Claims outcome assurance · For motor insurers

A motor claim is never one call. So why does your assurance review one?

FNOL, engineer, repairer, valuation, settlement, complaint. The outcome is built over weeks, and QA hears a fraction of the calls inside it. Detect assesses every interaction, note and document on a claim together, then evidences whether the customer was kept informed, supported and treated fairly from first notification to settlement.

- ICOBS 8.1
- Consumer Duty
- Vulnerability FG21/1
- Complaints DISP

Prioritised claims caseload · **1,240 interactions** assessed overnight

Live

Settlement fairness · total loss
#CLM-40218 · valuation challenged, offer increased on second call · deduction not explained — HIGH RISK

Vulnerability · FG21/1
#CLM-39774 · injury and loss of transport disclosed · no change to claim handling after disclosure — HIGH RISK

Unrecognised complaint · repair delay
#CLM-39610 · fourth inbound contact · parts not ordered · not logged as a complaint — MEDIUM

Supplier oversight · approved repairer
#CLM-39288 · third return for incomplete work · remediation logged — COMPLETE

FIG. 01 · RISK-PRIORITISED CLAIMS QUEUE

ILLUSTRATIVE

14,082
Motor complaints reached the Ombudsman in 2024/25, more than any other insurance product

42%
Ombudsman uphold rate on motor insurance complaints

£200m
Expected redress across ~270,000 motorists after the FCA's total-loss findings

15 min
Average case assessment with Detect, down from 90 minutes of manual reconstruction

Scoring calls tells you how a handler performed. Not whether the customer got a fair outcome.

ICOBS 8.1 asks you to handle claims promptly and fairly, keep customers informed and settle without unreasonable delay. Detect reads voice, claim notes, correspondence and supplier activity together as one case and flags risk indicators against your standards. Your QA, complaints and compliance specialists make the determination. Detect makes sure the right claims and the right evidence reach them.

TODAY

One sampled call, scored against a checklist

- Sees the interaction, not the claim
- Covers around 2% of contacts
- Evidence rebuilt by hand when FOS asks

WITH DETECT

Every interaction, assessed and rolled up to the claim

- Sees FNOL to settlement as one journey
- Covers 100%, risk-prioritised for people
- Evidence assembled and traceable in minutes

FROM SAMPLING TO FULL COVERAGE

Typical manual sampling 2%

Detect coverage 100%

The FCA's 2024 review of motor total loss claims found settlements below fair market value, lengthy handling times, and firms unable to demonstrate they were monitoring outcomes. A sample cannot evidence that.

Detect surfaces the claims most likely to have produced a poor outcome, with the evidence your reviewers need to judge them.

Book a demo

The same claims data. A different question asked of it.

	MOST CLAIMS TEAMS TODAY	WITH DETECT
Unit of review	A sampled call is scored against a checklist. You learn whether the handler explained the next step. It says nothing about whether the customer waiting eleven weeks for a repair was treated fairly.	Every interaction on the claim is assessed and rolled up to the case. Repeat contact, missed commitments, negative sentiment, delay and vulnerability combine into a claim-level risk score, so the journeys most likely to have produced harm reach a specialist first.
Case evidence	A total-loss dispute means pulling recordings, claim notes, the engineer's report, the valuation rationale and the customer's correspondence from different systems before assessment can even begin.	Voice, notes and documents are assessed together as one claim and arrive assembled in your queue. A review that took 60 to 90 minutes takes around 15, so more high-risk claims get covered in the same working day.
Complaints	Root-cause analysis runs on complaints that were recorded. It cannot tell you what the same failure is doing to the thousands of claims where nobody complained.	Dissatisfaction is identified across 100% of interactions, including customers who never use the word "complaint", then themed by cause: repair delay, valuation dispute, courtesy car, poor explanation. Those themes feed straight back into claims QA.
Evidence for the board, the FCA and FOS	When a FOS referral lands or Conduct Risk asks for outcome monitoring across the claims population, records are rebuilt by hand. It takes days, and the answer depends on who built it.	Every assessment produces a structured, traceable record, including the reviewer decision that confirmed or overturned it. Claim-level Consumer Duty evidence is retrievable in minutes, consistent across handlers, teams and supplier networks.

Call scoring and claims outcome assurance are different disciplines

Speech analytics scores the conversation. Manual QA samples the call. Detect assesses the claim, from first notification to settlement and complaint, and returns an indicator, an explanation and the evidence for each check.

