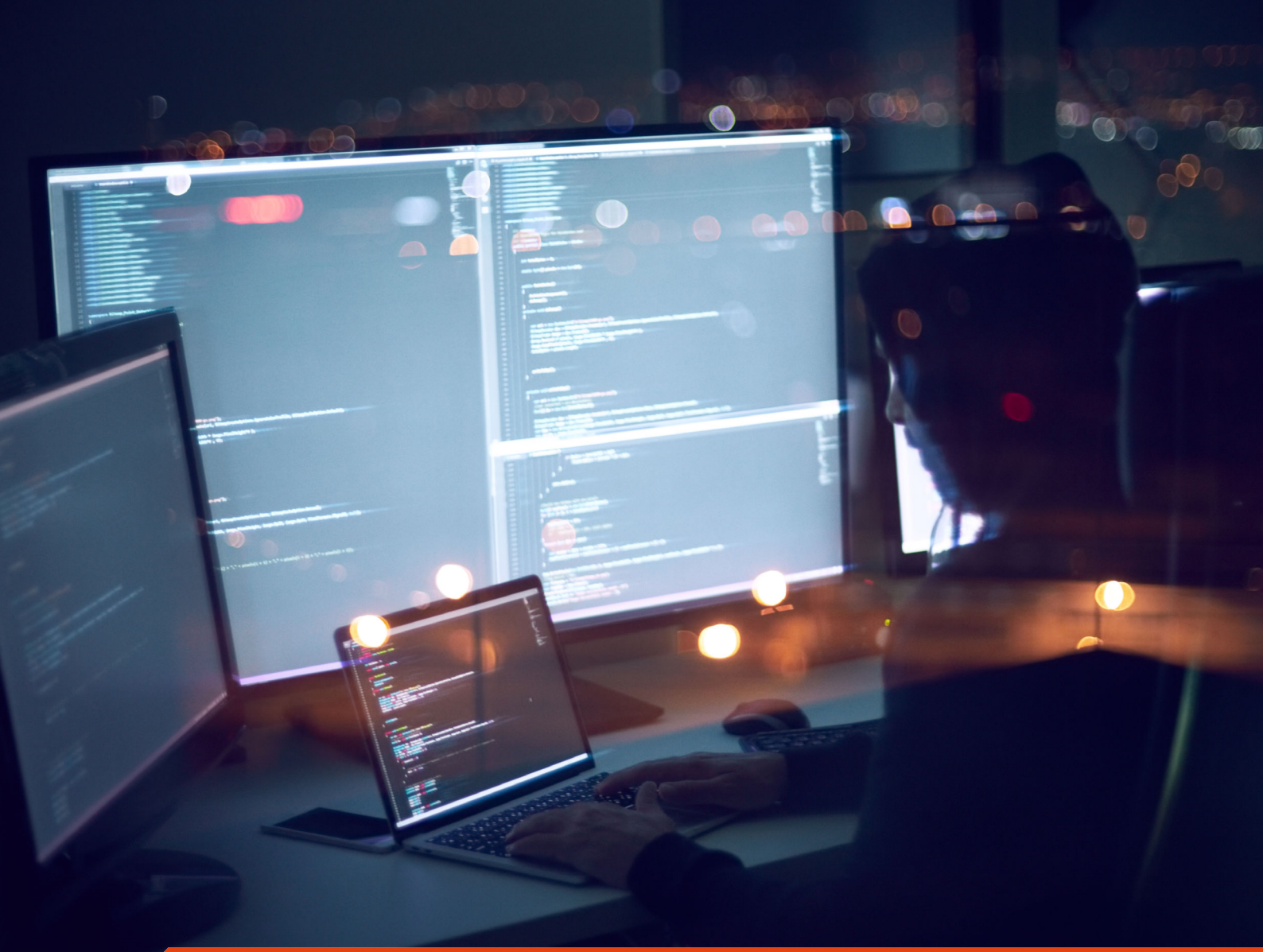

Asseco FDS-I
Fraud Detection System for Insurance.

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Asseco Fraud Detection System for Insurance (FDS-I) is a comprehensive operating tool that enables an insurance company to automatically classify claims and select cases indicating the possibility of fraud, starting from the stage of registration of a claim to the end of the loss adjustment process.

