QUEST
Professional Center

PROFESSIONAL TRAINING COURSE

Course No. 1894

Insurance Fraud Investigation Training Course

INSURANCE FRAUD & FINANCIAL CRIME
INSURANCE & RISK MANAGEMENT

DURATION
5 Days

DELIVERY
Classroom

LOCATION
Marrakesh, Morocco

DATES
12 – 16 Oct 2026

Scheduled Event Details

CITY	Marrakesh, Morocco
DATE	12 – 16 Oct 2026
DELIVERY TYPE	Classroom
COURSE FEE	€4,200

Course Overview

This advanced professional course provides a comprehensive framework for identifying, investigating, documenting, and managing insurance fraud risks across the insurance lifecycle. It equips participants with practical investigation techniques for detecting suspicious activities, evaluating evidence, establishing fraud indicators, and developing defensible investigation outcomes while maintaining regulatory, legal, ethical, and customer-protection standards.

The course examines fraud risks across underwriting, policy issuance, claims, distribution, intermediaries, payments, reinsurance, and internal operations. Participants will learn how to distinguish legitimate claims from suspicious patterns, assess fraud indicators, conduct structured investigations, preserve evidence, interview relevant parties, analyze documentation, and establish clear investigation trails.

Particular attention is given to claims fraud, application fraud, staged incidents, inflated or fabricated losses, identity-related fraud, premium fraud, internal fraud, intermediary fraud, organized fraud, and fraudulent activity involving third parties. The course also addresses the use of data analytics, behavioral indicators, transaction patterns, investigation scoring, and early-warning mechanisms to strengthen fraud detection.

Through practical case studies, investigation exercises, evidence assessment, interview simulations, fraud scenario analysis, and a final investigation workshop, participants will develop a structured approach to managing insurance fraud investigations from initial suspicion through investigation, reporting, escalation, recovery, and preventive action.

Objectives

- By the end of this course, participants will be able to:
- Analyze the nature, drivers, and major types of insurance fraud.
- Identify fraud risks across the insurance policy and claims lifecycle.
- Recognize behavioral, transactional, documentary, and operational fraud indicators.
- Apply structured methods for assessing fraud allegations and suspicious cases.
- Develop effective insurance fraud investigation plans.
- Apply evidence-gathering, documentation, preservation, and assessment techniques.
- Conduct professional interviews with policyholders, claimants, witnesses, employees, and intermediaries.
- Analyze claims, policy, financial, and transactional information to identify inconsistencies.
- Use data analysis and investigative techniques to identify suspicious patterns and relationships.
- Evaluate the credibility, relevance, reliability, and sufficiency of evidence.
- Prepare clear and defensible fraud investigation reports.
- Strengthen escalation, referral, recovery, and case closure processes.
- Identify weaknesses in controls that enable recurring or organized fraud.
- Develop preventive measures and fraud risk mitigation strategies.
- Establish a structured insurance fraud investigation framework aligned with governance and compliance requirements.

Who Should Attend

This course is designed for insurance fraud investigators, claims professionals, special investigation unit personnel, claims managers, underwriting professionals, compliance officers, risk managers, internal auditors, and insurance operations specialists involved in fraud detection and investigation.

It is also suitable for professionals working in policy administration, underwriting, claims assessment, reinsurance, finance, payments, distribution, customer service, legal affairs, and intermediary management who may encounter fraud risks or contribute to fraud investigations.

The course is particularly valuable for managers and decision makers responsible for reducing insurance fraud losses, strengthening investigative capabilities, improving claims integrity, protecting

customers and company assets, and developing coordinated fraud prevention and response frameworks.

