



data**research**
COMPLIANCE LIMITED

claims

investigation

and analysis

for the insurance industry

uncovering fraud

solicitors negligence

surveillance

investigation & analysis



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the complete global analysis service

Data Research Compliance Limited

We live in dangerous times; in an era of volatility and rapid change, companies, financial institutions, governments and the professions are all at risk in many areas of their activities. To minimise these risks it is vital to have accurate specific information available at short notice. The profitability, development and even the very existence of organisations throughout the world depend upon such data and upon the intelligent interpretation and analysis of such data.



winning results are the product of teamwork

The Data Research Group

Data Research Compliance Limited was formed to provide services specifically to the insurance industry, bringing together in a single focused enterprise the various relevant skills and resources that have been developed elsewhere within The Data Research Group of Companies.

As its name suggests, Data Research Compliance Limited provides a full compliance service to its clients comprising both the establishment and operation of compliance systems. This service is described in a separate publication available from us upon request.

The publication that you are now reading concentrates upon the service that can be provided by Data Research Compliance Limited in the investigation and analysis of insurance claims.

This service was pioneered by The Data Research Group of Companies which, from its foundation in 1976, has progressively developed the methods and skills that have provided professional support to the satisfaction of innumerable clients. Those methods and skills are now put at the service of the insurance industry by Data Research Compliance Limited.



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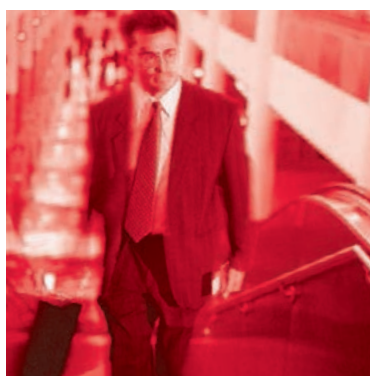
We can uniquely tailor our services to the individual requirements of clients, however complex those requirements. Ours is a personal service ensuring that your business enjoys the maximum benefit from our contribution.

Our headquarters is situated in a secure building and we use sophisticated computer systems and communications facilities. In cases requiring surveillance, we have at our disposal "state-of-the-art" surveillance equipment - but we believe that surveillance is never to be used as a substitute for more subtle and intelligent research.

Our Resources

Our experienced and skilled team has been sourced from a wide range of professions. Team members are mature professionals with a keen insight into the criminal mentality and criminal practices and are trained and assessed for suitability within our own organisation.

Our own highly specialised databases, derived from our own cumulative experience, are the subject of constant development and expansion. They are important components of our ability to provide a swift and productive service to our clients. They contribute significantly to our high success rate in diverse fields of activity, whether it be the uncovering of falsehood in claims or the tracing of witnesses or beneficiaries.



Our Clients

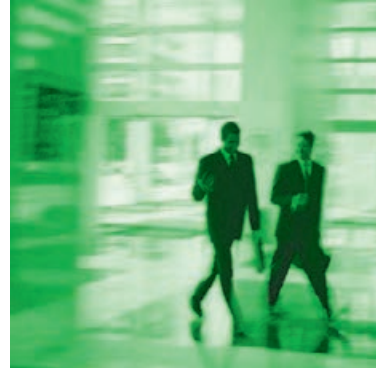
Our clients include many well-known insurance companies and financial institutions. Our professional ethos dictates that we do not disclose the identity of one client to another without prior authority. Each individual client benefits not only from the high quality "case specific" information that we provide but also from our broader knowledge and experience in acting for other clients with similar aims and problems.





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focused aims ... easy on your pocket!



The Data Research Group

Global Operations

In a commercial world that crosses territorial boundaries, the need for international information of reliable quality is growing at an ever increasing rate. We operate on a truly worldwide scale covering assignments in and providing information to all quarters of the globe. When circumstances require our physical presence outside the United Kingdom, whether to attend upon our international clients or to pursue a line of inquiry, our proximity to Gatwick International Airport - just ten minutes from our head office - enables greatly enhanced response time which is, we believe, the best that the industry can offer.

Case Progression through Communication

We have found from experience that the development of results on cases is assisted by the exchange of information and knowledge between our case management teams, which we foster by case conferences within our organisation.

We are also pleased, where appropriate, to participate in case conferences with our client, to enable the client to keep abreast of developments in a particular case or to recognise the significance of a particular case within the "bigger picture" of the client's own case management portfolio.

