QUEST
Professional Center

PROFESSIONAL TRAINING COURSE

Course No. 1899

Insurance Fraud Detection & Prevention Training Course

INSURANCE FRAUD & FINANCIAL CRIME
INSURANCE & RISK MANAGEMENT

DURATION
5 Days

DELIVERY
Classroom

Course Overview

The Insurance Fraud Detection & Prevention Training Course provides a comprehensive and practical framework for identifying, assessing, detecting, investigating, and preventing fraudulent activities across the insurance value chain. The course focuses on developing the capabilities required to recognize fraud indicators early, strengthen internal controls, reduce financial losses, and improve the overall effectiveness of insurance fraud management.

Insurance fraud can occur at multiple stages, including customer onboarding, underwriting, policy issuance, premium collection, claims processing, payments, renewals, intermediaries, and service-provider relationships. The course examines how fraudsters exploit operational weaknesses, inconsistent information, inadequate verification procedures, and gaps in internal controls to generate financial or other benefits.

Participants will learn how to distinguish genuine insurance activity from suspicious patterns by applying structured detection techniques, reviewing customer and policy information, analyzing claims behavior, identifying anomalies, and using risk indicators. The course also addresses the integration of fraud detection with claims management, underwriting, risk management, compliance, internal audit, and investigations.

Through practical case studies, scenario analysis, fraud indicators, investigation exercises, and control assessments, participants will develop the ability to design stronger fraud prevention mechanisms and establish a proactive approach to fraud risk. The course ultimately supports insurance organizations in reducing fraud exposure while improving operational efficiency, decision-making, customer protection, and organizational resilience.

Objectives

- By the end of the course, participants will be able to:
- Analyze the nature, scope, and impact of fraud across the insurance lifecycle.
- Identify common types and schemes of insurance fraud.
- Detect early warning signs and behavioral indicators associated with fraudulent activity.
- Assess fraud risks across underwriting, claims, payments, distribution, and policy administration.
- Apply structured techniques for detecting suspicious claims and transactions.

- Evaluate customer, policy, claims, and transaction information for inconsistencies and anomalies.
- Strengthen preventive controls designed to reduce opportunities for fraudulent activity.
- Develop effective fraud detection rules, indicators, and escalation thresholds.
- Apply practical investigation techniques to suspected insurance fraud cases.
- Analyze fraud patterns and recurring schemes to identify underlying vulnerabilities.
- Evaluate the effectiveness of existing fraud prevention and detection controls.
- Strengthen collaboration between fraud, claims, underwriting, risk, compliance, legal, and audit functions.
- Develop practical fraud prevention and detection strategies aligned with organizational risk priorities.
- Establish continuous monitoring and improvement mechanisms for insurance fraud controls.

Who Should Attend

This course is designed for professionals involved in insurance fraud prevention, detection, claims management, underwriting, risk management, compliance, investigations, and internal control. It is particularly suitable for Fraud Managers, Fraud Analysts, Fraud Investigators, Claims Managers, Claims Specialists, Underwriting Professionals, Risk Managers, Compliance Officers, Internal Auditors, and Insurance Operations Managers.

The course is also relevant to professionals responsible for customer onboarding, policy administration, premium collection, payments, broker and agent management, third-party oversight, legal affairs, and internal controls, as well as managers and decision makers seeking to strengthen their organization's ability to prevent and respond to insurance fraud.

Learning Outcomes

- By the end of the course, participants will be able to:
- Explain the main forms and characteristics of insurance fraud.
- Identify fraud vulnerabilities across the insurance lifecycle.
- Recognize common red flags and behavioral indicators of fraudulent activity.
- Assess the risk level of suspicious customers, policies, claims, and transactions.
- Apply structured techniques for detecting suspicious insurance claims.

