



UK & Ireland

Investigation

Getting the facts right

McLarens Investigation Practice crosses over all types of insurance claims, with the common goal of detecting and preventing fraudulent claims. Our investigation team is attuned to the latest deceptive techniques, whether through misrepresentation or deliberate acts. We have a wealth of experience and technology assisting our investigations.

We recognise the need to respond quickly, understand the claim, and apply the appropriate measures to identify if a claim is genuine. Innovative data collection and investigation platforms provide access to an extensive variety of information on companies and individuals, including financial screening with real-time data and analytics.

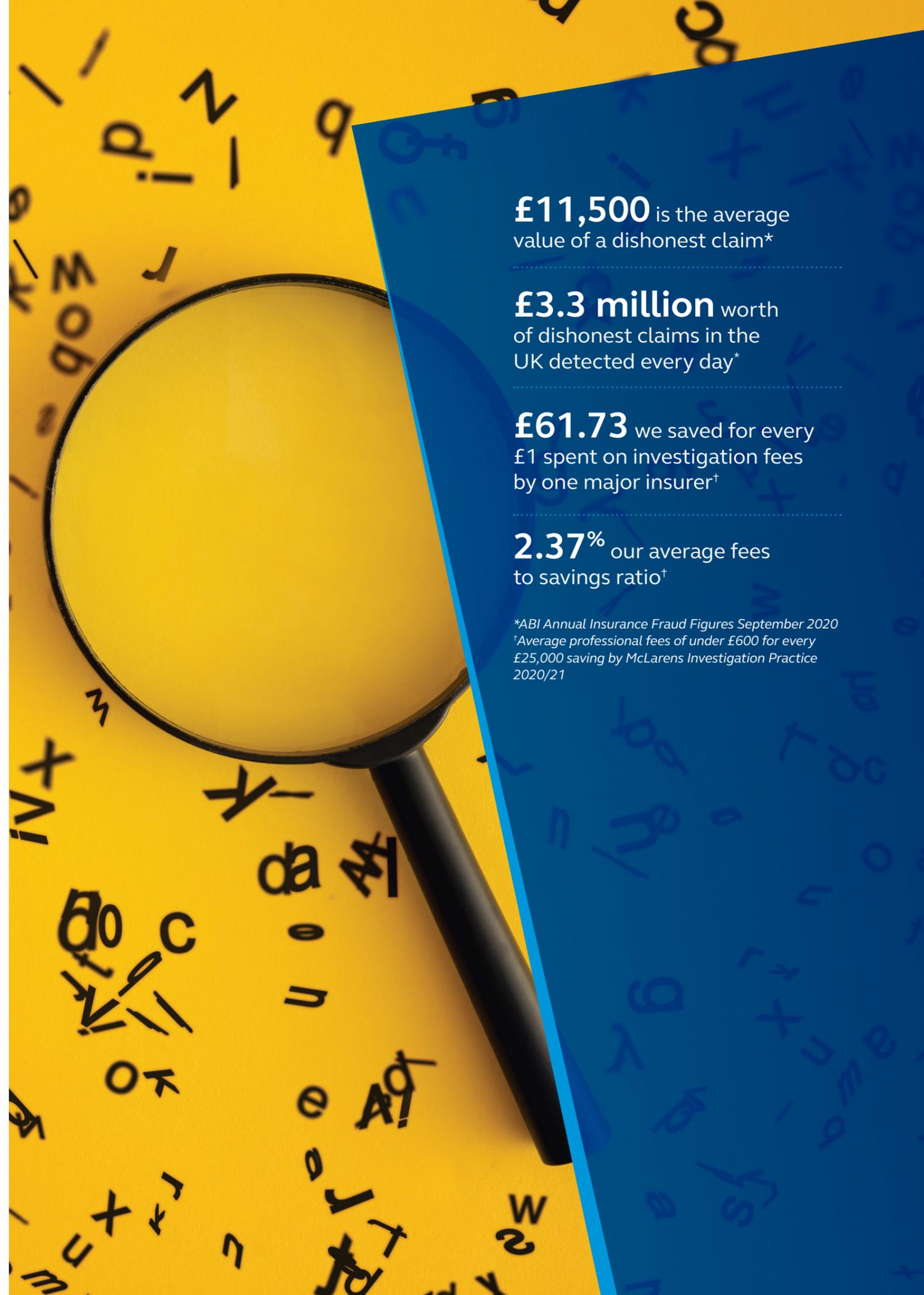
£11,500 is the average value of a dishonest claim*

