SHIFT



End-to-end motor recovery with agentic AI

UK Edition

www.shift-technology.com/en-gb

Introduction

Maximising motor subrogation recovery requires a solution built to handle the full scope of the work. An end-to-end solution enables subrogation and claims teams to manage every referral across all exposures, including own damage, replacement vehicle or credit hire, and personal injury, from a single system, whether those referrals are automatically detected by AI or flagged manually by a handler. The goal is to automate as much of the workflow as possible, from initial liability assessment through demand generation, so teams spend less time on administrative, repetitive tasks and more time on critical investigations and negotiations that matter.

AI agents can play a central role here, helping teams recover more by improving the accuracy of liability determinations and critically examining all supporting evidence, while also reducing the time and expense associated with negotiation and, if needed, formal dispute resolution. AI agents provide the capabilities to track recovery progress, document the reasoning, build evidence packs and outcomes behind each case, and report on results, giving subrogation and claims leaders leaders full visibility into performance across their entire motor book of business.



Detection

Detecting and maximising subrogation potential is where a strong motor recovery programme starts. AI detects and assesses recovery opportunities faster and more consistently than manual reviews. Generative AI (GenAI) interrogates all claims activity and documentation, including free-form handler notes, statements, and police reports to surface subrogation indicators that could easily be missed. Subrogation viability is further assessed by AI applying the liability principles and limitation periods of the relevant jurisdiction (England & Wales, Scotland or Northern Ireland) applicable to the situation, along with taking into account any bi-lateral agreements the insurer has in place. The result is more recovery opportunities identified in a fraction of the time it takes a handler to review.

66%

increase in claims with recovery

44%

faster FNOL to recovery

Source: sample customer metrics

Liability calculation

Correctly estimating liability and avoiding rework drive improvements in claims handling costs. Shift AI agents help remove the variability and subjectivity of calculating liability. Agents consistently and repeatedly evaluate evidence including points of impact, vehicle movement and statements, and whether the at-fault driver breached their duty of care and the relevant rules of the Highway Code. This generates precise liability splits supported by fully explainable and defensible reasoning. As additional investigative information is gathered throughout the claim lifecycle, the liability calculation is updated to incorporate the new information. This continuous re-evaluation progressively refines the liability estimate.

> "Policyholder called in to report being hit by a van that rolled through the give-way line while turning left at the Mill Road and Station Road junction. The van is owned by the local council. The front of her car struck the rear-right side of the van. Police attended. A jogger on the pavement corroborates the failure to give way."

Sample agent actions

- Flags that the van is council-owned: checks the council's insurance or self-insurance arrangements and confirms the limitation period for the jurisdiction (in England & Wales, generally three years for personal injury and six years for property damage)
- Prompts follow-up to secure witness statements
- Recommends securing police report before finalising liability estimate

Recovery preparation

Efficient and complete recovery preparation is critical to maximising successful outcomes in motor subrogation claims. AI agents significantly streamline this phase by automating case triage, organising and collating evidence, and providing data-driven recommendations to strengthen the handler's position. Shift agents act on all opportunities - manually flagged or automatically detected.

To strengthen the recommendation, the agent layers in specifics about the case strength based on the incident details and available evidence. At the same time, additional insight about the third-party insurer is provided. This includes a profile of the third-party insurer's behaviour - including response timeframes and how they typically negotiate. Similar claims of the same archetype are also profiled. This includes a summary of claims with similar circumstances and the outcomes from those cases. Together, these elements give handlers a clear, evidence-backed basis for deciding how to proceed and how firmly to negotiate.

Demand package creation

The creation of a complete, accurate demand package is critical for establishing a strong foundation for successful recovery negotiations. AI agents ensure this process remains objective and consistent, remove reliance on specific handler experience and eliminate potential handler bias from the package composition. Agents build compelling, evidence-based arguments by pulling together the clear liability reasoning established during review, supported directly by the police report, witness statements, and any other corroborating documentation on file. The demand includes a specific damage request, calculated from the indemnity paid and relevant exposures, so the amount being pursued is fully substantiated rather than estimated.

