**Rayterton Apps**
Enterprise Software Solution

Rayterton Claims Management (FNOL to Settlement)

Claims Management System that connects standardized claim procedures, intake validation, adjudication controls, fraud handling, settlement management, and claims analytics in one operating flow. Designed to keep all claim operations aligned with approved policies and rules while maintaining complete evidence and audit readiness for internal reviews and regulatory requirements.

## What Rayterton Claims Management (FNOL to Settlement) covers

- Claims analytics for volume, cycle time, cost, and fraud exposure
- Document and evidence management with audit readiness
- End to end claim handling from FNOL to payment and settlement
- Structured claim review and decision workflows with traceability
- Integration with policy, billing, and partner systems
- Risk monitoring and fraud prevention visibility

End-to-end Operating Story
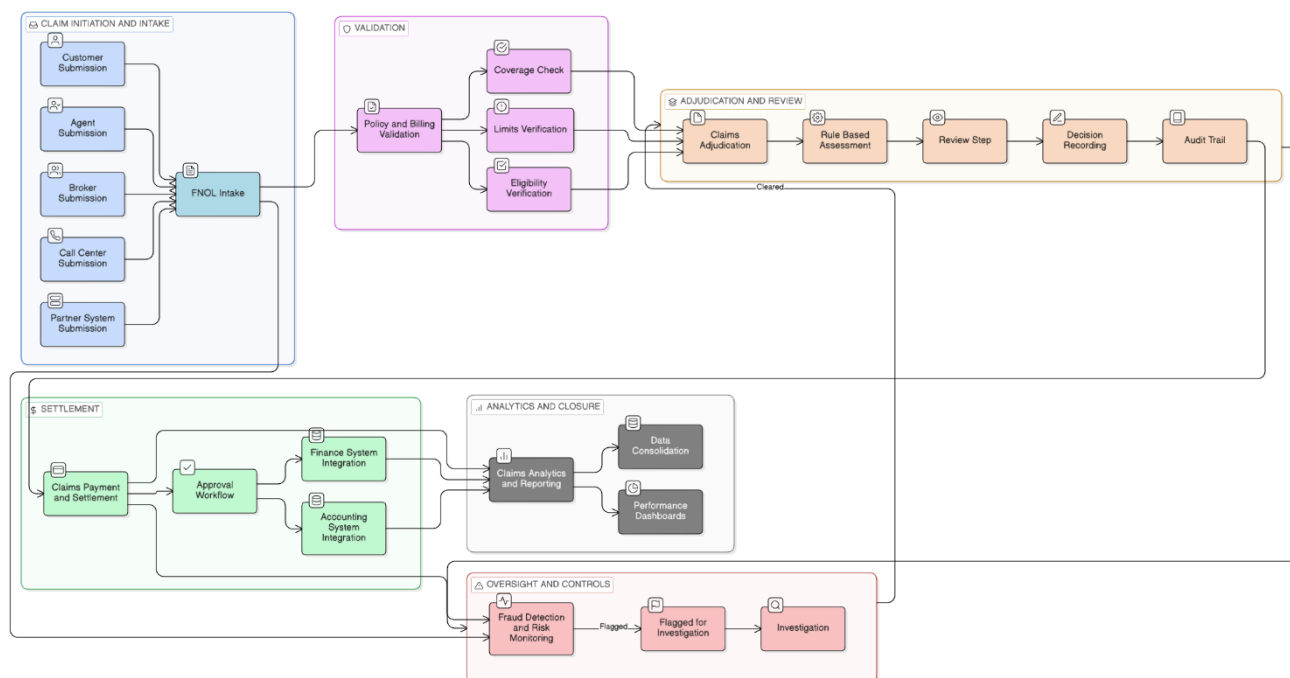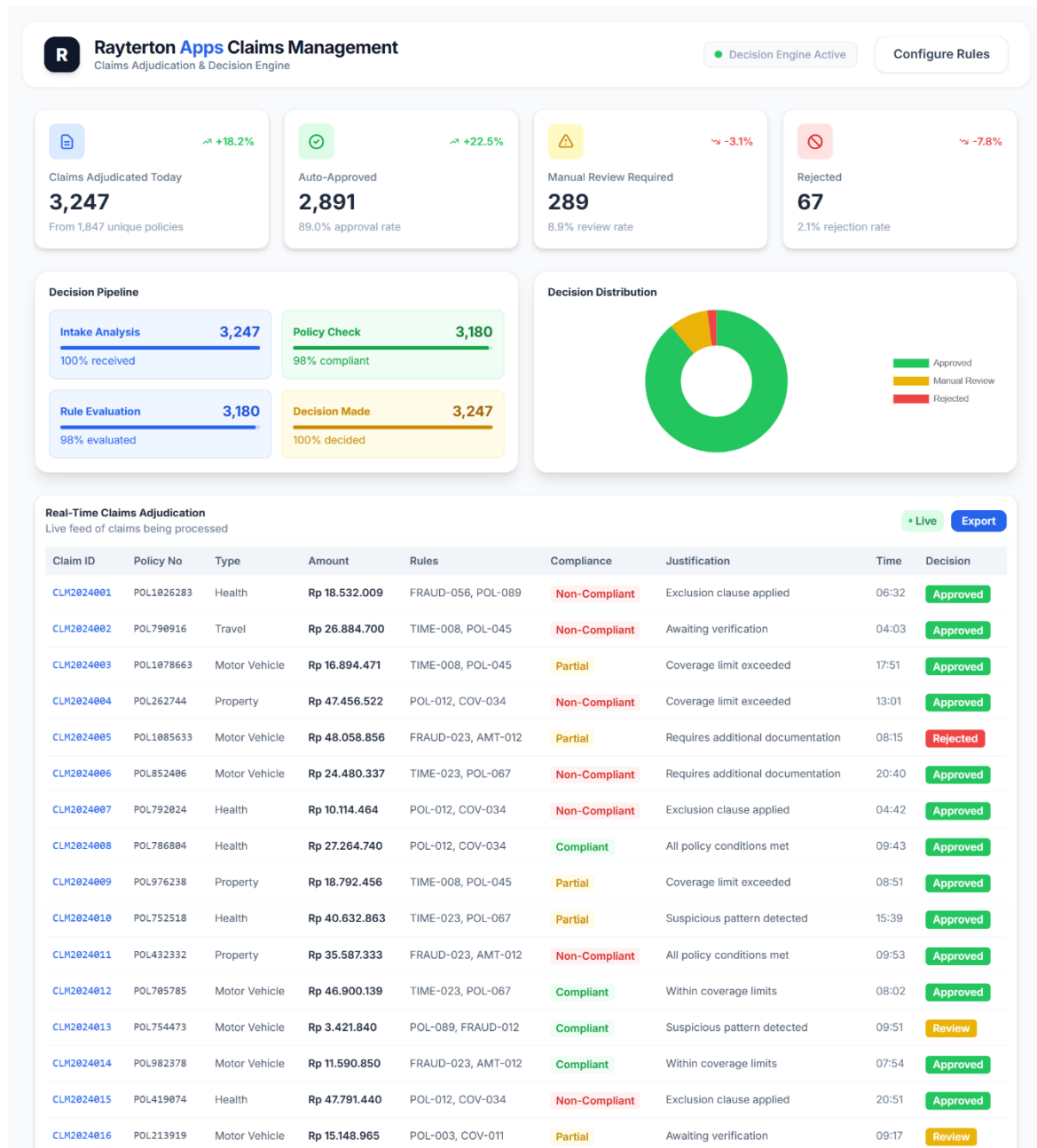
FNOL Intake and Processing

