

WHITE PAPER



# Future of Claims 2021 Report

COVID-19 Accelerates Claims Automation

APRIL 2021



# Heading to 2025: A Note from the Author

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I am excited to introduce our LexisNexis® Risk Solutions 2021 Future of Claims Study. This is our third study on this subject over the last four years.

This year's study is especially cogent as it considers the recent impact of the COVID-19 pandemic on claims automation. You may recall our predictions two years ago from our [2019 Future of Claims Study](#):



## Future of Claims 2019 Study predictions:



Accelerated claims automation adoption



Greater alignment of carrier claims automation practices with consumer desires



Increased virtual claims handling, accompanied by the human touch

However, we never could have imagined what 2020 would have in store and how it would force everyone around the world to live and become “virtual” overnight, including the insurance industry.

The industry has known it needs to move in the direction of accelerating the use of virtual claims, but before 2020 only small steps had been taken to get there. Because of the pandemic, insurance carriers quickly realized they needed to transform and move at lightning speed to ensure they were providing a seamless virtual claims process.

## Predicting 2025 Claims Trends



This claims automation awakening has already proven to be successful. Now is the time for carriers to develop and refine their strategic roadmap to complete the claims handling digital transformation from traditional to touchless.

Looking ahead to 2025, the landscape seems promising. Based on the data at hand and previous conversations with insurance carriers, we've identified the following projections for where the industry will be by that time:



More than 80% of auto insurance claims will be processed virtually, with up to 50% of non-injury claims being fully automated (touchless)



Half of the first notice of loss (FNOL) reports for non-injury claims will be automated and generated by a few clicks from a smartphone or reported through a connected car.



With the increase in connected car and telematics adoption, at least 25% of claim liability decisions will be fully automated.



Telematics data and artificial intelligence (AI) will lead to 60% of claims triaged through automation.



More sophisticated data acquisition, analysis and integration will reduce total loss claim processing from weeks to days.



More than 80% of claims payments will be made digitally, vastly improving payment speed.



For carriers seeking to lead by 2025, your roadmap should focus on charting progress in all six of these areas to maximize your claims automation. Your starting place is to focus on the following three areas as short-term and foundational priorities:



Transform FNOL by bringing in real-time data and analytics to make the loss report process as simple as the virtual appraisal process is today.