Third-Party Insurer Profile

Average response time:

14 days

Typical counter-offer:

45–55%
of demand

Comparable claims

47 similar
disputed cases

Average policyholder fault:

25%

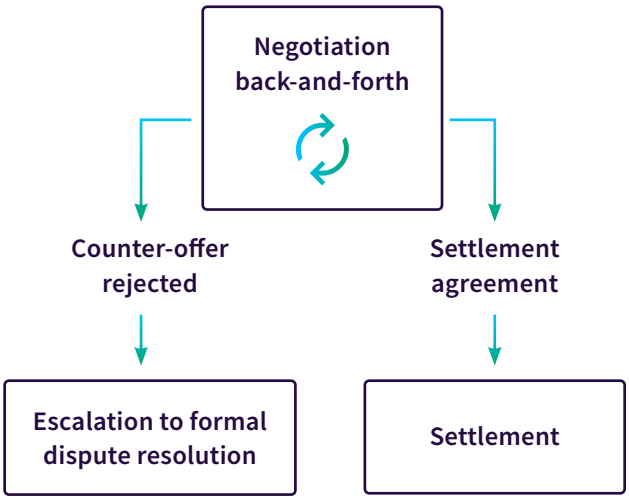
All supporting documents, such as the police report, statements, photos, and repair or medical records, are automatically compiled and attached to the package, providing the third-party insurer a complete, well-organised case. The result is a demand that is ready to send with minimal handler intervention, built to withstand scrutiny and support the strongest possible negotiating position from the outset. Ideally, it eliminates the need to pursue formal dispute resolution or court proceedings and avoids the associated fees and costs.

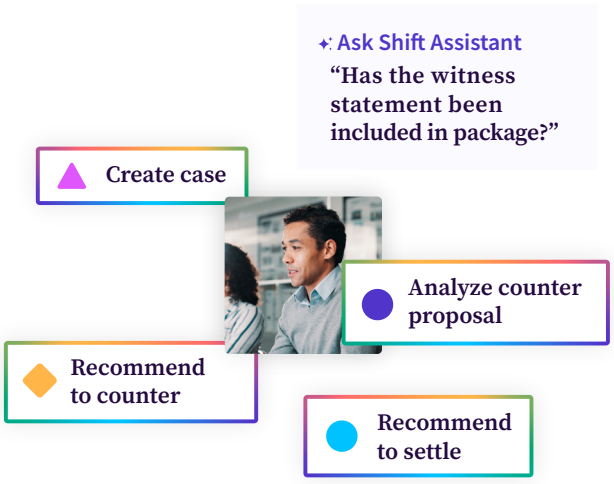
Summary	✓
Amount requested	✓
Compelling reasoning	✓

Dispute resolution coordination

Managing many demands in different statuses across multiple third-party insurers presents a significant challenge for subrogation teams. When the third-party insurer responds, often proposing reduced damages or a reduced share of liability, the Shift agent assesses that counter-proposal against the original evidence and case facts to consider whether the reduction is justified or should be challenged. Based on that assessment, the handler can accept the counter-offer or respond with a counter of their own, attaching additional evidence with the assistance of the agent, to strengthen the position where needed.

If the two parties cannot reach agreement through this negotiation, the case is escalated to formal dispute resolution, either inter-insurer arbitration where an agreement between the parties provides for it, or court proceedings. The agent carries forward the full demand package and evidentiary record, avoiding the need to rebuild it from scratch.





Human-in-the-loop

Every step of the Shift Subrogation processing workflow offers the opportunity for human intervention, ensuring that the process remains flexible and aligned with the insurer's standard operating procedures. Whether it's a verification step for the AI agent, adjusting the demand letter, verifying additional documents to be added, or maintaining full control over each decision, the level of automation is at the discretion of the insurer. These settings are controlled by the insurer and can be tailored to vary based on the specific line of business, providing a seamless balance between automation and expert oversight. Every recommendation carries an explainable, auditable trail, supporting the outcomes-focused expectations of the FCA's Consumer Duty and easing the production of evidence for the PRA and FCA.



Summary

The Shift Subrogation solution empowers insurers to maximise recovery in motor subrogation by leveraging agentic AI to streamline the entire recovery lifecycle—from initial detection and liability assessment to demand package creation and dispute resolution coordination, across the UK. Automating workflow steps and providing data-backed, objective guidance for every case, enables subrogation teams to manage higher throughput and boost recovery rates and operational efficiency. This AI-driven approach eliminates the variability and subjectivity associated with handler experience, driving consistent, high-quality outcomes while reducing the need for costly rework. Throughout this process, insurers maintain full control, with the flexibility to define the level of human oversight required across different lines of business.

Request a Shift Subrogation demo

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

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