FULL CASE INVESTIGATION

Priimal ClaimCore

AI-scored, investigator-ready case management for motor and health insurance claims fraud.

MOTOR CLAIMS HEALTH CLAIMS

THE CHALLENGE

Most insurers already hold the data that would flag a suspicious claim somewhere in their claims records. The problem is rarely a lack of data. It is that turning claim records into a prioritised, defensible workload for a special investigations team takes more manual triage than most SIU capacity allows for, and a case built by hand is hard to reconstruct consistently when it is challenged later.

Claim Core is the part of Vantage that does the triage and the workflow for you. You send your claims data in, the platform scores it, and your investigators get a working case queue instead of a spreadsheet of referrals.

KEY CAPABILITIES

1 AI Risk Scoring, Built for Insurance Claims

Every claim you upload or send through the API is scored, together with any free text held on it, such as adjuster notes, first notice of loss descriptions, emails and call transcripts. Unlike modules that only assess a flagged fraction, every claim is passed to the AI, so nothing is screened out before review. Cases are created automatically once a claim crosses your configured threshold, set to 60 by default and adjustable per tenant. Each case comes back with a risk score from 0 to 100, a risk band of critical, high, medium or low, a confidence level, one or more flags, and a plain English explanation of why it was flagged. An investigator can trigger a re-score on any case at any point and see the score history right on the case page. Scores are decision support for your investigators, not an automated decision: a case is reviewed by your team before any action is taken on it.

Fraud Ring | Staged Accident | Provider Collusion | Inflated Repair | Duplicate Claim | Soft Tissue

2 Full Case Investigation Workflow

A sortable, filterable case queue sits at the centre of Claim Core. Every case can be assigned, re-assigned, moved through statuses such as open, under review and resolved, and set to a priority level. Investigators keep a threaded notes panel on each case, and any note can be marked internal only or left visible in the field work orders, with the author's name and timestamp attached automatically. Every meaningful action on a case, from a status change to a re-score, is logged to a full audit trail that sits alongside the case and travels with it into any export.

3 Assignment Alerts and a Personal Case Inbox

When a case is assigned to someone, an email goes out automatically, carrying your organisation's name alongside Vantage module branding, with the case reference, risk score, value at risk and a direct link, so nobody has to

check the platform to know work has landed on their desk. Each investigator also gets a personal "My Cases" inbox showing only their open and under review cases, sorted by priority and then by risk score, so the highest value work is always at the top.

4 Branded PDF Case Export

Any case can be exported as a PDF in one click, carrying your organisation's name alongside Vantage module branding. The export carries the risk score, identity and confidence details, the value at risk, a full AI explainability breakdown, the evidence table where one exists, a subrogation indicator where the case has been flagged for it, the recovery log, every investigator note, and the complete audit trail. It is built to stand on its own in a legal, audit or regulatory conversation, not just as an internal summary.

5 Recovery Tracking

Once a recovery is confirmed, whether through subrogation, claim withdrawal or a settlement adjustment, it gets logged against the case with the gross value recovered, giving you a clear, auditable record of what has actually been recovered rather than an estimate reconstructed after the fact.

6 Field Investigation Dispatch

An administrator can manually trigger a field investigation dispatch directly from any case, sent as a signed, one-time request to whichever field or loss adjuster management system your team already uses, connected through a webhook you configure in settings. The dispatch, its destination and the response status are all recorded in the case's activity log, so there is never any doubt about whether an order actually went out.

7 Natural Language Query

Instead of building a report or waiting on an analyst, anyone on your team can ask Claim Core a plain English question about their case data and get an answer straight back. It is built for the claims handlers and SIU staff who actually use the data day to day, not for people comfortable writing queries.

8 REST API Access

Claim Core includes REST API access as standard, using a bearer token unique to your tenant. You can score a single claim, or send up to 100 in one batch call, directly from your own policy administration or claims management system. A public sandbox with pre-scored demo records and live documentation is available so your technical team can evaluate the API before committing to anything.

WHAT YOU RECEIVE

- **Case queue:** an AI-scored, prioritised list of motor and health claims worth investigating.
- **Explainability:** a plain English reason and flag breakdown behind every score, not just a number.
- **Full workflow:** assignment, threaded notes, status tracking and a complete audit trail on every case.
- **Branded exports:** case reports with a subrogation indicator, ready to hand to legal, audit or a regulator.
- **Recovery tracking:** a clear, auditable record of confirmed recoveries.
- **Field dispatch:** the ability to push any case straight to your investigator or adjuster network.
- **NL query and API:** plain English answers for your team, plus programmatic access for your systems.

WHO IT IS FOR

- Special investigations units
- Claims managers
- Subrogation teams
- Underwriting and risk teams
- Compliance and audit teams

2 SUBSCRIPTION TYPES

Every capability described above is available either way. What changes is how you pay for it.

CORE VOLUME

Pay a predictable package. Know your cost before you start.

Billing: one of thirteen fixed monthly packages, billed in advance.

Additional usage: billed per unit at your package's own rate, disclosed up front, so the package that matches your expected volume is always the best value.

Obligations: none beyond the standard subscription terms. No documentation, no agreement to sign.

CORE VALUE

Pay a share of what you recover. Recover nothing, pay nothing.

Billing: a share of the recovered value you document, billed after the fact, never more than 1.5 times what the matching Core Volume package would have cost you. You can move to Core Volume at any time.

Requires: a signed Value Agreement and documentation of every closed case.

Best for: teams who'd rather see results before committing to a subscription.

Both are Claim Core: same scoring, same workflow, same everything above. The only difference is how the bill is worked out.

DEPLOYMENT AND INTEGRATION

Claim Core is a cloud-hosted SaaS platform with role-based access, so there is nothing for your team to host or maintain. Data comes in either through the upload manager or the API, sourced from your existing claims management or policy administration exports. Once your application is approved, a new tenant can be provisioned in minutes, with sandbox demo data available immediately so your team can start evaluating the platform before a single real claim is uploaded.

Core Volume and Core Value above are two ways to pay for Claim Core, the same product either way. Claim Score is a different, lighter product: API-only scoring without the case investigation workflow described above, available separately for teams that just want to plug Vantage's risk engine into an existing system.