



Helping the world's insurers
Make Better Decisions.

SHIFT

Decisions Made Better



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The world relies on insurance. Insurers rely on Shift.

Insurers make millions of decisions every day. These decisions—large and small—impact billions of people, from new policy applicants and claimants to vendors and providers. It's better for everyone if insurance decisions are made quickly, accurately, fairly, and transparently. That's why Shift exists.

Our AI decisioning solutions help insurers automate and optimise routine and complex decisions from underwriting to claims and beyond, enabling them to do what's right for their customers while controlling premiums and operating sustainably.

Decisions Made Better across key functional areas

Claims Fraud Detection

Claims Intake Decisions

Claims Document Decisions

Underwriting Risk Detection

Liability Detection

Financial Crime Detection

Healthcare Fraud Waste and Abuse Detection

Insurance Decisioning Platform

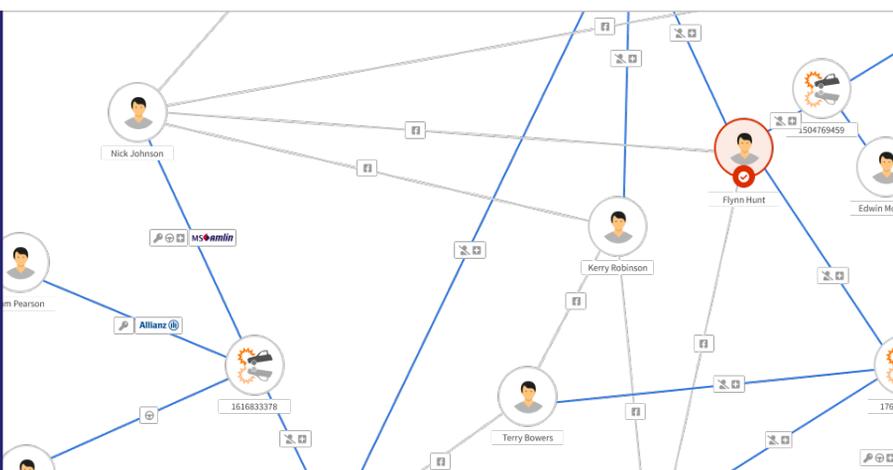
Shift Claims Fraud Detection

Enables P&C insurers to identify, investigate, and defeat fraudsters

Globally, between 10% and 20% of all insurance claims include some element of fraudulent activity across all lines of business. This results in hundreds of billions of dollars in cost to the insurance industry worldwide.

Shift's AI Powered Claims Fraud Detection solution enables claims handlers and special investigations unit (SIU) team members to identify and investigate fraud with industry-leading speed and accuracy.

Shift's Claims Fraud Detection solution identifies virtually all types of fraud, from individual actors to sophisticated fraud networks, enabling insurers to effectively investigate and deny fraudulent claims while settling legitimate claims more quickly.



» Extremely accurate

With AI at its core, Shift's Claims Fraud Detection solution detects potential fraud with up to a 3x better hit rate as compared to other solutions. Fewer false positives lead to increased adoption, more efficient investigations and an improved combined ratio

» Incredibly insightful

Shift goes beyond a simple numerical score, providing detailed reasoning and actionable background information for the suspicion of fraud, giving investigators the information they need to prove fraud across all lines of business

» Empower claims teams

Shift takes data protection seriously, and employs industry-leading security measures across all areas of our business. We adhere to GDPR and ISO/IEC 27001 standards

Shift Claims Intake Decisions

Deliver a more consistent claims experience at every touchpoint

Policyholders expect a clear, efficient claims process across multiple contact channels.

Shift Claims Intake Decisions powers an end-to-end experience for claims intake across multiple channels of engagement. In other words, policyholders will be able to experience fast, fair, and consistent claims processing no matter how they engage with the insurer. Claims Intake Decisions can integrate seamlessly to power an insurer's existing frontends, or it can provide a new frontend that allows for a consistent experience across all channels.

Claims Intake Decisions provides a foundation that drives an automated intake process which incorporates powerful artificial intelligence. This moves away from the rigidity of rule-based automation platforms and towards a personalised claim experience that adapts itself to the customer's needs.

» Reduced cost, increased satisfaction

Shift reduces the steps between FNOL and claims resolution to gain efficiency and deliver a better customer experience

» Greater transparency

Policyholders, agents, third parties, and claims handlers gain access and insight into claim status and next actions

» Optimised resources

Claims adjusters can focus on advanced tasks and complex cases as Shift automates and optimises much of the claim journey

Accident report

Accident details

Claim category: Collision
Claim type: Hit while parked
Date of accident: 01-11-2022

Accident location
Address: [Empty field]



Circumstances
Insured: Select...
Third party: Select...
Number of selected values: 0

Solution recommandée: Règlement de 900€
[Details: Organisation, Franchise offerte, Assuré justifié et fourni, Règlement immédiat et total]

Solution
Règlement: [Dropdown menu]

Indemnité immédiate: 900 €
Indemnité différée: 0 €

Policy TU8812Y
Policyholder name John Smith
Policy type Comprehensive cover
Vehicle Volkswagen Beetle Cabriolet
Registration number G46DLS
Night-time parking London SW19 7EX
Parking type Private driveway
Vehicle use Private and business use
Main driver John Smith
Date of driving licence 07/01/1996
No claim bonus 0.50

History
02/04/2021 - V5469R (Closed) - Collision with a fixed object



I am impressed with how quickly my claim was handled. I didn't know it was possible for chatbots to automatically propose a reimbursement. Will definitely recommend."