The FNOL Intake and Processing module provides a **centralized entry point for all claims**. Claims can be submitted by customers, agents, brokers, call centers, or external partners through **system integrations**, ensuring consistent capture of incident details, supporting information, and initial documentation.
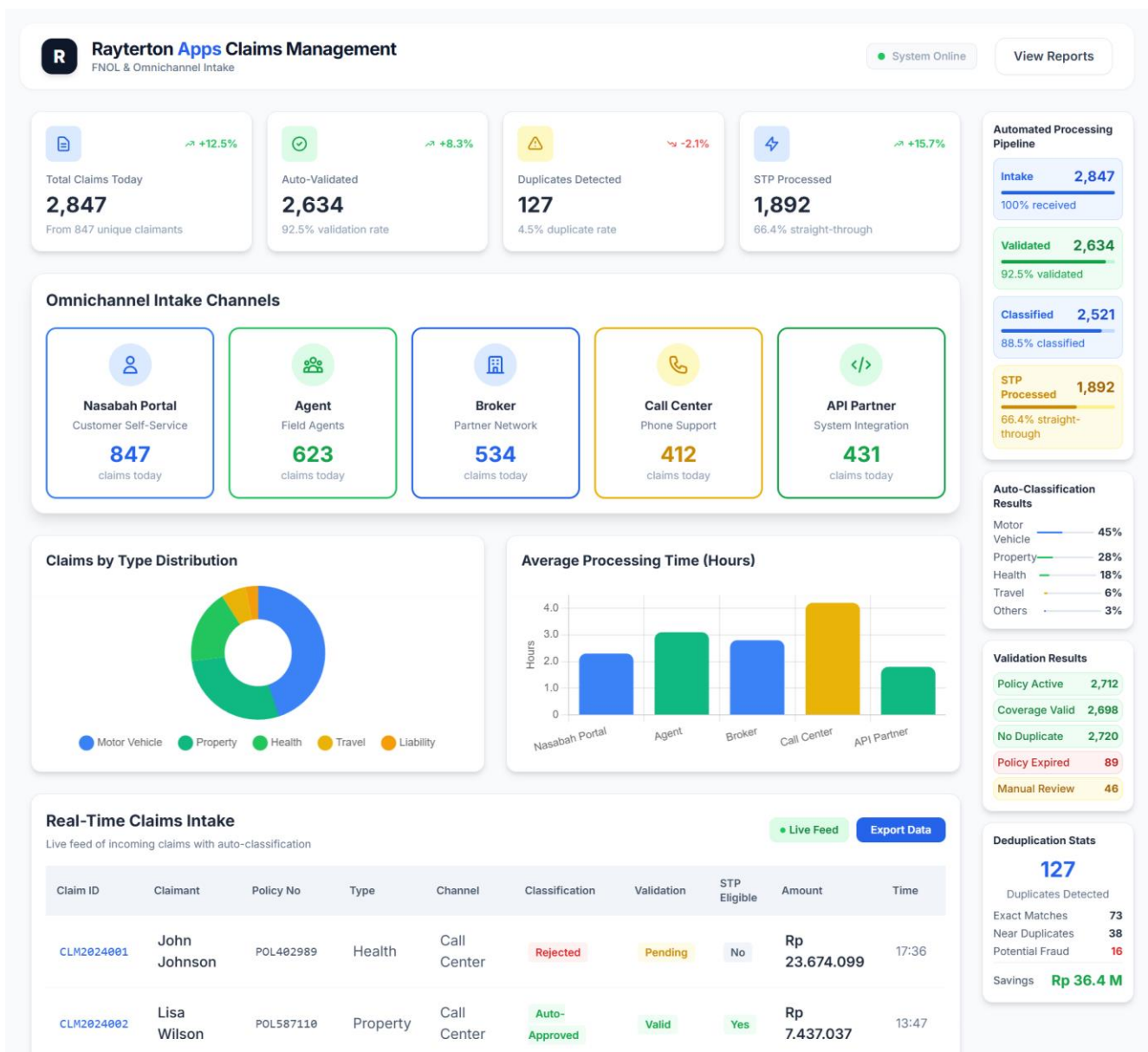
Built in validation, deduplication, and claim classification help ensure **data quality at the earliest stage**. This enables **faster claim initiation**, reduces **manual rework**, and prepares claims for **automated processing in subsequent stages**.