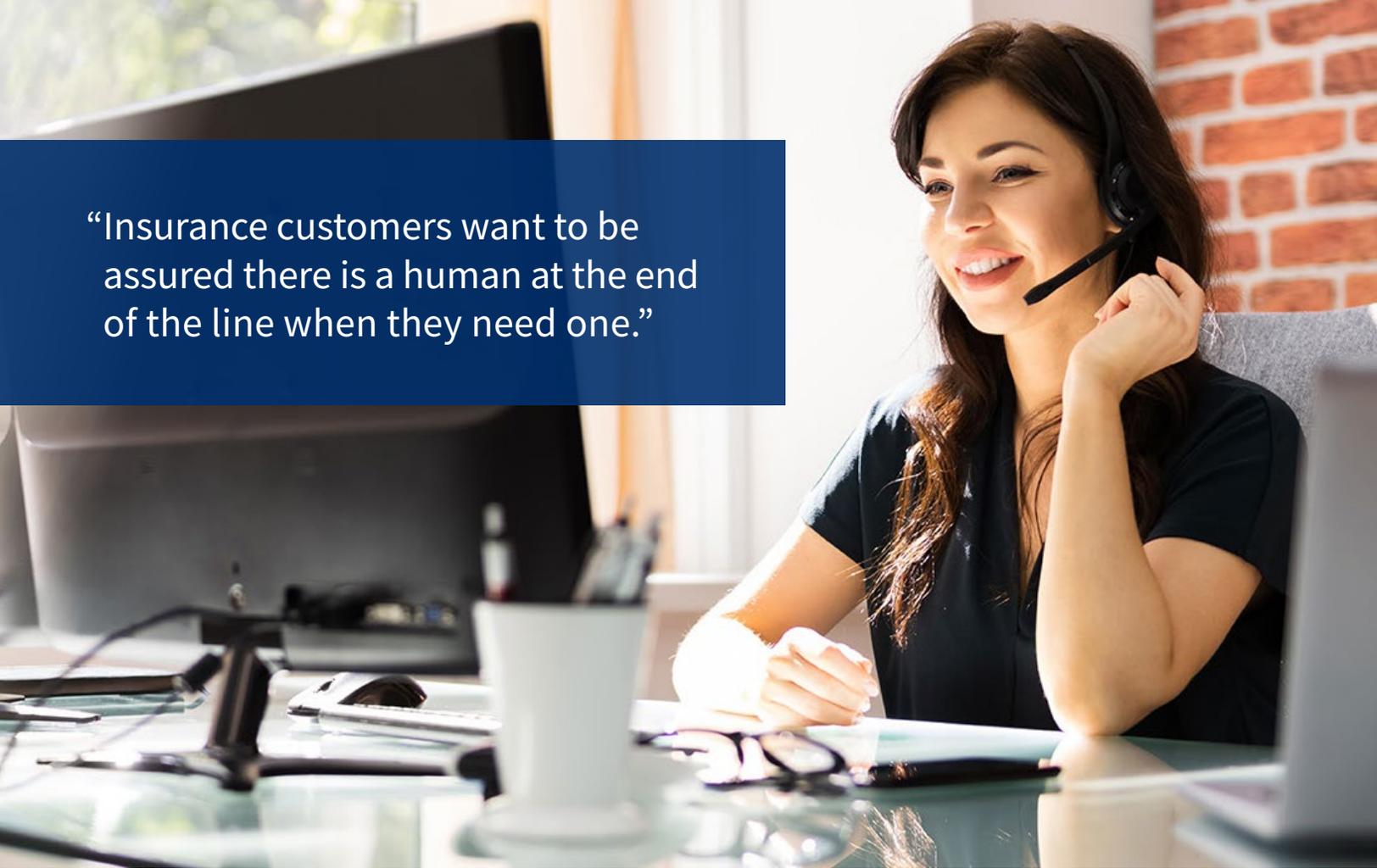


Digitize claim payments to meet the expectations of today's customers, layering in cyber and digital security measures to provide secure claim and money movement processing.



Simplify the total loss claims process to provide a faster and more efficient customer claims experience.

“Insurance customers want to be assured there is a human at the end of the line when they need one.”



The 2021 Future of Claims report confirms our findings from two years ago that the alignment between carrier practices and consumer wants and needs is crucial. The insurance industry needs to catch up in terms of offering the same type of virtual experiences that many other industries already provide. At the same time, insurance customers want to be assured there is a human at the end of the line when they need one. **Carriers who can digitally transform to meet both of these objectives will continue to lead in the market, driving greater profitability and more satisfied customers.**

I would like to recognize my LexisNexis Risk Solutions colleagues, Stephanie Rafail, Director of Market Insights and Jerome Simmons, Senior Marketing Manager, for their tremendous work in leading the research effort for this study.

We hope you enjoy this edition of our ongoing Future of Claims research and find value for your organization.

A handwritten signature in black ink that reads "Bill Brower".

Bill Brower  
Vice President, Head of U.S. Auto Claims Strategy  
LexisNexis Risk Solutions



