expertise with unrivalled data resources, Shift provides proven results that have earned the trust of hundreds of the world's leading insurers. Our insurance-grade AI is accurate, explainable and secure, empowering human experts to act with unparalleled speed, complete confidence and a renewed focus on the people they serve.

Learn more at www.shift-technology.com/en-gb