

Course No. 1826

Claims Assessment & Decision-Making Training Course

INSURANCE CLAIMS MANAGEMENT
INSURANCE & RISK MANAGEMENT

DURATION

5 Days

DELIVERY

Classroom



Course Overview

The Claims Assessment & Decision-Making Training Course provides a comprehensive and practical framework for evaluating insurance claims, analyzing coverage and loss information, and making consistent, evidence-based decisions throughout the claims lifecycle. The course focuses on strengthening the technical, analytical, and managerial capabilities required to assess claims accurately while balancing policy obligations, customer expectations, financial exposure, and organizational risk.

Participants will explore structured approaches to reviewing claim circumstances, policy terms, supporting documentation, loss estimates, liability considerations, and financial impacts. Particular emphasis is placed on distinguishing valid claims from incomplete, questionable, or potentially disputed claims and on developing clear decision-making criteria that support fair, timely, and well-documented outcomes.

The course also addresses decision-making in complex and high-value claims, including situations involving conflicting evidence, multiple stakeholders, uncertain liability, business interruption, significant financial exposure, or potential recovery opportunities. Participants will learn how to evaluate alternatives, identify information gaps, escalate appropriately, and formulate defensible recommendations.

Through practical exercises, case studies, claim scenarios, and decision-making workshops, participants will develop the ability to transform claims information into sound business decisions. The course supports improved claims quality, stronger governance, reduced claims leakage, better settlement outcomes, and greater consistency across claims operations.

Objectives

- By the end of the course, participants will be able to:
- Analyze the complete claims assessment lifecycle from notification through evaluation, decision, settlement, and closure.
- Evaluate policy coverage, conditions, exclusions, limits, deductibles, and applicable requirements when assessing claims.
- Develop structured methodologies for reviewing claim facts, documentation, evidence, and financial information.

- Assess the cause, circumstances, and extent of insured losses using consistent analytical approaches.
- Apply evidence-based criteria to accept, partially accept, reject, refer, or escalate claims.
- Evaluate the financial exposure associated with individual claims and identify potential areas of claims leakage.
- Assess liability, causation, contributory factors, and the responsibilities of relevant parties.
- Improve decision-making when information is incomplete, contradictory, delayed, or subject to dispute.
- Apply appropriate escalation and delegated authority principles to complex and high-value claims.
- Evaluate settlement alternatives and formulate commercially and technically sound recommendations.
- Strengthen documentation, auditability, governance, and consistency in claims decisions.
- Improve claims decision-making through performance analysis, lessons learned, and continuous process improvement.

Who Should Attend

This course is designed for claims managers, claims supervisors, claims officers, senior claims specialists, claims assessors, loss adjusters, claims investigators, and insurance professionals responsible for evaluating claims, reviewing coverage, determining financial exposure, and recommending or approving claim outcomes.

It is also highly relevant to underwriting managers, risk managers, insurance operations professionals, internal control specialists, compliance professionals, insurance brokers, legal and technical teams, and finance professionals who contribute to claims assessment, review, settlement, or governance.

The program is particularly valuable for managers, decision makers, and senior professionals seeking to improve claims quality, strengthen decision-making frameworks, control financial leakage, enhance customer outcomes, and establish more consistent and defensible claims practices.

Learning Outcomes

- Upon successful completion of the course, participants will be able to:
- Assess claims systematically from initial notification through final resolution.
- Interpret policy provisions and determine their relevance to individual claim circumstances.
- Review and validate documentation, evidence, statements, estimates, and supporting information.
- Determine the relationship between the insured event, cause of loss, and claimed damage.
- Evaluate physical, financial, operational, and consequential losses.
- Identify missing information, inconsistencies, unusual patterns, and areas requiring further investigation.
- Make structured decisions to accept, decline, partially settle, or escalate claims.
- Evaluate claim reserves and financial exposure in support of sound decision-making.
- Apply appropriate authority levels and escalation procedures to complex claims.
- Assess settlement options and negotiate outcomes based on evidence and policy requirements.
- Identify opportunities for recovery, subrogation, contribution, salvage, and loss mitigation.
- Prepare clear, defensible, and well-documented claims assessment recommendations.
- Apply quality assurance and governance principles to improve consistency in claims decisions.

Course Outline

DAY 01

Foundations of Claims Assessment & Decision-Making

- The claims lifecycle and the role of professional claims assessment
- Principles of fair, consistent, timely, and evidence-based claims decisions
- Reviewing claim notification, initial facts, policy information, and circumstances
- Understanding coverage, conditions, exclusions, limits, deductibles, and applicable requirements

PRACTICAL APPLICATION

Initial assessment of a claim and development of a structured decision framework

DAY 02**Evidence, Investigation & Loss Assessment**

- Collecting, validating, and analyzing claims documentation and supporting evidence
- Assessing the cause and circumstances of loss and establishing causation
- Evaluating physical damage, repair estimates, replacement costs, and financial losses
- Identifying information gaps, inconsistencies, conflicting evidence, and unusual claim characteristics

PRACTICAL APPLICATION

Evidence review and assessment of a simulated insurance claim

DAY 03**Claims Decision-Making, Financial Exposure & Reserves**

- Criteria for accepting, declining, partially accepting, referring, and escalating claims
- Assessing liability, financial exposure, and potential claim development
- Understanding claims reserves and their relationship to assessment and settlement decisions
- Identifying claims leakage, excessive costs, duplication, and unnecessary settlement exposure

PRACTICAL APPLICATION

Making a claim decision based on coverage, evidence, financial exposure, and authority limits

DAY 04**Complex Claims, Negotiation & Recovery**

- Decision-making for large, complex, disputed, and high-value claims
- Managing uncertainty, conflicting information, multiple stakeholders, and disputed liability
- Evaluating settlement alternatives and applying effective negotiation strategies
- Assessing recovery opportunities including subrogation, contribution, salvage, and loss mitigation

DAY 04 — CONTINUED

PRACTICAL APPLICATION

Case study involving a complex and disputed insurance claim

DAY 05**Claims Governance, Quality & Strategic Decision-Making**

- Developing consistent claims assessment standards and decision-making controls
- Documentation, approval, escalation, auditability, and governance requirements
- Claims performance indicators, quality assurance, and decision-making effectiveness
- Using claims data, trends, and lessons learned to improve future decisions

FINAL WORKSHOP

End-to-end claims assessment, financial evaluation, decision recommendation, and settlement action plan

Register or Request More Information

Course page: <https://quest-training.com/courses/claims-assessment-decision-making-training-course>

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