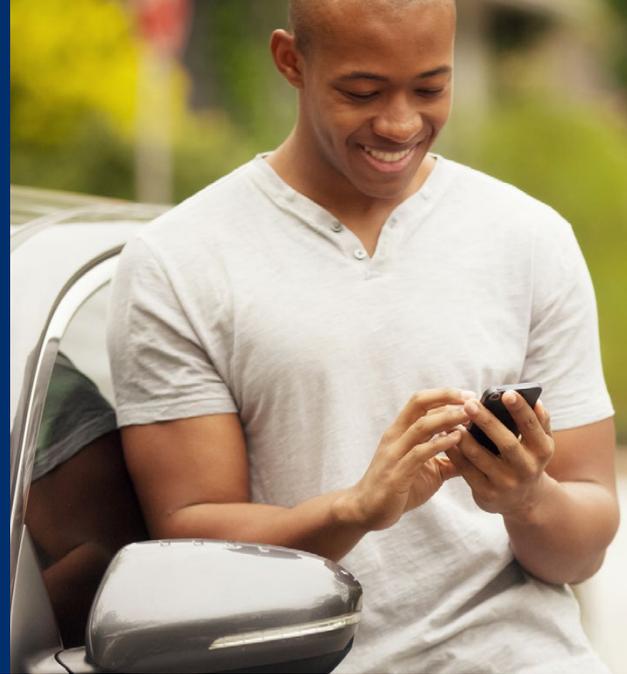
# Table of Contents

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<b>Executive Summary</b>	<b>5</b>
<hr/>	
<b>Introduction</b>	<b>6</b>
Navigating claims in the new normal	6
<hr/>	
<b>Key Findings</b>	<b>8</b>
Consumers are getting comfortable with automated processes	8
Carriers are influencing consumer behavior and attitudes	13
Self-service tools need further refinement	16
Security is a key issue for consumers and carriers	19
How telematics fits into the virtual claims equation	21
The human touch still matters	23
<hr/>	
<b>Conclusion</b>	<b>25</b>
Insights lead to action	25
What's next?	26
<hr/>	
<b>About the Research</b>	<b>28</b>
About the author	28

# Executive Summary

Since 2017, our every-other-year Future of Claims reports have been keeping you updated on the latest trends in claims processing with an eye toward what's ahead as the industry progresses forward to touchless claims.



This year's report focuses on the acceleration in virtual claims processing over the past two years, driven in large part by the influence of the COVID-19 pandemic. Key insights gleaned from our consumer survey and executive interviews include:



Consumers are becoming **more comfortable with virtual and self-service options.**



Carriers are influencing consumer attitudes by **accelerating automated technology adoption.**



Consumers' satisfaction with their claims experience has dipped somewhat, in part because of **increased expectations based on experiences outside of the insurance industry.**



**Data security** remains the top concern for carriers and consumers.



The **human touch** still matters.

We believe the insights from this year's report can affirm your confidence in the future of automated claims processing and help you better understand how the actions we recommend you take can improve the consumer experience and deliver greater benefits for your business.

# Introduction

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## Navigating claims in the new normal

LexisNexis Risk Solutions has been sharing trends in automated claims handling with carriers since 2017, when we issued our first Future of Claims report. That inaugural report focused on where carriers were positioned on the automated claims continuum, which ranges from traditional claims handling to fast track, virtual and touchless.



### Traditional Claims

*Maximum employee involvement.* Adjusters perform in-person field inspections before preparing estimates.



### Fast Track Claims

*Reduced employee involvement.* Inspections and estimates are performed by third parties, e.g., a body shop that handles these steps prior to starting repairs.



### Virtual Claims

*Minimal employee involvement.* Digital photos or streaming videos allow adjusters to conduct remote damage assessments.



### Touchless Claims

*Potentially no employee involvement.* Technology handles the entire claims process, including damage assessment and electronic customer communication. A system audit determines if the claim gets approved. If so, it is paid automatically without human intervention.

In our 2019 report, we incorporated the consumer perspective to show where carriers and consumers both intersect and diverge in the transition toward touchless claims processing. Our goal was to provide insights that could help you better meet consumers' needs while continuing your journey to fully automated claims handling.

We made three predictions in that study:

1. Automated claims adoption will be accelerated by matching data and technology solutions to consumer needs.
2. The strong alignment between carrier practices and consumer desires will create a solid foundation for further automation that delivers greater mutual benefit.
3. Self-service solutions and virtual claims handling will increase, as long as carriers continue to demonstrate empathy and offer a human touch to consumers when they want it.



**And then 2020 happened.** An underlying story for this year's report is the impact the COVID-19 pandemic and subsequent shutdowns have had on the auto insurance industry, and in the claims function in particular. In March of 2020, two things changed:

1. The workforce immediately moved from office to home, disrupting the claims workflow.
2. Virtual claims processing accelerated significantly.