Always in pursuit of the best practical interests of our client, we are pleased to participate in case conferences with other specialists, for example, the client's own legal advisers or forensic accountants, to make available the results of information gathering and analysis and to assist in its interpretation and application.

Our Aims

We aim to ensure that all information provided by us is accurate, promptly produced and detailed. We operate subject to all applicable regulations including those prescribed by the 1974 Consumer Credit Act, the 1998 Data Protection Act and Section 161 of the Criminal Justice and Public Order Act of 1994.

We work closely with the regulators in all matters governed by financial services legislation.

A personal Client Manager is allocated to each client, and each case is objectively assessed and costed prior to the commencement of major research projects.

"Our working practices ensure value for money"

The flexibility of our services is echoed in our fee structure which provides for fixed fees, through to contingency arrangements where our fee is directly related to savings achieved.

All of our staff are trained to provide a thorough professional service. Individual performance is continually monitored by the relevant departmental manager.

Our investigative routines...

dictate that the bulk of the case load is processed internally and thus clients are assured of the highest degree of confidentiality and integrity.



the
numbers
involved
continue
to rise...



we help level it out

insurance fraud

The methodology of claims management in the insurance industry has not changed significantly over many years. It has honourably relied upon an assumed basic level of good faith on the part of the claimant, consistent with the "utmost good faith" of the insurance contract.

The scale of insurance fraud, however, continues to rise - no doubt reflecting a decline in social values.

Amongst the consequences of undetected fraud are:

- **Increased costs to the insurer.**
- **Increased premiums for the policyholders.**
- **Loss of competitive "edge" for the insurer.**

The more it becomes apparent that insurance fraud can succeed undetected, the greater the incentive to further attempts at insurance fraud.

Recent study of auto, home and business insurance fraud in the USA indicates an added annual cost to the American public of over \$85 billion. American research reveals increasing public tolerance of insurance fraud - the "victimless crime" - and that one in three Americans believes it is "all right" to engage in it. Where America leads, others undoubtedly will follow.

The insurance fraudster usually relies upon his claim being treated as "routine" and being processed in the established way of which he has knowledge. By moving to a claims handling system that breaks that routine, the insurer can recover the advantage and achieve enhanced financial benefit.

By changing the methodology and delegating to us the first key steps in the new methodology, the insurer can benefit from a cost-effective approach to claims management.

To know more of this, read on. For reasons of security, we do not here set out full detail of our system but a fuller presentation on an individual and confidential basis can be provided.



filtering out

exaggerated claims





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Fraud rests upon deceit, be it the concealment of material facts or the presentation of lies in place of facts. The uncovering of fraud rests upon the gathering of data - facts - and the informed systematic comparison and analysis of data.

uncovering fraud

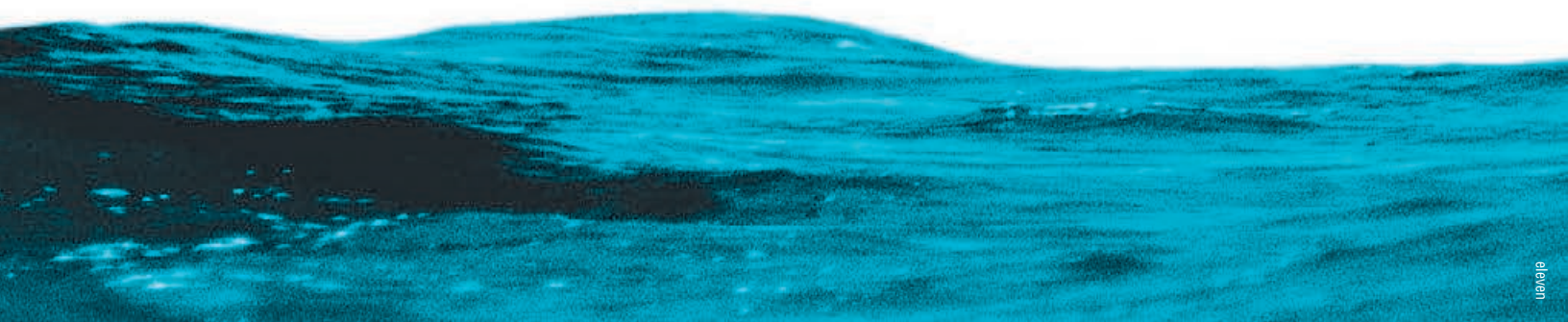
All too often, this process begins only - if at all - when the claim has already run a costly course through internal administration and involvement of conventional external branches of the insurance industry. Even then, attention tends to focus narrowly upon the claim itself.

