

Balance Fraud Risk and Customer Experience Efficiently in Insurance Contact Centers

Insurers are facing increasingly difficult challenges posed by fraudulent activities ranging from opportunistic “soft” fraud to sophisticated cyberattacks. These incidents – which often target contact centers by trying to bypass the IVR to exploit human oversight and judgement – can cause companies significant financial losses, with many sources citing more than \$308 billion lost to insurance fraud yearly in the US alone.

Strengthening traditional security and authentication controls might seem like the easiest solution to keep your company safe from fraud, but it can slow down interactions and break trust, ultimately hurting your relationship with genuine customers. People want to be treated with trust and their claims to be handled fairly and smoothly, without any disruption to their journey. For insurers, maintaining the balance between efficient fraud prevention and providing seamless customer experience is paramount.

Complex threats require comprehensive solutions

As fraudulent activities during First Notification of Loss (FNOL) interactions grow more advanced, insurers face attackers who blend social engineering with technical exploits, including GenAI-altered fake images and medical reports and sophisticated OAuth-based intrusions. A notable example – and one of the most significant emerging threats for insurers – is the collaboration between the hacker groups ShinyHunters and Scattered Spider. Emerging in 2025, these groups already pose significant challenges for businesses to combat. These threats put increasing pressure on insurers to adopt equally sophisticated defenses that can keep pace with rapidly evolving fraud tactics.

Effective fraud prevention now requires an end-to-end approach that spans the entire customer interaction lifecycle – before, during, and after each call. Before an agent ever answers, organizations need automated mechanisms capable of analyzing device and behavioral signals to identify anomalies early. This helps flag suspicious callers while allowing legitimate customers to move forward without friction.

During live conversations, real-time analysis is essential. Fraudsters often rely on persuasive narratives or behavioral manipulation, making it challenging for human agents to detect inconsistencies under pressure. Automated, intelligence-driven guidance can highlight unusual patterns or high-risk behaviors as they occur, empowering agents to respond confidently while keeping the customer experience smooth and uninterrupted.

After the call, post-interaction assessment becomes critical. Fraudsters frequently reveal subtle cues only detectable when conversations are reviewed holistically. Automated evaluation of behavioral signals and contextual details helps insurers uncover credibility issues, accelerate investigations, and focus resources on the cases that truly require deeper scrutiny – all while preserving fairness for genuine claimants.

In an environment where threats are escalating in complexity, this continuous, multi-stage approach is now essential for protecting both the organization and the trust of its customers.

VERINT



Executive Perspective

Prevent fraud before, during, and after every call with AI-powered bots

Verint® has a platformatic, end-to-end approach to reducing fraud risk in the contact center. Powered by AI, Verint Call Risk Scoring Bot™, Verint Coaching Bot™, and Verint Trust Bot™ work together to identify and prevent fraudulent activities at every stage of the customer interaction lifecycle.

- **Call Risk Scoring Bot** – Uses AI to detect and prevent contact center fraud before it reaches live agents or causes damage. It analyzes 60+ data points from telecom metadata and caller behavior in real time, assigns a risk score to every call, and flags suspicious activity for the agent. It integrates with any IVR and can be deployed in as little as 45 days, operating seamlessly for legitimate callers.
- **Coaching Bot** – Listens to spoken interactions in real time, flags known bad-actor behaviors – including social engineering and OAuth attack patterns – and delivers non-disruptive guidance during live conversations so agents can follow secure protocols. In higher-risk incidents such as those associated with groups like ShinyHunters and Scattered Spider (also referenced as UNC6040 and UNC3944), it serves as a frontline defense. It flags anomalies, reinforces compliance, and guides agents to safer outcomes – reducing exposure while bolstering trust and agent confidence.
- **Trust Bot** – Enhances fraud detection and prevention for insurers using patented behavioral analytics and explainable AI. It analyzes FNOL calls to capture behavioral features in the caller's speech, helping detect potentially fraudulent claims while streamlining genuine ones. Operating seamlessly within the

journey, it avoids intrusive questioning, provides quick post-call insights, and supports transparent, human-readable explanations. It integrates with existing workflows across on-prem, cloud, and hybrid environments.

Enhanced fraud prevention, seamless CX, and measurable AI business outcomes

By streamlining fraud detection and prevention with these bots, organizations have achieved measurable outcomes:*

- 150% uplift in validated risks
- 90% reduction in gift card fraud
- \$50+ million in losses avoided to date
- \$10 million saved annually since deployment

These outcomes show how Verint's platformatic fraud prevention approach can help insurers improve security and efficiency simultaneously – all while maintaining trust and preserving seamless customer experience.

The solution is powered by [Verint CX Automation Platform™](#) and designed to work with existing environments, helping brands act quickly without major disruption.

* Results achieved by a selection of customers. Results may not be typical.



Learn more at
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