Prior to the shutdown, **fewer than 15%** of claims were handled virtually. Based on our conversations with carriers, as soon as the first shutdown was implemented, **virtual claims handling increased to nearly 100%**. Almost a year later, **virtual claims handling has settled to a level of a little over 60%**.<sup>1</sup>

Yet despite the influence of the pandemic, questions around carrier adoption of automated claims processing, how consumers feel about self-service options and how carriers are responding to consumer preferences remain. To answer those questions, **we commissioned a blind survey of 1,750 auto policy holders as well as interviews with 25 auto insurance claims executives.**

This year's report is based on that research and provides further insights into how you can turn self-service virtual claims processing into a competitive advantage, regardless of whether the COVID-19 claims environment becomes the new normal.

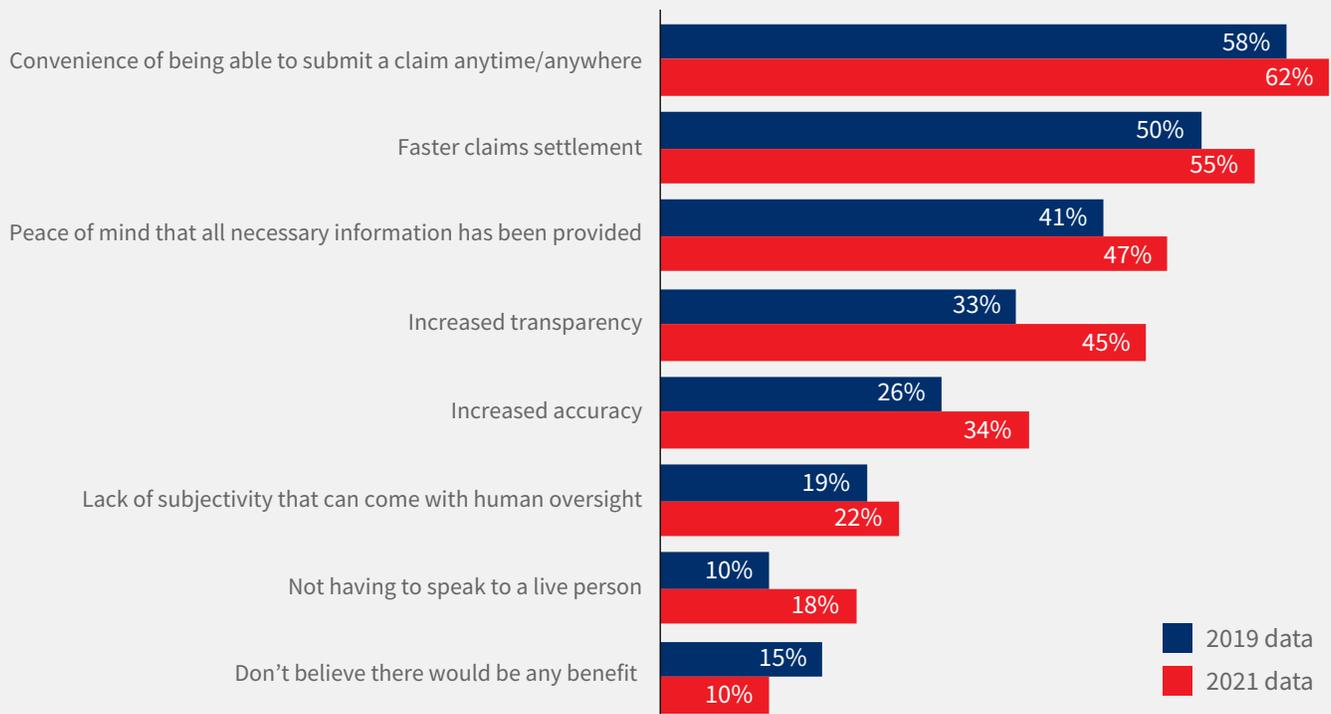
1. Based on LexisNexis Risk Solutions customer feedback

# Key Findings

## Consumers are getting comfortable with automated processes

Two years ago, engaging consumers in self-service claims processing was a little like pushing a rock uphill. Now, after COVID-19 forced so many people to instantly go virtual in so many aspects of their lives, consumers are much more aware of and comfortable with virtual options and are actively embracing the advantages online self-service claims processing offers (Figure 1).