- Identify inconsistencies, anomalies, and unusual patterns in insurance data.
- Develop practical fraud detection indicators and monitoring rules.
- Evaluate the effectiveness of preventive and detective fraud controls.
- Conduct preliminary assessments of suspected fraud cases.
- Apply evidence-based approaches to fraud investigation and documentation.
- Determine appropriate escalation and referral actions for suspected fraud.
- Analyze recurring fraud patterns and identify their root causes.
- Strengthen fraud prevention controls across high-risk insurance processes.
- Improve cooperation between operational, control, investigation, and management functions.
- Develop practical action plans for improving fraud detection and prevention capabilities.

Course Outline

DAY 01

Foundations of Insurance Fraud Detection and Prevention

- Understanding insurance fraud and its impact on insurers.
- Types of insurance fraud and common fraudulent schemes.
- Customer, application, policy, claims, employee, intermediary, and third-party fraud.
- Fraud risks across the insurance product lifecycle.
- Fraud vulnerabilities in underwriting and policy issuance.
- Fraud risks associated with premiums, payments, cancellations, and renewals.
- Understanding fraud motives, opportunities, and behavioral patterns.
- Building a proactive fraud prevention culture.

> **PRACTICAL APPLICATION**
>
> Map the insurance lifecycle and identify potential fraud exposure points.

DAY 02

Fraud Indicators, Red Flags and Detection Techniques

- Understanding fraud indicators and warning signs.
- Identifying suspicious customer behavior and information inconsistencies.
- Detecting unusual policy applications and policy changes.
- Claims fraud indicators and suspicious claims characteristics.
- Identifying inflated, duplicate, staged, exaggerated, and fabricated claims.
- Behavioral and transactional indicators of potential fraud.
- Analyzing unusual timing, frequency, values, and relationships.
- Developing fraud detection rules and risk thresholds.

> **PRACTICAL APPLICATION**
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> Review sample customer, policy, and claims scenarios to identify fraud indicators.

DAY 03

Claims Fraud Detection and Investigation

- Fraud detection within the claims management process.
- Initial claims screening and fraud risk assessment.
- Reviewing supporting documents and claim evidence.
- Identifying inconsistencies between claims, policy information, and external evidence.
- Claims history analysis and repeated loss patterns.
- Investigating suspicious relationships between customers, beneficiaries, intermediaries, and service providers.
- Evidence collection, preservation, and documentation.
- Interviewing techniques for preliminary fraud investigations.
- Preparing structured fraud investigation findings.

> **PRACTICAL APPLICATION**
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> Conduct a simulated investigation of a suspicious insurance claim.

DAY 04

Fraud Prevention Controls and Organizational Response

- Designing effective insurance fraud prevention controls.
- Preventive controls within underwriting and customer onboarding.
- Claims validation and authorization controls.
- Payment and premium fraud prevention mechanisms.
- Controls over brokers, agents, suppliers, and service providers.
- Segregation of duties and access controls.
- Escalation, referral, and case management procedures.
- Integrating fraud detection with risk and compliance functions.
- Measuring the effectiveness of fraud prevention controls.

> **PRACTICAL APPLICATION**
>
> Assess an existing fraud control framework and identify critical gaps.

DAY 05

Advanced Fraud Analytics, Monitoring and Continuous Improvement

- Developing a risk-based insurance fraud detection framework.
- Fraud monitoring and continuous surveillance.
- Using data analysis to identify anomalies and emerging fraud patterns.
- Developing fraud risk indicators and early-warning mechanisms.
- Managing false positives and improving detection accuracy.
- Identifying emerging fraud risks associated with digital insurance channels.
- Root cause analysis of fraud incidents and recurring schemes.
- Measuring fraud losses, recovery, prevention effectiveness, and control performance.
- Developing management reports and fraud risk dashboards.

DAY 05 — CONTINUED

FINAL WORKSHOP

Design an integrated Insurance Fraud Detection & Prevention Framework covering fraud risks, indicators, detection methods, preventive controls, investigation procedures, escalation mechanisms, monitoring, and continuous improvement.

Register or Request More Information

Course page: https://quest-training.com/courses/insurance-fraud-detection-prevention-training-course
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