£3.3 million worth of dishonest claims in the UK detected every day*

£61.73 we saved for every £1 spent on investigation fees by one major insurer†

2.37% our average fees to savings ratio†

*ABI Annual Insurance Fraud Figures September 2020
†Average professional fees of under £600 for every £25,000 saving by McLarens Investigation Practice 2020/21



Services

- Statement with accompanying report or covering email
- Claims investigation with detailed report
- Locus investigation with report, sketch and video evidence
- Track and trace of individuals
- Intelligence report including non-public data and financial information
- Financial screening report
- Searches for land registry, CCJs, Companies House, metadata etc.
- Forensic accountancy
- Fine art, jewellery and specie expertise
- Court attendance including file review and preparation

Referrals to Investigation

Our identification of fraud concern is captured through our McLarens One claims operating system, through our bespoke Risk Checklist with a range of anti-fraud indicators. It's flexibility provides both Generic and Product Specific indicators and through completion may trigger an immediate referral to one of our Regional Investigation Coordinators (RIC). This then drives the review and referral to insurer process.

Our referral rate runs at over 10%, highlighting identification skills in our adjusting workforce who see fraud prevention as an integral part of their role: securing evidence as it presents itself and avoiding the loss of 'day one' detection opportunities.

For complex investigations, we have specialist investigators in forensic accountancy, fine art and jewellery.

Investigation Procedure

To keep the insurer, the broker and the insured aware of channels of communication and next steps, we follow these set procedures, when we receive approval from an insurer for a full investigation on a claim:

- An investigator is assigned to review the case and discuss the concerns with the adjuster, to agree what is required from the investigation and draw up an Investigation Plan
- The investigator leads the investigation, while the adjuster retains control of the claim file and remains involved in the claim – this provides consistency for the insured. The adjuster maintains relationships with insured and insurer and, if the claim is ultimately validated under the policy, the adjuster can step back in to agree settlement

- If the investigator needs to visit the insured, the adjuster will be invited to attend alongside
- The investigator will report their findings to the adjuster who can then report to the insurer with latest developments, recommendations and reasons for any further inquiries

With the McLarens App technology enabling capture of video and photographic evidence, even before an adjuster attends site, subsequent fraud investigations benefit from direct comparison of conditions in the immediate aftermath of the incident, with the claim being made. The McLarens App enables the investigator to record their site meetings, where permission is obtained, saving same directly into our system which allows the sharing of this evidence with our principals.



Key Contacts

Our team of Regional Investigation Co-ordinators (RICs) and Investigators covers the UK and Ireland, liaising with all our adjusters and conducting investigations, including in-person visits, anywhere. With proven knowledge and experience in the counter-fraud arena, the team is available to work on any claims under consideration, led by:



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“ Having worked with McLarens for many years, I have always found them to be proactive, knowledgeable and efficient in their investigations as well as being responsive to queries and easily contactable. This is particularly appreciated in more complex and potentially long running claims where retention of high quality, contemporaneous evidence is key to the foundation of any defense.

– Andrew Constable, Partner at Clyde & Co

Case Study



Pipe burst fraud



Situation: A genuine burst pipe and escape of water caused damage in a large private residence. The claim was substantial involving buildings and contents damage and an inflated accommodation claim.



Scenario: Policy liability was initially approved but, when substantiation was received from the insured, our adjuster’s suspicions were raised and the appointment of an investigator was approved. Our investigations showed that documents had been fabricated to support an inflated claim for repairs, plus a false document was created and supplied to us to exaggerate costs of temporary accommodation.



Outcome: Following thorough investigation and close consideration of legal precedents, the fraud condition was invoked and savings of around £500,000 have been made. On our recommendation, insurers referred the matter to the Insurance Fraud Enforcement Department (IFED) of the Metropolitan Police and we worked with them to help build a case for prosecution.



Notification of Loss

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