**FIGURE 1:**  
**Perceived Consumer Benefits of Automated Claims Process by Year**



*Automated claims processing has gained strong traction with consumers over the past two years.*

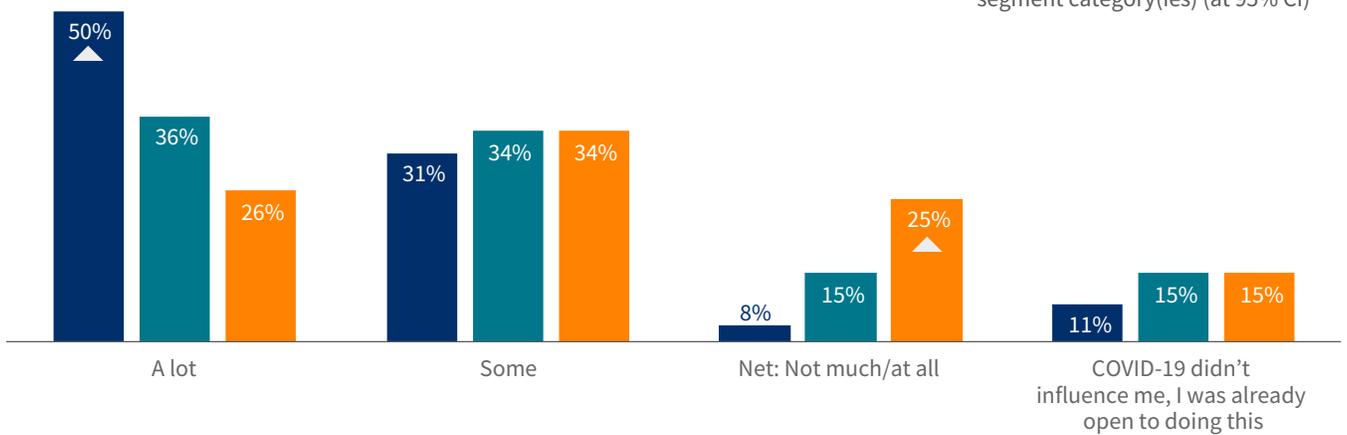
Millennials and GenXers, who tend to be more comfortable with technology, are especially receptive to automated claims processing and the many benefits it affords. **Two-thirds (68%) of Millennials** and just over **half (53%) of GenXers** say that COVID-19 has had at least some influence on their being more open to filing a claim online, a trend that has already been picking up some steam with these two groups over the past two years (Figure 2).

