



Insurance Claims Handling and Investigation Training Course

4 – 8 April 2027
Johannesburg

Insurance Claims Handling and Investigation Training Course

Ref: 621_147695 **Date:** 4 – 8 April 2027 **Location:** Johannesburg **Fees:** 4500 Euro

Overview

Insurance Claims Handling and Investigation Training Course is a five-day professional course for claims and insurance operations functions who leave with an Insurance Claims Decision File. Participants apply first notice of loss intake, insurance claim triage, coverage review, claims investigation planning, evidence analysis, insurance claims reserving, settlement evaluation, and insurance claim closure. The course resolves inconsistent decisions through documented controls, communication, and escalation. Agile Leaders Training Center presents insurance claims handling as an evidence-led operating process.

Who Should Attend

- Claims handling functions responsible for receiving, assessing, and progressing claim files
- Insurance operations functions responsible for service controls, records, and workflow quality
- Loss assessment functions responsible for evidence, causation, and loss evaluation
- Claims supervision functions responsible for reserves, authority, escalation, and file review
- Underwriting, broking, and risk functions responsible for policy interpretation and claim insight
- Investigation support functions responsible for interviews, fraud indicators, and expert coordination

The course assumes participants can read policy documents and maintain claim records, and it leaves out jurisdiction-specific legal advice, forensic certification, and specialist loss-adjusting qualifications.

Departments and Industries

The course supports departments and industries that receive, investigate, evaluate, and resolve insured losses.

- Claims operations, technical claims, and customer resolution
- Underwriting, risk management, broking, and insurance finance
- Property, motor, marine, liability, and health insurance
- Banking, construction, logistics, manufacturing, and retail
- Internal control, complaints, legal support, and vendor management

Learning Objectives

By the end of this course, participants will be able to:



- Apply a controlled first notice of loss and triage process
- Analyze policy coverage, causation, evidence, and loss information
- Build proportionate investigation plans and interview records
- Evaluate reserves, expert input, and settlement alternatives
- Prioritize fraud indicators, complaints, and escalation paths
- Use file-quality controls to support documented claim closure

Course Agenda

Day 1: Claim Intake and Triage

- First Notice of Loss Intake Checklist
- Claim Registration Data Map
- Insurance Claim Triage Matrix
- Severity and Urgency Prioritization Grid
- Claim Ownership and Authority Record

Day 2: Coverage and Investigation Planning

- Policy Coverage Review Worksheet
- Exclusion and Condition Analysis Log
- Claims Investigation Planning Canvas
- Evidence Preservation Register
- Interview Preparation and Statement Template

Day 3: Loss Analysis and Control

- Causation and Loss Analysis Map
- Document and Evidence Reliability Matrix
- Insurance Claims Reserving Worksheet
- Fraud Indicator Screening Checklist
- Expert and Vendor Coordination Plan

Day 4: Settlement and File Resolution

- Settlement Evaluation Decision Matrix
- Negotiation Range and Authority Sheet
- Claimant Communication Record
- Complaint and Escalation Pathway
- Insurance Claim Closure Checklist



Day 5: Claims Handling Practice

- Exercise: Triage a New Claim File
- Exercise: Build a Coverage and Investigation Plan
- Exercise: Evaluate Evidence, Reserves, and Fraud Indicators
- Exercise: Recommend and Communicate a Settlement
- Capstone Exercise: Insurance Claims Decision File

Practical Exercises

The course uses suggested activities to apply claims methods across different loss scenarios.

- Suggested activity: triage property and motor notifications using severity, urgency, and coverage indicators.
- Suggested activity: prepare an investigation plan, evidence register, and interview record for a liability claim.
- Suggested activity: evaluate causation, reserves, expert input, and fraud indicators in a logistics loss.
- Suggested activity: document a settlement recommendation, complaint response, and closure review for a disputed claim.

FAQs

Who suits insurance claims handling and investigation training, and what does it assume?

It suits claims, operations, loss assessment, supervision, underwriting, broking, risk, and investigation-support functions and assumes participants can read policies and maintain claim records.

How does insurance claims handling training differ from insurance underwriting training?

Claims handling training focuses on losses after notification, including coverage review, investigation, reserves, settlement, and closure, while underwriting training focuses on evaluating and pricing risk before coverage is accepted.

What is first notice of loss in insurance claims handling?

First notice of loss is the initial capture of a reported incident, claimant details, policy information, circumstances, immediate needs, and supporting records so the claim can be registered and triaged.

How are fraud indicators used in claims investigation?

Fraud indicators prompt proportionate inquiry and escalation; they do not by themselves prove wrongdoing. Claims teams record the indicator, preserve relevant evidence, test explanations, and follow the applicable escalation process.



How does insurance claim triage improve file control?

Insurance claim triage assigns urgency, complexity, ownership, authority, investigation depth, and service priorities early, helping teams direct resources and review points to the files that need them.

Conclusion

Participants leave with an Insurance Claims Decision File containing intake records, coverage analysis, an investigation plan, evidence logs, reserve reasoning, a settlement recommendation, communication records, and a closure review. The file creates a traceable basis for claim decisions and escalation. It also strengthens consistency across claims handling, investigation, and reporting.