Claims Adjudication

Claim assessment is handled through a **structured adjudication process** aligned with **policy terms and internal rules**. The module supports **controlled reviews** and **collaborative decision making** within a defined workflow.

R Rayterton Apps Claims Management
Claims Adjudication & Decision Engine

● Decision Engine Active   **Configure Rules**

📄 ↗ +18.2%	✓ ↗ +22.5%	⚠ ↘ -3.1%	⊘ ↘ -7.8%
Claims Adjudicated Today	Auto-Approved	Manual Review Required	Rejected
3,247	**2,891**	**289**	**67**
From 1,847 unique policies	89.0% approval rate	8.9% review rate	2.1% rejection rate

Decision Pipeline

Intake Analysis	3,247	Policy Check	3,180
100% received		98% compliant	
Rule Evaluation	3,180	Decision Made	3,247
98% evaluated		100% decided	

Decision Distribution

■ Approved
■ Manual Review
■ Rejected

Real-Time Claims Adjudication
Live feed of claims being processed   ● Live   **Export**

Claim ID	Policy No	Type	Amount	Rules	Compliance	Justification	Time	Decision
CLM2024001	POL1026283	Health	Rp 18.532.009	FRAUD-056, POL-089	Non-Compliant	Exclusion clause applied	06:32	Approved
CLM2024002	POL790916	Travel	Rp 26.884.700	TIME-008, POL-045	Non-Compliant	Awaiting verification	04:03	Approved
CLM2024003	POL1078663	Motor Vehicle	Rp 16.894.471	TIME-008, POL-045	Partial	Coverage limit exceeded	17:51	Approved
CLM2024004	POL262744	Property	Rp 47.456.522	POL-012, COV-034	Non-Compliant	Coverage limit exceeded	13:01	Approved
CLM2024005	POL1085633	Motor Vehicle	Rp 48.058.856	FRAUD-023, AMT-012	Partial	Requires additional documentation	08:15	Rejected
CLM2024006	POL852406	Motor Vehicle	Rp 24.480.337	TIME-023, POL-067	Non-Compliant	Requires additional documentation	20:40	Approved
CLM2024007	POL792024	Health	Rp 10.114.464	POL-012, COV-034	Non-Compliant	Exclusion clause applied	04:42	Approved
CLM2024008	POL786804	Health	Rp 27.264.740	POL-012, COV-034	Compliant	All policy conditions met	09:43	Approved
CLM2024009	POL976238	Property	Rp 18.792.456	TIME-008, POL-045	Partial	Coverage limit exceeded	08:51	Approved
CLM2024010	POL752518	Health	Rp 40.632.863	TIME-023, POL-067	Partial	Suspicious pattern detected	15:39	Approved
CLM2024011	POL432332	Property	Rp 35.587.333	FRAUD-023, AMT-012	Non-Compliant	All policy conditions met	09:53	Approved
CLM2024012	POL705785	Motor Vehicle	Rp 46.900.139	TIME-023, POL-067	Compliant	Within coverage limits	08:02	Approved
CLM2024013	POL754473	Motor Vehicle	Rp 3.421.840	POL-089, FRAUD-012	Compliant	Suspicious pattern detected	09:51	Review
CLM2024014	POL982378	Motor Vehicle	Rp 11.590.850	FRAUD-023, AMT-012	Compliant	Within coverage limits	07:54	Approved
CLM2024015	POL419074	Health	Rp 47.791.440	POL-012, COV-034	Non-Compliant	Exclusion clause applied	20:51	Approved
CLM2024016	POL213919	Motor Vehicle	Rp 15.148.965	POL-003, COV-011	Partial	Awaiting verification	09:17	Review