The “fine filter” through which the claim should pass in order to “filter out” fraud is:

- **positioned a long and costly way down the line,**
- **or is not fine enough,**
- **or is not in place at all.**

Our experience in over 20 years of specialised investigation and data collection is that:

- **The “fraud filter” should be at the beginning of the line, so achieving savings of time and cost.**
- **Investigation should include not only the claim, but also the claimant.**



protection brings confidence on which to build

solicitors negligence

The number and weight of claims in this professional field have risen over the years, due to the combination of various factors including increased commercial pressures upon practitioners and greater “consumer awareness” on the part of the public generally.

In the past, the provision of professional indemnity insurance was optional on the part of solicitors, and was provided in the conventional way by insurance companies in the private sector. The decision was taken by the Law Society, as the professional body governing the activities of solicitors in England and Wales, to impose a minimum level of compulsory professional indemnity insurance as a condition of practice and to require that this be provided through the newly established Solicitors Indemnity Fund under the overall control of the Law Society.

This system operated for a number of years, during which time the cost of claims rose to such an extent as to outstrip premium income, although premiums rose to higher levels year by year. The system became unmanageable, and the decision was taken to end the monopoly of the Solicitors Indemnity Fund and to restore full private sector competition to the field.

Insurers, who had become accustomed only to providing quotations for “top up” cover additional to the basic professional indemnity, now find themselves back in the market as providers of the compulsory basic insurance cover for all practising solicitors - and therefore “at risk” in respect of the majority of claims against solicitors. The cost effective management and disposal of such claims is essential in order to maintain profitability.

We have the demonstrated and proven ability in the analysis and investigation of a wide variety of insurance claims, extending where appropriate to investigation not only of the claim but also of the claimant. Our management of solicitors professional indemnity claims is uniquely enhanced by our associated “LawAnalyst”^{*} division, providing case analysis by experienced lawyers operating independently of private practice and dedicated to providing independent objective case assessment, with consequent savings in time and cost to the insurer.

Our report provides the foundation upon which solicitors acting for insurers can readily build - including advising upon the prospects of successful enforcement of costs orders made against the claimant.



^{*} The Data Research Group of Companies is an authorised user of the “LawAnalyst” name.



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Our "desktop research" methodology produces satisfactory and cost effective results in the great majority of cases. Recourse to surveillance simply as a matter of habit or routine can be costly and time-consuming, without consequent benefit to the client. There are, however, occasions when prior analysis indicates a need for surveillance. When that need arises, surveillance must be intelligently focused and professionally executed with a view to maximising the benefit to the client.

Data Research Compliance Limited has at its disposal the services of the surveillance division of The Data Research Group of Companies. The personnel of the surveillance division are specialists, dedicated to providing clients with evidence that can prove invaluable in the investigation and demonstration of falsity of theft and insurance claims.

For surveillance to have the maximum chance of success, complete preparation is essential. Information about the date and nature of the incident is vital, and in the case of injury claims and PHI claims it is yet more important to know the nature of current allegations by the claimant regarding restricted activity, and the most recent medical condition of the claimant.

Where this detail is not available to the insurer client, or is not up-to-date, we recommend that background investigations are undertaken prior to surveillance.

Discreet surveillance can, dispassionately, resolve contentious claims.

We utilise...

State-of-the-art surveillance equipment. Digital images can be transmitted desk to desk within moments of our operatives returning to base via encrypted ISDN lines.



focusing attention wherever it is needed

surveillance

Immediate International Response

Our close proximity to Gatwick International Airport enables us to respond readily and rapidly to the international needs of our clients and of specific cases. When circumstances require a meeting with the client or with a third party outside the United Kingdom, we are ready and able to travel on a moment's notice. We can likewise attend either terminal within ten minutes of acceptance of instructions for the covert recording of the departure or arrival of the claimant. We can also, at short notice, arrange to travel with the claimant or meet the claimant at the point of destination. Our specialised "desktop research" has often enabled us to identify and know the travel plans of the claimant, so making it possible for us to achieve recorded observation of the claimant abroad in a more relaxed environment where the claimant is not concerned to maintain a pretence of disability.

Surveillance and the law

The Human Rights Act became effective in the United Kingdom on 2 October 2000. It is to be expected that the efficacy and acceptability of covert surveillance will be adversely affected. We have taken steps to ensure that our intelligence gathering methodology will on all occasions complement our ancillary services and will be applied to minimise or eliminate grounds for complaint or adverse publicity.

