



UK & Ireland

Investigation

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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.

£12,283 is the average value of a dishonest claim*

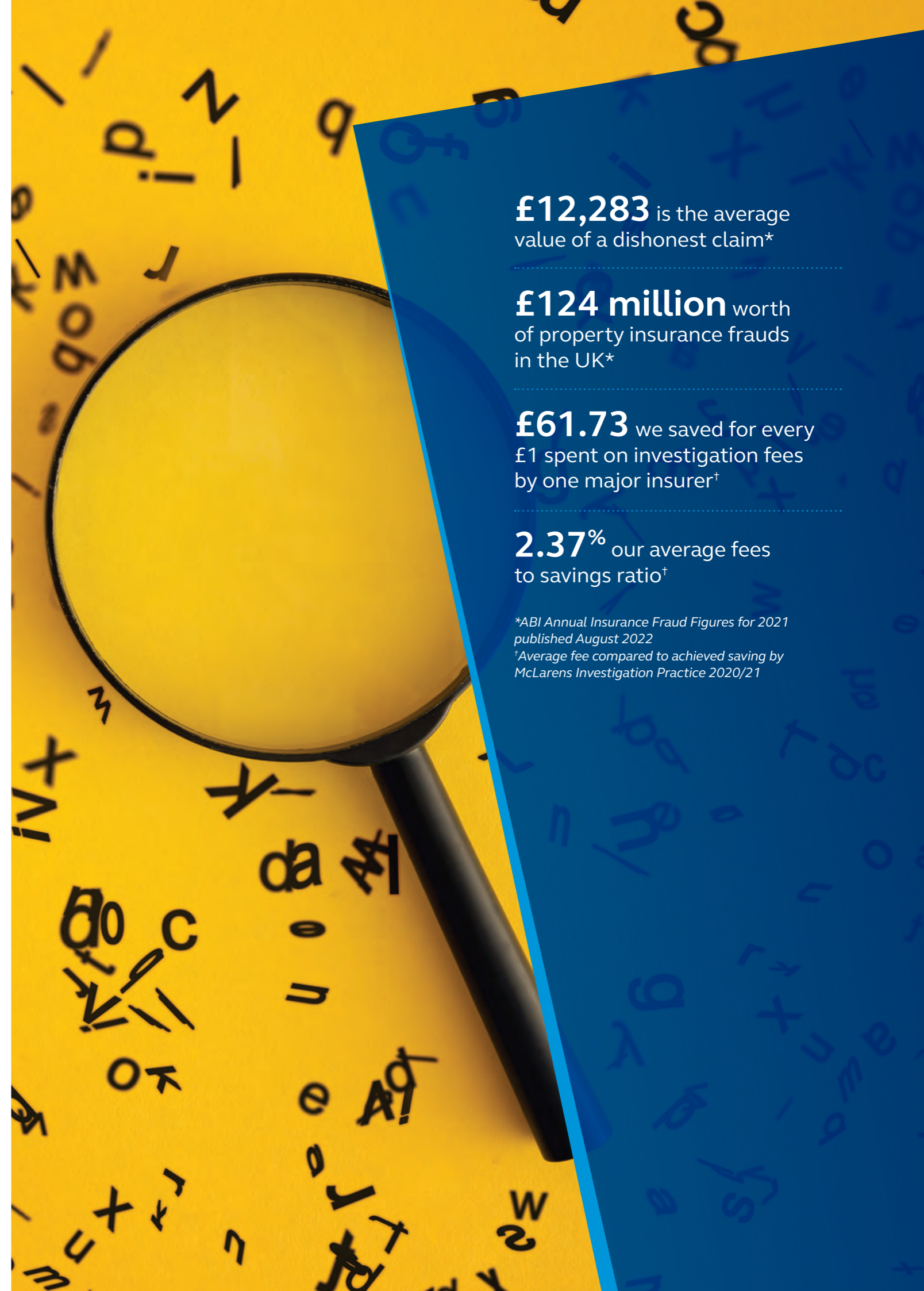
£124 million worth of property insurance frauds in the UK*

£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 for 2021 published August 2022

†Average fee compared to achieved saving by McLarens Investigation Practice 2020/21





Our Expertise

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Our investigators have an average of 22 years' experience in insurance and counter-fraud investigation working on witness interviewing, statement writing, intelligence gathering and behaviour analysis and forensic psychology in areas including:

- Commercial and residential property
- High Net Worth
- Agriculture and equine
- Construction and engineering
- Aviation and marine
- Cyber and energy
- Forensic accountancy
- Fine art, jewellery and specie expertise
- Liability

Services

Metadata Report

Our software allows forensic levels of analysis of video and photographic footage, including the make and model of the device, GPS location and angle, date, time and other settings, plus a guidance on follow-up actions.

Open-Source Intelligence (OSINT) Report

A delve into the available information for a data subject through popular social media sites and opensource enquiries, producing a report detailing how they may have a bearing on any liability considerations.

Financial Screening Report

With our credit referencing partners, data is drawn on all parties, with a report produced including how such data may have a bearing on any liability considerations and options for further investigations.

Intelligence Report

Full financial and social media checks, director enquiries and land registry searches, with commentary. Data is drawn from a multitude of sources, providing an overall impression and how they may have a bearing on any liability considerations and options for further investigations.

Legally Compliant Witness Statements

Sometimes due to concerns, liability queries, or to assist with subrogation, our dedicated investigation staff interview witness/es to gather relevant information which is then compiled into a legally compliant statement, to ensure the credibility of the evidence should matters progress through the legal routes.

Investigation

Witness interview(s), statement taking, local enquiries and engaging with authorities, etc, completed by skilled professionals are outlined in a formal report with analysis. Working closely with you and your appropriate case owners, ensuring there are open lines of communication and discussion to achieve the best possible outcome, our full investigation service caters for your needs when significant concerns are afoot.

Identification and Escalation

Our identification of a fraud concern is captured through our McLarens One claims system, starting with our 'SmartScreen' analysis at FNOL stage, creating 'red flags' on any case detected to have triggered key generic and/or product specific indicators. Our Risk Indicator Score Card (RISC), completed at multiple stages through the lifecycle of a claim, may also trigger an immediate referral to an investigator.

With a referral rate of 11.77%, our adjusters 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.

Investigation Procedure

When we receive an instruction from an insurer for an investigation on a claim, the following procedure ensures the insurer, broker and insured are fully aware:

- An investigator is assigned to review the case and discuss the concerns with the adjuster/instructing party, to agree what is required and draw up an Investigation Plan.
- The investigator leads the investigation, and where cases involve our other practices, the adjuster retains control of the claim file and remains involved in the claim for consistency. The adjuster maintains relationships with insured and insurer and, if the claim is ultimately validated, the adjuster can resume and proceed to agree settlement.
- The investigator will report their findings (via the adjuster where appropriate) to the insurer with analysis, conclusion and suggestions for any further enquiries where necessary.

Our McLarens App technology enables the Investigator to record their interviews, meetings and enquiries; providing an accurate and verbatim record of our interactions, with insureds and witnesses, and saved directly to our system which allows the sharing of this evidence with our principals. Statements are digitally captured, using modern technology to assist the efficiency of statement creation, legibility and ease of sharing to our clients.

Our People

Our team of investigators cover the UK and Ireland, liaising with 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.



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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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