Each assessment outcome is recorded with **supporting information and complete audit history**. This helps maintain **consistent claim decisions**, improves **process transparency**, and supports **regulatory and internal governance requirements**.

Claims Payment and Settlement

Once a claim is approved, settlement activities are managed through a **controlled payment process**. **Approval steps and payment execution** are governed by predefined workflows to ensure **accuracy and accountability**.

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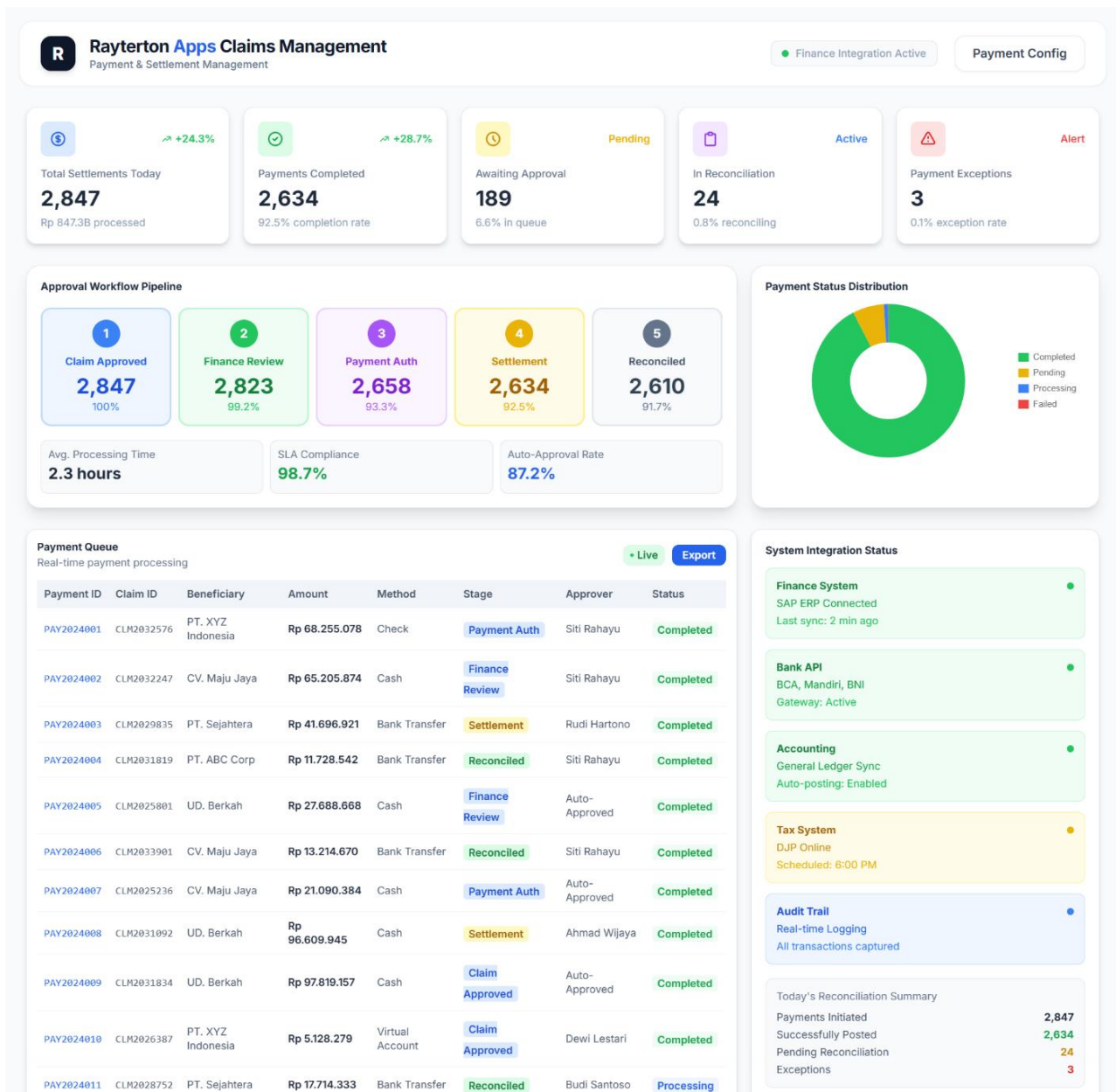
Integration with finance and accounting systems supports **reconciliation and financial control**. This enables **timely settlements** while maintaining alignment with **financial policies and reporting needs**.
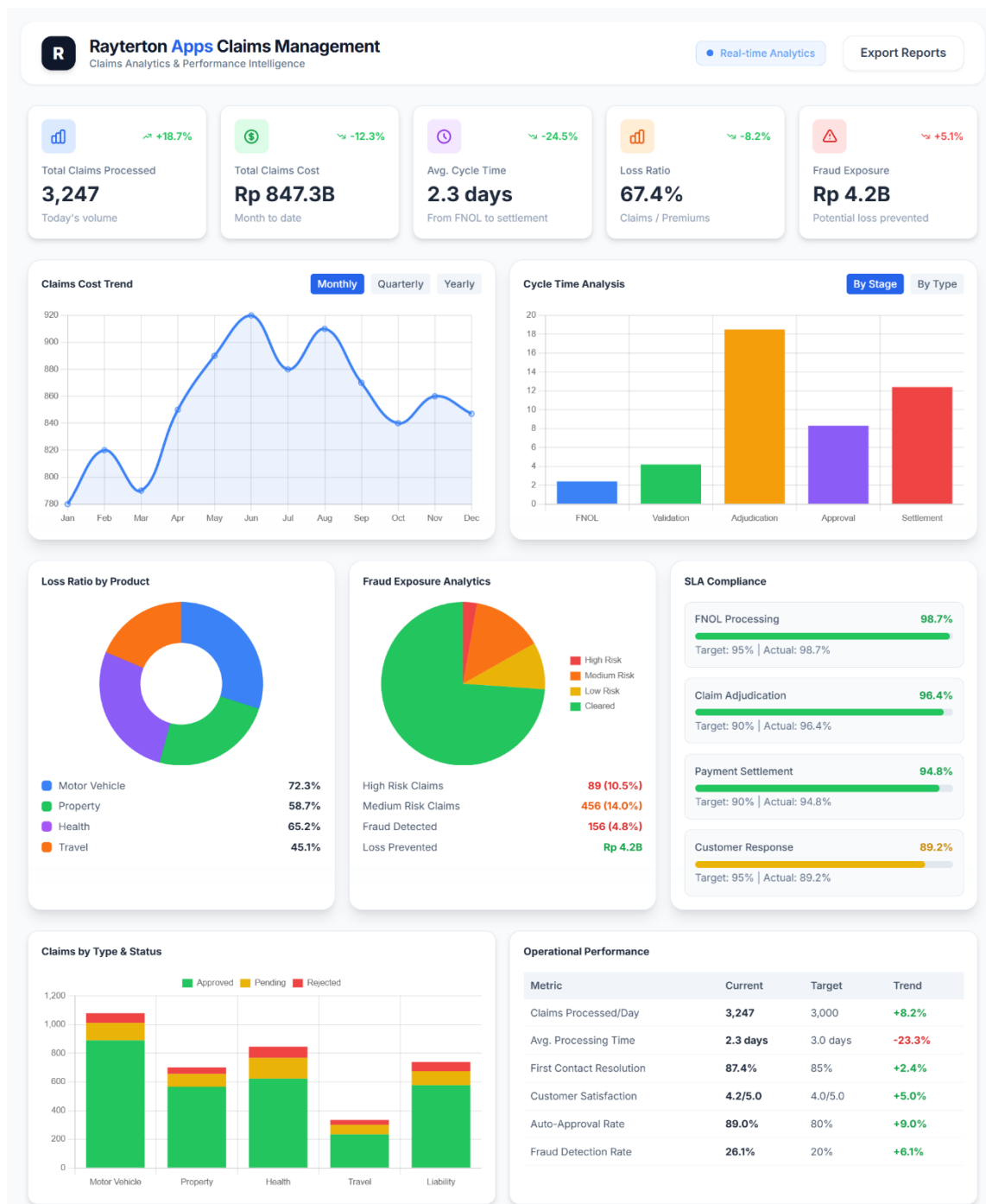
Fraud Detection and Prevention