Our Guarantee

- Our male and female operatives are trained to the highest standard.
- We do not sub-contract any assignments, no matter where in the world.
- We will not make any contact with the claimant or attend the address of the claimant without the permission of our client.
- We warrant our services are Data Protection and Human Rights compliant.
- We use the most advanced digital recording equipment currently available in the United Kingdom.
- We will make judgement calls on behalf of the client and should these not produce the desired result then no charge will be made for them to the client, despite disbursements we may have incurred.
- Information obtained by surveillance will always be the subject of ancillary research to ensure that no anomalies are imported into the analysis.
- Our set price quotation includes all disbursements and will not be exceeded for the specified work.

our reports keep you on the ball

collecting data



Public liability

We are frequently approached to investigate “whiplash” claims resulting from a tumble caused by a broken flagstone, and/or injury occasioned in a public place (including, by way of example, slipping on a supermarket floor).

We pride ourselves upon our ability to mitigate the exposure of our insurer client, by timely reporting upon the past and current financial standing and physical well-being of this type of claimant.

Contrived public liability and occupiers liability

This is a variation of the “contrived accident”, and as such yields well to our methodology. Typical instances of this type of claim include those where loss and injury has been suffered by a “one off” customer upon his very first visit to the shop, and where he is said to be completely unknown to the shopkeeper or any member of staff. Concealed prior relationship between the claimant and the insured shopkeeper, where it exists, is likely to be revealed by the application of our methodology.

Third party recovery

- Where verification is required of the insurance cover said to be held by a third party, we are able to report swiftly and accurately.
- In cases where a third party has no insurance cover in force, we are able to investigate and report upon the viability of proceedings against the third party in the absence of cover, with practical commercial regard for the capacity of the third party to pay.
- Where corrupted vehicle registration details have been provided by the clients insured, we can report accurately upon the correct vehicle registration; make of vehicle; and manufacturers model of vehicle, anywhere in the United Kingdom and abroad.
- We are adept at tracing the whereabouts of missing third parties, and our overall success rate in any one year is consistently in excess of 80 per cent.
- Our reports are supported by accurate management information which can be provided at any time when bulk cases are being reviewed.
- We are able to conduct interviews with third parties on short notice.

We have consistently demonstrated our ability to save unnecessary legal costs for our insurer clients and have enabled them to effect recovery from the appropriate RTA insurer.

Aviation and Marine

Our investigation and analysis methodology is eminently suitable for application in cases involving alleged loss of all or part of a cargo, whether by theft in the course of cargo handling or by loss or destruction of the aircraft or vessel.





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a new approach in a time of change

claims investigation and analysis

The closing years of the 20th century have brought great changes to the system of Civil law in the United Kingdom and to the expectations of those who live under that law.

The Woolf reforms have introduced new principles governing the operation of the Civil law procedure, including an attempt to place the parties to litigation upon a more even footing by the introduction of the principle of "proportionality" in the relationship between the value of a claim on the one hand and extent of activity and cost incurred on the other.

It may be expected that the impact of The Human Rights Act will be significant upon the acceptability of "traditional" methods of surveillance and upon the ability to carry out such surveillance upon a covert basis.

In this new environment, the value and importance of "desktop research" is greater than ever before, enabling an informed view to be taken at the earliest stage upon the merits of a claim and its subsequent management.

Data Research Compliance Limited has its own databases built up from years of experience and involvement in the analysis of a multitude of individual cases. These databases include retained information extending beyond the scope even of certain databases maintained by agencies of the insurance industry itself. We are able to seek out and identify common factors more subtle than simple geographical location and this, coupled with our own access to MIAFTR, ensures the most comprehensive investigation.

The skills and methodology of Data Research Compliance Limited, applied as part of a consistent claims handling system by the insurer, bring improved efficiency and profitability to the management and disposal of claims without the need for costly internal reorganisation or expansion.



The time for change has come. The tool for change is Data Research Compliance Limited.



looking beyond
first impressions





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personal injury - case study

The third party claimant, a single Ghanaian male who gave his occupation as “company director”, was 35 years old when he lost a leg in a road traffic accident. Liability was accepted by insurers, but quantum remained to be agreed. Given the prospective loss of earnings and the age of the claimant, the total claim was put in the amount of £1.5 million, and insurers had reserved the sum of £750,000 to meet the claim.

Insurers had incurred surveillance costs of £15,000 without result, in addition to interim legal fees and conventional investigators costs. Six years had passed since the cause of action arose without any request for interim payment.