— POLICYHOLDER
FEEDBACK

Shift Claims Document Decisions

Finding the next step in the claims process with AI-based decisioning

Shift Claims Document Decisions helps accelerate contextual decision making for insurers. The solution analyses structured and unstructured data, using the results of this analysis to drive towards the next steps in the claims process. This helps reach an outcome faster while minimising the need for human intervention—while also powering more consistent results.

» **Powerful & flexible**

Automatic ingestion and evaluation of every kind of insurance document

» **Optimises human decisions**

Provides detailed contextual guidance for claims handlers

» **Vast data pool**

Automated decisioning based on internal & external data

» **Increased speed, accuracy & consistency**

Reduces settlement timeframes and enables world-class customer service

Shift Underwriting Risk Detection

Identifies hidden risk and fraud in applications and policies

Winning new policyholders is the name of the game, but unseen fraud and risk stand in the way of lasting growth. Whether premium leakage or outright fraud, individuals or networks, Shift enables insurers to find more risk and fraud before a policy is bound, in discovery, and all the way through renewal.

Shift's powerful AI uncovers a comprehensive range of premium leakage and fraud, including fraud networks and agent gaming risks. Shift AI detection aligns to key underwriting decision points, providing real-time detection during policy applications, daily new policy review, or scheduled analysis during pre-renewal reviews.

Shift's real-time Underwriting Risk Detection for applications feeds seamlessly into core policy systems via API to accelerate the underwriting process. For new policies and renewal, Shift's intuitive underwriting dashboard puts 100% explainable alert context, policy details, and investigation steps in one place for Underwriters.

Addressing risk and fraud at the point of underwriting enables insurers to address unseen risk, prevent subsequent claims fraud, and operate more efficiently and profitably throughout the policy lifecycle.

Shift Liability Detection

Enables insurers to recoup costs quickly and efficiently

Accurately identifying liability and recovery opportunities is critical to insurers' financial performance. Analysing liability traditionally requires the knowledge and experience of seasoned claims handlers, and can be time consuming and labour intensive.

Shift Liability Detection is an AI-powered solution that quickly and accurately analyses claims for liability and recovery opportunities using claims data combined with extensive internal and third-party data. It delivers clear guidance on the nature and specifics of the recovery opportunity to empower claims handlers and improve performance.

» **Increase recoveries**

Score recovery opportunities based on data and granular claim details

» **Reduce cycle time**

Accelerate decisions that maximise the chance to make a successful recovery

» **Minimise claims leakage**

Mitigate skill gaps by providing handlers with the recovery rationale and relevant guidance

Shift Financial Crime Detection

Supports compliance with national & international regulations

Financial crime related to money laundering and funding of nefarious activities is a growing problem in the insurance industry. Identifying bad actors and suspect transactions can be time consuming and deliver sub-optimal results.

Shift's AI-powered Financial Crime Detection solution is an effective tool that enables insurers to address both the regulatory and operational aspects of financial crime detection with greater accuracy and efficiency. Shift flags suspicious transactions and entities, provides clear investigative guidance through an intuitive dashboard, and empowers insurance investigators to root out financial crime and demonstrate compliance.

» **Full coverage**

Full screening coverage through limitless data integrations

» **Accurate focus**

Reduce false positives with advanced entity resolution, deduplication and fuzzy matching

» **Maximise expertise**

Focus team members on high impact cases with clear context and AML risk scoring

» **Effortless reporting**

Seamless audits using SAR, OFSI and regulatory reporting support



Shift Healthcare Fraud Waste and Abuse Detection

Enabling health insurers to better detect and prevent FWA with speed and accuracy

Health insurers have massive amounts of data available in health records, clinical trials, and billing & claims processing systems. However, it's challenging to unlock the value buried in this data to streamline claims payments, reduce improper payments, drive better provider network performance, and maintain regulatory compliance.

Shift Fraud Waste and Abuse Detection provides a high-impact approach to identifying FWA for health insurers. By leveraging enhanced data and artificial intelligence, the solution provides insights investigators need to maximise savings and recoveries. It allows users the ability to analyse behaviour and actions across multiple lines of business—individual providers and provider networks, third parties, members, and more.

» Identification at the pre- and post- payment level

Shift incorporates investigative outcomes to decrease false positive alerts and increasing accuracy in both the prepayment and post payment process

» A better view of claims, members and providers

Extensive internal and external data sources enable insurers to identify emerging schemes, suspicious relationships, and other previously unseen issues

» Increase investigative productivity

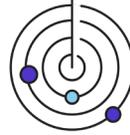
Prioritised, actionable insights and alerts at the specialty and provider-based level guide investigators to the most impactful cases to maximise savings and ROI

» Integrated case management

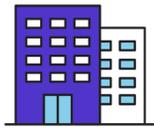
Enables teams to easily communicate, track activity, manage caseloads and more - without ever leaving the platform



Founded in 2014



2B+ claims analysed



10 international offices

**115+ customers
in 25+ countries**



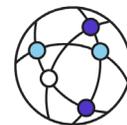
**Named to the 2022
Fintech Global
Insurtech 250**



**Recognised in the
2022 CB Insights
Insurtech 50**



**Named in the 2021
Digital Insurance
Agenda Top 100
InsurTechs
to Watch**



**Industry associations:
ALFA (Europe),
Équité (Canada),
General Insurance
Association (Singapore),
HICFG (UK), HKFI
(Hong Kong), IFB (UK)**



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