

Digital Twin Insurance Agent

Claim Automation using Agentic AI



Digital Twin Insurance Agent is a comprehensive Agentic AI solution that improves customer experience by substantially reducing claim processing time. The solution enhances claim adjuster productivity, identifies sensitive claims, intelligently routes based on business rules and validates claim data through a conversational interface.

The Digital Twin Insurance Agent offers the following capabilities out of the box via a conversational Chatbot:



Ingest the claim letters through various channels – postal mail, email and other channels.



Identify and classify the claims into sensitive and non-sensitive categories and notify the claim adjuster for sensitive claims.



Intelligent Routing—Route the claim to an adjuster based on expertise (home, health) and claim amount (senior, junior adjuster).



Entity Extraction—Extract key entities from the claim letter, such as the claim date, claim amount, court details, etc.



Claim Validation – Validate the claim data with the backend system.



Enhance Productivity of the Claim Adjuster



Dashboard depicting the total number of claims – resolved vs unresolved, sensitive claims, claim adjusted load and other customizable metrics



Integration – The solution can be integrated with any claim management solution with minimal effort.

Features:

- End-to-end insurance claim processing solution with the ability to automatically ingest claims through multiple channels, classify based on sensitivity and intelligently route based on business rules to reduce claim processing time significantly.
- Improve claim adjuster productivity by enabling a conversation interface for claim validation, claim summarization, and claim response generation.
- The Agentic AI solution can reduce claim processing time by up to 30%, improving customer experience.

Benefits:



Reduction in claim processing time from days to hours.



Accurate identification and resolution of sensitive claims leading to effort-saving.



Accurate routing based on business logic, reducing re-work.



Improve claim adjuster productivity by automating the effort to summarize, validate, prepare and send a response.



Reduce effort in claim validation and automated fraud detection analysis.

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