Risk monitoring is applied throughout the **claims lifecycle** to identify **potential fraud indicators**. The system evaluates claims using **rule based checks and pattern analysis** to detect **anomalies that may require further investigation**.
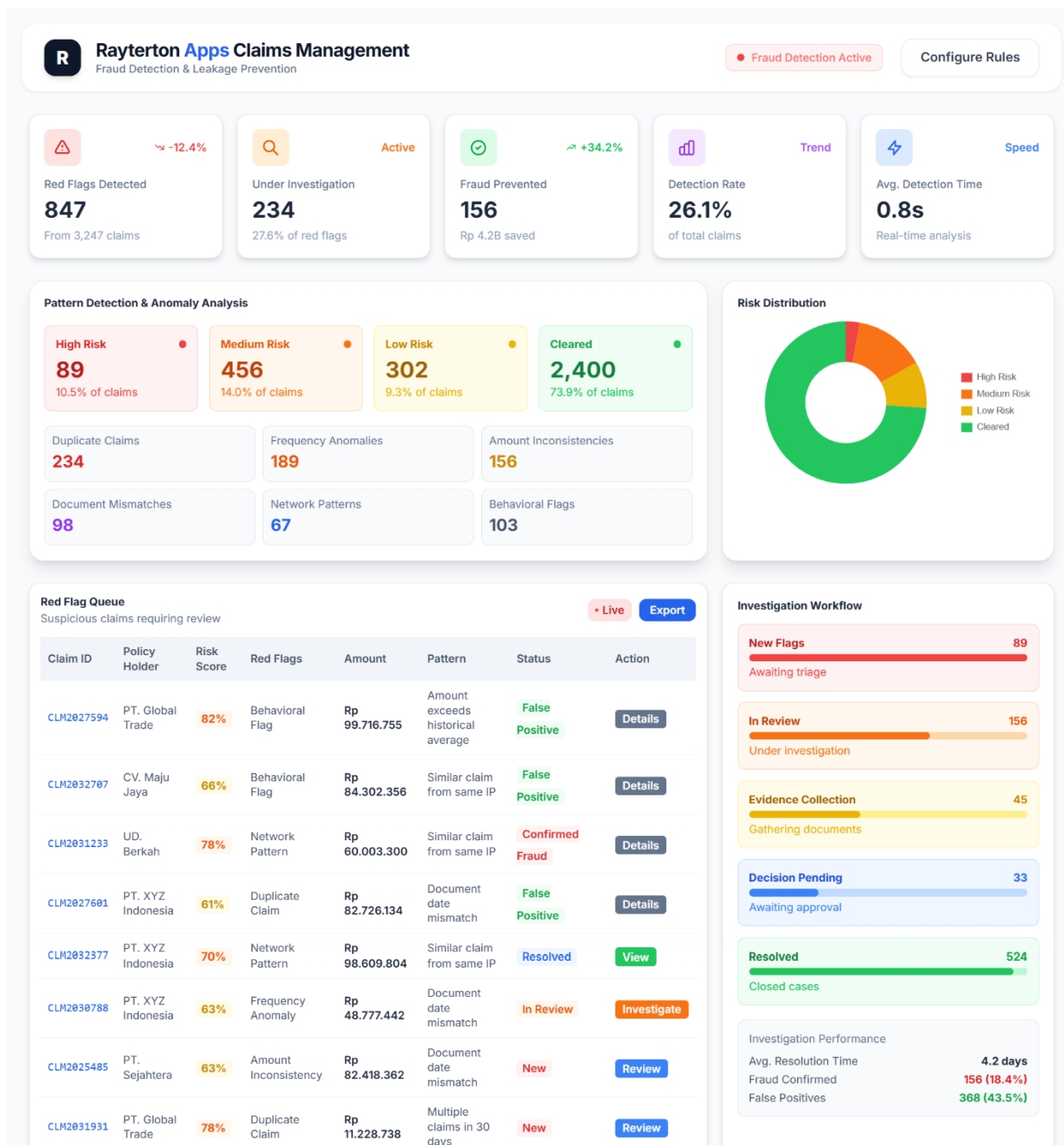
Flagged cases can be reviewed **without interrupting the processing of valid claims**. This helps balance operational efficiency with effective risk management.

Claims Analytics and Reporting

Operational and performance data from across the **claims lifecycle** is consolidated into **centralized analytics and reporting**. **Real time dashboards** provide visibility into **claim volumes, processing timelines, costs, and outcomes.**

These insights support **performance monitoring** and help identify trends that can be used to **improve process efficiency and decision making**.