The case was then brought to The Data Research Group.

Our unique skill sets revealed:

- The claimant's home, although a mortgaged property with negative equity and payment arrears, contained an array of very high quality and expensive computer equipment said by the claimant to have been acquired from a relative and to be used for hobby purposes by the claimant in consequence of his disability.
- A late model Mercedes Benz car kept under a dust cover at the claimant's home and said by the claimant to have been left with him in safe keeping by his uncle while away in Ghana.

- Four company directorships in the name of the claimant, the company in every case having ceased to trade without filing accounts.
- Five children from two undisclosed relationships. Each of the two women was found to be living in good quality mortgaged accommodation and in possession of a good quality late model motor car, while in receipt of state benefit without the involvement of the Child Support Agency.
- The birth certificate of one of the children showed the father's occupation as “commodities broker”.
- Identity of the dealer who had sold the motor cars and with whom the claimant had left his business card.
- Through enquiries deriving from the business card information, the claimant was found to be achieving an undeclared income of £48,000 a month, using the computer equipment to engage in commodities broking.

This investigation in due course revealed significant fraud and led directly to the matter being settled for the all inclusive sum of £200,000, a fraction of the sum contemplated by insurers, resulting in a substantial saving to the insurers.

Points to note

- The result owed nothing to conventional “ad hoc” surveillance which - in this case as in many others - appeared to be an established costly ritual rather than a practical contribution. Conventional surveillance is just one of the “working tools” used on occasion by The Data Research Group, but it is used only when prior analysis has indicated that it may be useful in the particular case.
- The result was obtained by “desktop research” - the informed gathering and analysis of information - in which The Data Research Group specialises and excels.
- All investigation was conducted within the bounds of the law, including that relating to data protection.
- The result was cost effective for the client of The Data Research Group.



dependency - case study

The adult female claimant asserted that she and her male friend had lived together for more than two years as man and wife within their own household and that, he having died, she was therefore a qualifying dependent entitled to make claim upon his estate.

She had three children - respectively aged seven, five, and three years - and she produced evidence that purported to demonstrate that the deceased had maintained those children for not less than three years prior to his death.

The Data Research Group was instructed to investigate the claim.

Preliminary research involved the obtaining of information from the electoral roll, local authority departments, and neighbours of the claimant.

A car was identified as belonging to the household. Records of DVLA showed the claimant to be the registered keeper. HPI search was "clear".



The previous keeper of the car was found to have disposed of the car by part exchange at a local car dealership. Inquiry was made of the dealer, who recalled that the claimant's boyfriend had purchased the car from the dealership with the help of a loan from a little-known finance house, the name of which the dealer was able to supply. A copy of the relevant loan agreement was obtained, which included a declaration - in the handwriting of the deceased - that he had resided for less than two years at the address shared with the claimant and that his immediate previous address was that of his mother.

Evidence obtained in the course of the enquiry demonstrated that the deceased had met the claimant only eighteen months before his death, and that he had maintained her for less than two years prior to his death. Her claim therefore failed.

Points to note

- The result was obtained entirely by "desktop research".
- No "face to face" interview was required with the claimant or with any third party.
- The result was cost effective for the client of The Data Research Group.

helping identify
those who qualify



The insured - an Irishman - hired a 7½ tonne commercial vehicle for one day, the stated purpose being to transport goods to Milton Keynes from his own company's depot at Heathrow.

He had not gone to the hire company that he was said to have used in the past, ostensibly because they did not have a suitable vehicle available for that day.

The accident in respect of which the claim arose had taken place at the car park of a public house - "The Kilrush Arms" - on the outskirts of Milton Keynes.

The claimant was at the time the landlord of the public house, whose two year old BMW car was a write-off after being hit by the rented vehicle. The claim was for £30,000.

The insured maintained that he had lost his way at a (clearly signed) roundabout; having taken a wrong turning, he then saw the public house car park (which was in fact not readily visible from the highway); and decided to make use of it to turn his vehicle round (resulting in his attempting to undertake a three point turn on a one-in-nine incline) in the course of which he struck the stationary car of the landlord.

The vehicle hire company and their insurers employed two separate investigation companies to look into the matter. The reports produced by each of those companies suggested a pre-accident relationship between the parties, but no "hard proof" could be found of this.

The matter was passed to The Data Research Group for review and further inquiry.

It was quickly established that there is a place in Ireland called Kilrush. A personal visit was made to the parish priest. Parish documents of record showed that the claimant, although his name in no way resembled that of the insured, was in fact the uncle of the insured.