As a result of the system activity, claims are automatically classified and cases, which are marked as suspicious, are analyzed for fraudulent attempts. This allows the anti-fraud teams to focus on an in-depth analysis of the cases selected by the system.

Asseco FDS-I is also used in sales processes, indicating cases in which the purchase of a new insurance may be an attempt to defraud the compensation.

FDS-I can be integrated with different Insurer's systems, such as loss adjustment system or on-line insurance sales system.

An additional advantage of the solution is the possibility of automatic use of services provided by the Insurance Guarantee Fund (UFG), such as the OI UFG database and ZPIiWZPU - the anti-fraud platform.

Functionalities.

Real-time detection

Based on parametrized rules, claims monitoring is carried out from the moment the claim is registered. Claims are automatically categorized online:

- Claims, which are marked as safe by the system, can be forwarded to a simplified path,
- Claims, which are marked as suspicious by the system, can be forwarded to the anti-fraud team,
- Other claims are handled in the standard path.

As the claim's data is updated, e.g. with information from an expert, the system automatically reclassifies the claims, which allows to change the procedure path.

Connection search

The system has the functionality of finding connections between a current and historical loss through the analysis of relations between entities (e.g. injured person, perpetrator, driver) and objects (e.g. vehicles) participating in the incident. For this purpose the insurance company's claims database and the UFG database are searched. Connections may be presented in tabular form or in a legible graphic form, facilitating analytical activities.

Scoring engine

The heart of the application is a scoring engine, which performs a real-time scoring calculation for the claims. The calculation mechanism is based on parametrizable rules that examine the damage attributes and then assign them the specific weights. As a result, the system calculates the scoring value and assigns the damage to a specific segment, directing it to the appropriate path of further handling. The scoring can be repeated many times at each stage of loss adjustment in order to take into account new information about the loss (e.g. an expert's opinion). The rules and parameters of the scoring algorithm are parameterizable with the use of a graphical interface, allowing the user to easily and quickly adjust the system to the changing trends of threats in the insurance area.

Apart from the expert rules, defined in the form of expressions, in the scoring process it is possible to use analytical models, made available in the form of services, e.g. created using Machine Learning & AI tools.

Integration with the claims and sales system

Communication with the claim system is done using the API provided by the system. The claim system invokes the service of the FDS-I module, transferring the claim's data. In response, the calculated scoring value is transferred along with assigning the claim to a specific segment. The system also provides API functions for the purposes of integration with the sales system, in order to analyze policy's applications in terms of detecting suspicious situations.

Data sources

The standard information sources for the FDS-I module:

- data about the incident collected during claim registration,
- additional information registered by liquidators and experts in the process of loss adjustment,
- historical data about the policy and claim history for all entities and objects related to the claim from the Insurer's own database,
- for communications claims additionally:
  - data on the claim's history of people and vehicles participating in the event from the OI UFG database,
  - policy scoring and claim scoring from the ZPliWZPU service.

Flexible rules editor

The system is equipped with a two-level parameterization mechanism:

- a graphical rule editor allows you to create new rules, which allows you to quickly respond to the emergence of a new way of acting of the fraudsters,
- a graphical editor of numerical parameters allows you to quickly adjust numerical parameters (weights, coefficients, thresholds, rule parameters), which allows you to easily and flexibly control the stream of damage directed to particular paths, and to adjust the rules to the current characteristics of reported damage and detected fraud patterns.

Dashboard

The FDS-I module is equipped with a set of basic reports, allowing for an evaluation of the system performance. The purpose of the dashboard is to support the process of current, operational management of the module functionality. The reports enable observation of the stream of claims, the distribution of claims in particular segments, the number of claims directed to particular paths, as well as the effectiveness of scoring algorithms and rules, which in consequence allows to adjust the system to the current load of loss adjusters and anti-fraud teams.

Main benefits.

Quick identification of symptoms indicating the possibility of fraud. + Quick adjustment of detection rules to changing trends. = **Increased effectiveness of fraud detection.**

The ability to adapt the tool to specific business challenges. + Reduction of the workload of loss adjusters and anti-fraud teams through automatic segmentation of claims + **Reduction of financial losses caused by undue payments**

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