Real-time Claims Dashboard
Live claims processing data • Live Export

Claim ID	Type	Amount	Status	Cycle Time	Risk Score	SLA
CLM2024001	Travel	Rp 40.113.872	Processing	3.7 days	71%	At Risk
CLM2024002	Liability	Rp 91.890.846	Pending	5.5 days	71%	On Track
CLM2024003	Liability	Rp 87.168.174	Approved	3.9 days	83%	Overdue
CLM2024004	Health	Rp 20.356.998	Rejected	3.6 days	91%	On Track
CLM2024005	Motor Vehicle	Rp 18.462.030	Approved	3.9 days	78%	On Track
CLM2024006	Liability	Rp 31.687.628	Approved	3.6 days	81%	Overdue
CLM2024007	Travel	Rp 66.945.832	Rejected	1.8 days	97%	At Risk
CLM2024008	Liability	Rp 56.436.722	Processing	4.7 days	94%	At Risk
CLM2024009	Health	Rp 34.345.364	Pending	0.7 days	71%	On Track
CLM2024010	Liability	Rp 65.982.788	Processing	4.3 days	63%	Overdue
CLM2024011	Health	Rp 54.900.519	Settled	2.3 days	78%	At Risk
CLM2024012	Travel	Rp 18.016.245	Pending	1.8 days	64%	On Track
CLM2024013	Liability	Rp 5.120.855	Approved	3.0 days	60%	At Risk
CLM2024014	Travel	Rp 69.992.721	Settled	4.1 days	66%	At Risk
CLM2024015	Travel	Rp 2...				

Claim ID	Type	Amount	Status	Cycle Time	Risk Score	SLA
CLM2024038	Motor Vehicle	Rp 27.584.912	Processing	4.2 days	82%	At Risk
CLM2024039	Property	Rp 104.365.571	Settled	5.4 days	71%	At Risk
CLM2024040	Property	Rp 81.976.238	Processing	2.2 days	94%	At Risk
CLM2024041	Health	Rp 90.028.025	Settled	4.7 days	75%	At Risk
CLM2024042	Property	Rp 45.398.713	Approved	3.6 days	79%	At Risk
CLM2024043	Health	Rp 50.420.996	Rejected	2.6 days	60%	At Risk
CLM2024044	Motor Vehicle	Rp 80.767.910	Approved	3.7 days	93%	On Track
CLM2024045	Health	Rp 28.242.187	Pending	1.8 days	83%	Overdue
CLM2024046	Liability	Rp 29.862.279	Settled	2.6 days	98%	At Risk
CLM2024047	Liability	Rp 11.551.951	Processing	1.9 days	69%	At Risk
CLM2024048	Liability	Rp 30.140.686	Processing	3.5 days	95%	Overdue
CLM2024049	Travel	Rp 34.737.133	Processing	4.1 days	97%	Overdue
CLM2024050	Liability	Rp 102.362.612	Settled	1.4 days	86%	On Track

Showing 1-50 of 3,247 claims   Prev Next

| FNOL Intake		Adjudication		Settlement		Fraud Detection	
Total Received	3,247	Processed	3,180	Paid	2,634	Red Flags	847
Validated	3,180 (98%)	Approved	2,891 (91%)	Pending	189 (7%)	Confirmed Fraud	156 (18%)
Rejected	67 (2%)	Rejected	289 (9%)	Total Paid	Rp 847.3B	Loss Prevented	Rp 4.2B

System integration allows **policy and billing data** to be validated **in real time** as claims progress through different stages. **Potential discrepancies** can be identified early, reducing the need for **manual checks and rework**.

By connecting **claims, policy, and financial systems**, the organization gains a **more complete view of each claim**. This supports **more accurate processing**, improves **operational efficiency**, and strengthens **overall data integrity**.

The integrated approach also supports **better reporting and analysis across functional areas**. **Consistent data shared between systems** enables clearer insights into **claim performance, financial impact, and policy utilization**.