Points to note

- Technology can be very helpful in investigation, but sometimes there is no substitute for "old-fashioned detective work".
- Old-fashioned detective work is one of the "working tools" of The Data Research Group.
- The result was cost effective for the client of The Data Research Group.



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putting you in the driving seat

contrived accidents - case studies

The insured driver was an Asian male aged 30 years. The third party driver was a Caucasian female aged 23 years.

The insured vehicle had collided with the back of the third party driver's vehicle, and the insured driver admitted liability at the scene. The claim, including damages for personal injury, was for £15,000.

Insurers had already incurred costs of £4,000 with solicitors and investigators. Investigators reported that the accident was "not a contrived accident", but the insurance claims manager was not satisfied, and passed the matter to The Data Research Group.

Desktop research revealed that the third party female driver had a three year old daughter, whose identity was ascertained and a copy of whose birth certificate was obtained and examined. The birth certificate showed that the father of the child was in fact the insured, although the parties to the accident had claimed that they had never previously met.

There was a consequent significant saving in the subsequent resolution of the claim.

Points to note

- The result was obtained entirely by "desktop research".
- Had the matter been made the subject of "desktop research" at the very beginning, there would have been a greater saving in costs to the insurance company.
- The result was cost effective for the client of The Data Research Group.





getting results by checking the form

contrived theft - case studies

The insured made claim upon his insurer for the loss by theft of his Ferrari car, valued at £75,000. The declared occupation of the insured was "property developer", although it had been noted that he lived in private rented accommodation.

Loss adjusters and investigators engaged by the insurer maintained strong reservations about the circumstances of the loss, but had been unable to gather sufficient evidence to repudiate the claim. By virtue of the passage of time since the alleged loss, the insurer was under considerable pressure to resolve the matter and instructed us to investigate the alleged loss as a matter of urgency, looking to us to produce a result of consequence with exceptional speed.

The insured asserted that he had purchased the vehicle without financial assistance and from a reputable dealership. He had described himself as a "wealthy property developer", and had produced a bank statement showing that he had the requisite funds to afford the purchase. He had also produced a set of accounts, prepared by his accountants, as further evidence of his financial position.

Our own urgent inquiry revealed:

- The insured was resident in private rented accommodation.
- During the previous fourteen years, the insured had rented a string of addresses. Full credit searches in respect of each such address indicated an extraordinary financial exposure by way of credit, and unusually numerous county court judgements relating to those financial transactions.
- The current address of the insured was close to the M62 motorway connecting Manchester with Liverpool and giving direct access to Liverpool docks.
- Interviews conducted with other residents in the street at which he held his current address indicated that the Ferrari car had never been seen there by any of them, and that such a car was incompatible with the status of the neighbourhood.

- Preliminary investigation of the "accountant" who had produced the accounts for the insured failed to produce any visible trace of his professional firms name, whether by way of advertisement, telephone listings, or otherwise. The telephone numbers that appeared upon the business stationery of the "accountant" proved to have been allocated to serviced office accommodation.

This information was, in the view of the insurer, sufficient to justify repudiation of the claim.

In response to repudiation, the insured issued proceedings against the insurer, claiming loss and damage. This provided opportunity for closer investigation of the insured, which enabled us to establish:

- The insured was in fact a car dealer.
- The insured was associated with various "cut and shut" operations and car ringing.
- The insured was the subject of police surveillance conducted by the local Vehicle Crime Squad.
- The insured had criminal convictions for activities including fraud; dishonesty; handling stolen cars.
- Identity of various members of the public who had innocently purchased stolen vehicles from the insured during the preceding five years.
- The "accountant" was not registered with any professional body in the United Kingdom, or in the Republic of Ireland. He too was found to have a chequered history.

This additional information resulted in the withdrawal of the claim, and payment of the insurers costs.

Points to note

- The information provided by us was obtained almost entirely by "desktop research".
- The crucial information was obtained and provided to the client very swiftly following first instructions given to us.
- The result was cost effective for the client of The Data Research Group.

The insured was a supplier of microchips. There was a robbery by three armed raiders at the premises of the insured, resulting in the loss by theft of the stock of microchips to the value of £1.5 million.

Police investigation indicated that the robbery involved the collusion of somebody inside the company, probably one of the two security guards who had been on duty at the time of the robbery.

We were instructed to investigate the matter in this light.