Learning Outcomes

- Upon completion of the course, participants will be able to:
- Explain the major forms and characteristics of insurance fraud.
- Identify fraud indicators across underwriting, policy administration, claims, distribution, and payments.
- Distinguish between potential fraud indicators and legitimate unusual activity.
- Conduct structured preliminary assessments of suspicious cases.
- Develop investigation plans based on case complexity and risk.
- Collect, preserve, organize, and assess relevant evidence.
- Conduct effective and professional investigative interviews.
- Analyze policy, claims, financial, medical, documentary, and transactional information where applicable.
- Identify inconsistencies, anomalies, relationships, and suspicious patterns.
- Evaluate evidence and establish investigation findings.
- Document investigative decisions and maintain appropriate case records.
- Prepare professional investigation reports for management and relevant authorities.
- Recommend escalation, referral, recovery, or closure actions based on evidence.
- Identify control weaknesses contributing to fraud exposure.
- Develop fraud prevention and mitigation measures based on investigation findings.
- Establish a practical end-to-end insurance fraud investigation process.

Course Outline

DAY 01

Fundamentals of Insurance Fraud & Fraud Risk Identification

- Definition, nature, and characteristics of insurance fraud.
- Fraud versus error, negligence, misunderstanding, and legitimate claims.
- Major categories of insurance fraud.

DAY 01 — CONTINUED

- Fraud risks across the insurance lifecycle.
- Application and policy-related fraud.
- Underwriting and premium fraud.
- Claims fraud and fraudulent loss representations.
- Internal, intermediary, organized, and third-party fraud.
- Behavioral, documentary, financial, and transactional fraud indicators.

PRACTICAL APPLICATION

Developing a fraud risk profile for an insurance business and identifying key fraud indicators.

DAY 02

Fraud Detection, Case Assessment & Investigation Planning

- Fraud detection principles and investigation triggers.
- Identifying suspicious claims and unusual patterns.
- Preliminary case assessment and fraud screening.
- Risk-based fraud case prioritization.
- Investigation thresholds and referral criteria.
- Developing investigation objectives and hypotheses.
- Investigation planning, scope, timelines, and responsibilities.
- Evidence requirements and investigative documentation.
- Maintaining confidentiality and investigation integrity.

PRACTICAL APPLICATION

Assessing a portfolio of suspicious insurance cases and developing an investigation plan for a selected case.

DAY 03

Evidence Collection, Analysis & Investigative Interviews

- Principles of investigative evidence.
- Documentary, digital, financial, photographic, and transactional evidence.
- Evidence collection, preservation, organization, and traceability.
- Policy and claims file analysis.
- Identifying inconsistencies and conflicting information.
- Financial and transactional analysis.
- Data analytics for fraud detection and pattern recognition.
- Investigative interviewing techniques.
- Interview preparation, questioning, documentation, and evaluation.

PRACTICAL APPLICATION

Conducting a simulated fraud interview and evaluating evidence from a complex insurance claim.

DAY 04

Fraud Investigation Reporting, Escalation & Recovery

- Evaluating the credibility and sufficiency of evidence.
- Establishing investigation findings and conclusions.
- Linking evidence to allegations and investigation objectives.
- Investigation case files and documentation standards.
- Preparing clear, objective, and defensible investigation reports.
- Escalation and referral processes.
- Coordination with compliance, legal, risk, internal audit, and management.
- Fraud recovery, claim denial considerations, and financial loss mitigation.
- Regulatory and legal considerations in fraud investigations.

PRACTICAL APPLICATION

Preparing a complete fraud investigation report based on a simulated case and presenting findings to management.

DAY 05

Fraud Prevention, Analytics & Investigation Framework

- Root cause analysis of insurance fraud cases.
- Identifying control weaknesses and process vulnerabilities.
- Fraud prevention and mitigation strategies.
- Fraud risk indicators and early-warning mechanisms.
- Using data analytics to identify recurring fraud patterns.
- Developing fraud detection and investigation dashboards.
- Managing fraud investigation performance and case metrics.
- Building cooperation between claims, underwriting, compliance, risk, legal, and internal audit.
- Establishing governance for fraud investigation and case management.

FINAL WORKSHOP

Conducting an end-to-end insurance fraud investigation covering case identification, preliminary assessment, investigation planning, evidence collection, interview analysis, findings, reporting, escalation, recovery, and preventive recommendations.

Register or Request More Information

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