Integration with Policy and Billing

Claims processing is closely connected with policy and billing systems to ensure **data consistency across the organization**. Coverage details, limits, policy status, and related financial information are validated during claim handling through system integration, allowing claims to be assessed based on **accurate and current data**.
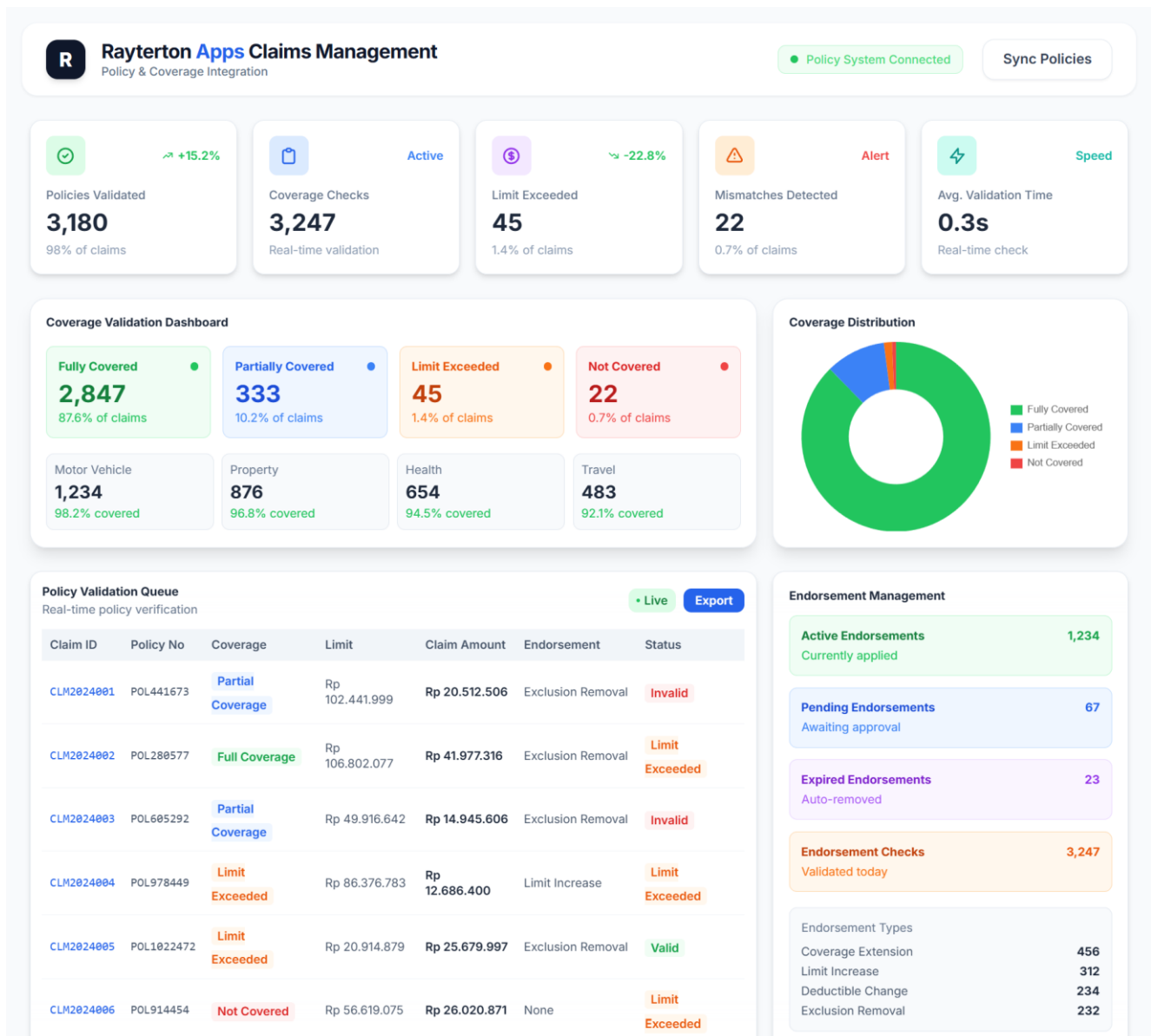
This integration reduces **duplicate data entry** and manual verification while improving **overall data accuracy**. It also supports an **end to end view of claims, policy, and financial information**, helping teams work more efficiently and maintain alignment across systems.

Glossary

FNOL (First Notice of Loss)

The initial notification that a loss or incident has occurred and may result in an insurance claim.

Claim Initiation and Intake

The process of receiving claims from multiple channels and capturing claim data in a centralized and structured manner.

Policy and Billing Validation

Verification of policy coverage, limits, eligibility, and related billing information during claim processing.

Claims Adjudication

The structured assessment of claims to determine validity and settlement outcomes based on rules and policy terms.

Rule Based Assessment

The evaluation of claims using predefined business rules to support consistent and controlled decision making.

Fraud Detection and Risk Monitoring

Ongoing monitoring of claims to identify potential fraud indicators and abnormal patterns.

Claims Payment and Settlement

The execution of approved claim payments through controlled workflows and financial system integration.

Approval Workflow

A predefined sequence of authorization steps required before claim settlement is completed.

Claims Analytics and Reporting

The consolidation and analysis of claims data to provide insight into performance, cost, and operational trends.

Ready to transform your claims management at the enterprise level?

Share your claims objectives, regulatory requirements, and operational challenges with us. We will configure the Rayterton Claims Management platform to standardize claim handling and automate the claims lifecycle from FNOL to settlement, fraud control, and reporting.

Designed for claims leaders and executive teams, the platform provides traceability, governance, and data integrity while supporting audit readiness, operational control, and scalability across lines of business and distribution channels.

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About Rayterton

Established in 2003, Rayterton delivers comprehensive Best Fit Software Solutions, server and hardware products, and technology services to a wide range of industries and organizations. Our core expertise lies in Business Process Improvement (BPI), IT Infrastructure, and IT Management.

At Rayterton, we are committed to empowering our clients by enhancing their business operations through tailored IT and management solutions. We combine innovation, experience, and client collaboration to ensure long-term success and digital transformation.

Our Competitive Strengths

100% Risk Free	**Best fit to client requirements**	**Easy to customize**	**Software ownership**	**No Change Request (CR) fees during maintenance**

For more information, visit rayterton.com