One of the security guards was employed by a large and highly reputable security company, and his probity had ostensibly been checked to the satisfaction of that company before he was engaged. Our research revealed that this 27 year old male had changed his name, but by diligent tracing back through nine addresses that he had occupied we were able to identify the address at which his mother lived.

We then made contact with his mother's neighbour, through whom information was obtained demonstrating that this security guard had a long criminal record, including a conviction for theft from a previous employer.

This information was sufficient to enable our insurer client to make claim against the security company upon the basis that the security company had failed to apply due diligence in the appointment of the security guard, and to achieve a negotiated settlement whereby 50 per cent of the loss was reimbursed by the security company.

Points to note

- The primary information was obtained by "desktop research".
- The "desktop research" pointed the way to the further inquiry.
- The result was cost effective for the client of The Data Research Group.





travel claims - case studies

Case 1

The claimant - a 55 year old male - slipped on an uneven flagstone in the New York subway.

The resulting claim included "significant future loss" and was one of the largest of its kind ever faced by the travel insurance industry.

Insurers had incurred expense of £70,000 by way of investigation, surveillance, and legal costs without bringing the matter to a conclusion.

The matter was then referred to us. Application of our "desktop research" system revealed:

- The claimant had no declared income in the United Kingdom.
- The claimant employed a variety of aliases.
- The claimant had in fact engaged in a wide variety of occupations, at least one of them unlawful.
- Notwithstanding the alleged severity of his injuries, the claimant had, subsequent to the accident purchased a motorcycle, using a false name.
- The claimant had sworn a perjured affidavit in connection with a Court Application made by his previous co-habitee to overturn a charging order.
- The claimant had falsely obtained legal aid certificates in various earlier proceedings.

This information enabled our insurer client to dispose of the claim upon the best possible terms.

Points to note

- The information was obtained by "desktop research".
- The information obtained was analysed and presented to the client in a form that enabled it readily to be used.
- The use of "desktop research" at the earliest stage would have saved substantial expenditure on the part of the insurer client.
- The result was cost effective for the client of The Data Research Group.

Case 2

The insured, a wealthy female, claimed for injury suffered when she slipped and fell on the bathroom floor in her expensive hotel suite in New York.

The resulting personal injury claim was in a significant amount.

Loss adjusters in the United Kingdom received an anonymous letter in which it was stated that this was not the first such claim from this individual, and that the alleged incapacity was being exaggerated with a view to personal gain.

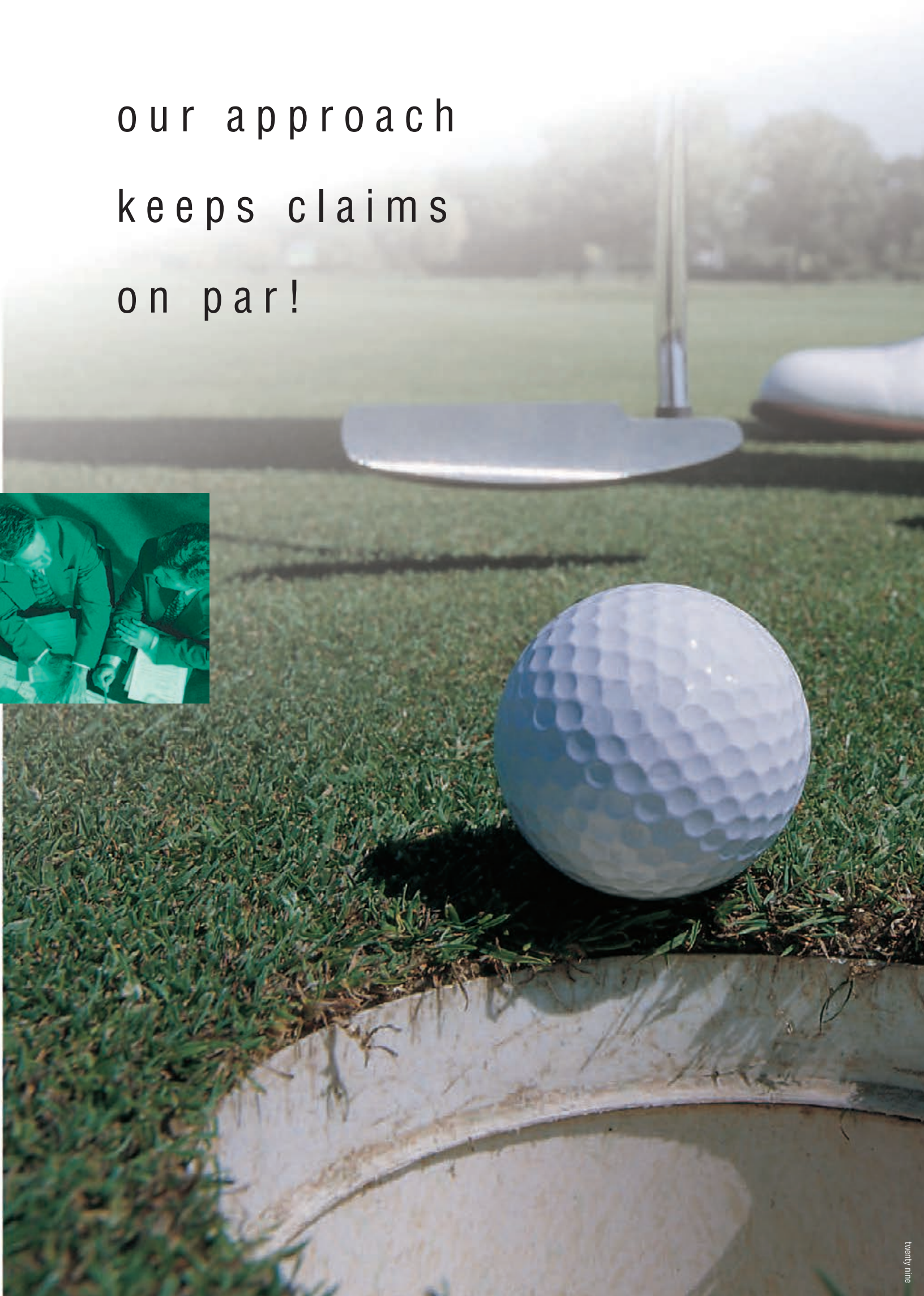
The matter was passed to us for further investigation. Research revealed:

- The claimant was a very wealthy member of the Jewish community, and also a presiding circuit judge.
- The writer of the letter was a disgruntled neighbour of the claimant, involved in a prolonged dispute with the claimant over the parking of cars.

Points to note

- The information provided by us was obtained entirely by "desktop research".
- The matter was referred to us by our client in timely fashion, and the resultant research was carried out without the need for contact with either the claimant or the writer of the letter, so avoiding any actual or potential embarrassment to any of the claimant, the insurer, or loss adjusters.
- The result was directly cost effective for the insurer client of The Data Research Group, with further unquantifiable gain in terms of maintained good will.

our approach
keeps claims
on par!





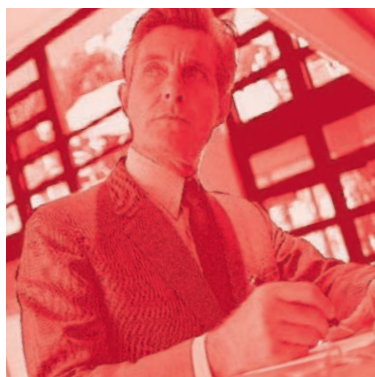
we're here to promote a fair fight

medical negligence / misconduct - case study

A male physician of high repute faced two independent claims of alleged sexual assault upon the patient.

In each case, the complainant was a male in his early 20's. One complainant was the son of a prominent public figure; the other complainant was of unknown background. There was no apparent link between the two complainants, save that both were patients of the same physician.

The physician was a 55 year old bachelor, for whom the professional and personal implications of these claims were very serious indeed. The matter was brought to us by his insurance funded professional defence team in order that we might investigate the background of the complainants.



Investigation of both complainants disclosed the following:

- The first complainant - whose parent was a prominent public figure - had in fact become isolated from his family and was studying catering in New York.
- The second complainant was from a working-class background, but was unemployed and living in squalor.
- Both complainants were homosexual.
- There was a hidden link between the complainants. Both complainants had, it transpired, lived together in a "ménage à trois" with a third man who had himself formerly been a patient of the same physician and who had died as a result of AIDS.
- The two survivors blamed the physician for the death of their friend, and conspired to obtain revenge by making apparently independent false allegations of professional misconduct to ruin the career of the physician.

An incidental but relevant fact that emerged in the course of our investigation was that the physician was in fact in a long term relationship with a female partner, which relationship was conducted on the most discreet and concealed basis; had it been otherwise, his strongly heterosexual orientation would not have been questioned.

Points to note

- The information was, in the main, achieved by "desktop research".
- The claims were defeated by the information obtained about the claimants.
- The result was cost effective for the insurer client of The Data Research Group.





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