	AVENI DETECT	SPEECH ANALYTICS / QA TOOL	SAMPLED MANUAL QA
Question answered	**Which claims look like a poor outcome, and why?**	Did the handler perform well?	Did the handler follow the script?
Unit of review	**The claim: FNOL to settlement and complaint**	The individual interaction	The individual call
Coverage	**100% of interactions, risk-prioritised for human review**	Often 100% for scoring, sampled for deep review	Sample-based; the gap widens as volumes grow
Total-loss and settlement fairness	**Valuation explanations, deductions, challenges and uplifts tracked as a pattern**	Keyword or phrase spotting on calls	Case-by-case, only where sampled
Supplier and repairer visibility	**Assessed as part of the claim, whoever handled it**	Usually limited to in-house call recordings	Outside the sample in practice
Language model	**FinLLM, trained on UK financial services regulation and language**	General NLP or rules, adapted for FS	Assessor knowledge

#CLM-40218 · total loss · assessment — INDICATOR · EXPLANATION · EVIDENCE

Was the total-loss valuation explained, and were deductions justified to the customer? NO

The settlement figure was given without reference to the guide values used, and a condition deduction was applied with no explanation. The customer challenged the figure on the following call.

> Customer, 06:41 · "You've knocked six hundred off for condition and nobody's told me why. That car was immaculate."

From claim interaction to audit-ready evidence

Detect works through the night's interactions and hands your reviewers a ranked caseload. Each claim opens to the indicator, the reasoning and the exact moment in the evidence.

01
Ingest
Calls, notes, documents, supplier activity

02
Assess
Your scorecard, applied by FinLLM

03
Roll up
Interactions grouped into one claim

04
Prioritise
Highest-harm claims surface first

05
Evidence
FCA and FOS-ready, in minutes

Connects to the systems you already run

Telephony, claims and document systems as they are. No need to replace your claims platform or CRM. Interactions, notes and correspondence are read from where they already sit.

Your claims standards, not a generic checklist

ICOBS handling standards, Consumer Duty outcomes, FG21/1 vulnerability and your complaint definitions are configured into Detect and applied at 100% coverage.

UK-hosted, no model training on your data

Your claims data is never used to train FinLLM or any shared model. Built for regulated firms with strict data governance, including claims handled through third-party networks.

People decide. Detect prioritises.

The highest-risk claims route to your QA and complaints analysts, who make the determination and can overturn any indicator. Around 77 automated assessments per manual review.

Built for how motor claims and complaints teams actually work

End-to-end claims communication assurance

Assess whether customers were kept informed, whether commitments were met and whether explanations stayed clear and fair from FNOL to settlement, across every interaction on the claim rather than the one that happened to be sampled.

Total-loss valuation and settlement review

Track explanations, condition deductions, customer challenges and post-challenge uplifts as a pattern by team, handler and vehicle segment. Answer the board's question: are customers who push back receiving systematically better settlements?

Complaints your customers never labelled

"I've called four times and nobody can tell me where my car is" rarely gets logged as a complaint. Detect identifies dissatisfaction across 100% of interactions so complaints MI and DISP root-cause analysis start from a complete population.

Thematic root cause across the claims book

Repair delays, poor workmanship, courtesy-car failures, write-off disputes, repeat contact and poor decision explanations are themed and quantified, then connected back into claims QA as a continuous control rather than a quarterly review.

Vulnerability, and what happened next

Claims arrive with accident, theft, injury or financial stress already in the room. Detect identifies vulnerability under FG21/1 and then assesses whether the claim journey actually changed once it was identified. That second question is the harder one, and the one the FCA asks.

Oversight of an outsourced claims ecosystem

Repairers, engineers, credit-hire firms and claims administrators all shape the outcome you remain accountable for. Detect assesses the case rather than the employee, giving Conduct Risk visibility where the journey leaves your four walls.

77:1 Around 77 automated assessments for every manual review in Aveni customer deployments. Detect pre-assesses every interaction and routes the highest-risk claims to your specialists, who make the determination and can overturn any indicator.

Trained on financial services language, not general text

FinLLM understands the language of a claim: total-loss valuations and guide values, condition deductions, betterment, courtesy-car entitlement, credit hire, repair delays and the way customers express dissatisfaction without ever using the word complaint.

UK-hosted, secure, built for regulated firms

Your claims data is never used to train FinLLM or any shared model. What improves with use is your own configuration: reviewer decisions and calibration inside your tenant tune the scorecard, thresholds and prioritisation without data leaving your governance boundary.

Find the poor outcomes before your customers, the Ombudsman or the FCA do

Book a demo and we'll run Detect against your own claims: total-loss disputes, repair journeys, vulnerability calls or complaint interactions, so you can see exactly what your team would be reviewing tomorrow morning.

Book a demo

hello@aveni.ai

Sources: Financial Ombudsman Service annual complaints data 2024/25 (motor complaint volumes and uphold rate); FCA multi-firm review of motor total loss claims, 2024 (redress estimate, settlement and handling findings); FCA FG21/1 and ICOBS 8.1; performance figures from Aveni customer deployments. Detect generates risk indicators with supporting evidence for specialist review. It does not make regulatory determinations.