**FIGURE 2:**  
**Impact of COVID-19 on Openness to Conduct Selected Activities by Generation**

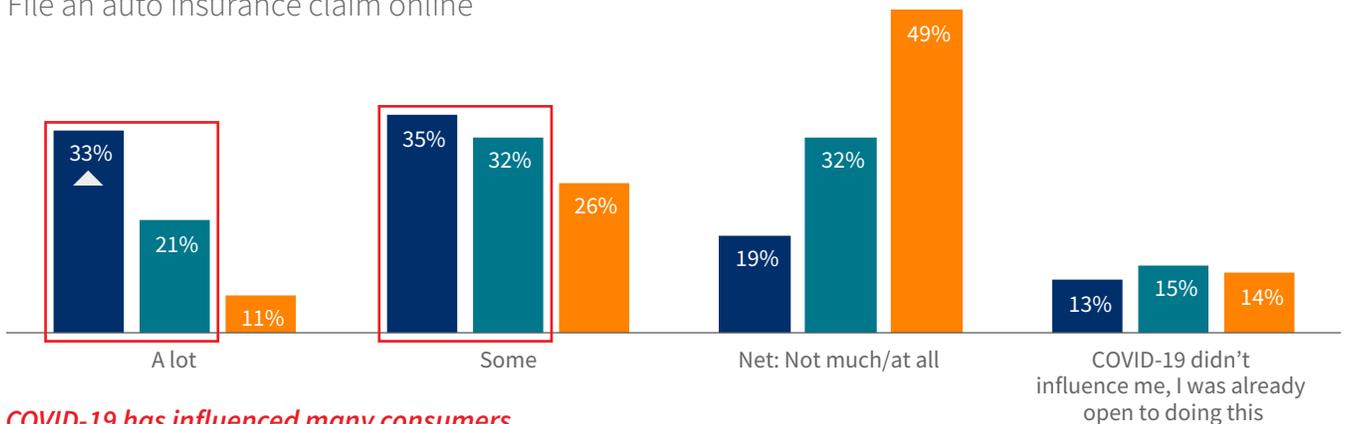


Conduct activities online that one normally wouldn't

▲ Significant difference from other segment category(ies) (at 95% CI)



File an auto insurance claim online

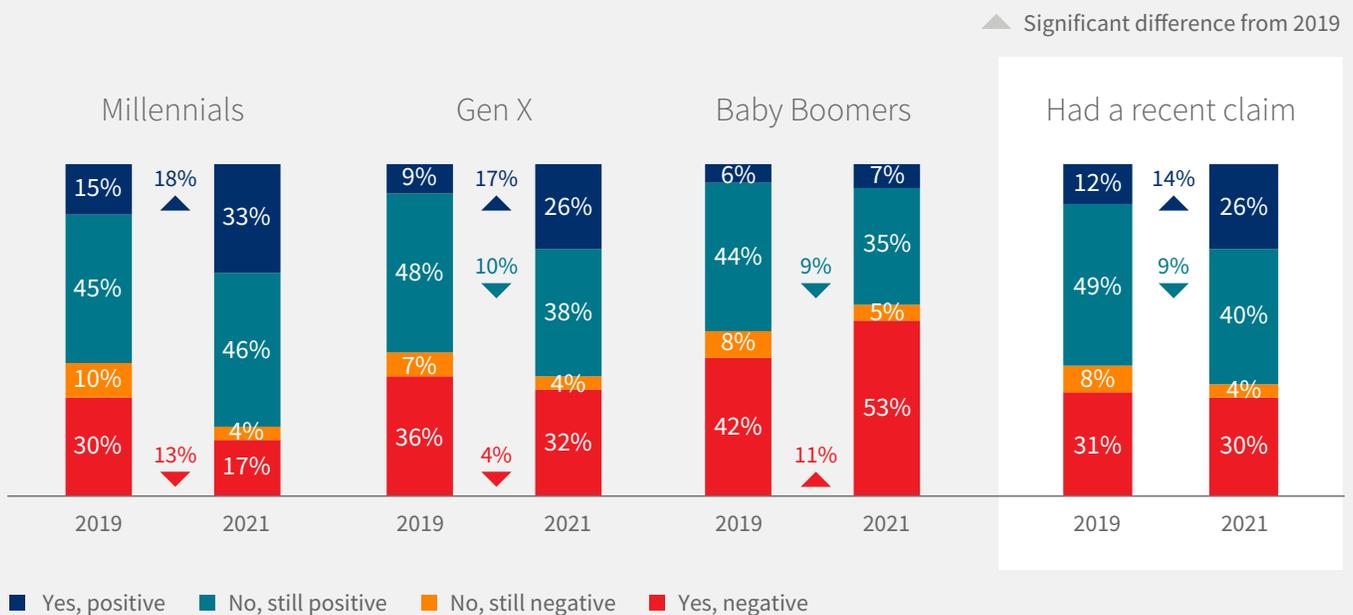


**COVID-19 has influenced many consumers to be more receptive to online claim filing.**



Our research also indicates that **79% of Millennials** and **64% GenXers** are now comfortable with automated claims processes, which is a significant increase from 2019 levels. Convenience, faster claim cycles, greater peace of mind, and increased accuracy and transparency are all cited as benefits of an online claims process. For these two groups in particular, appreciation of these benefits has increased by as much as 11 percentage points over the past two years (Figure 3).

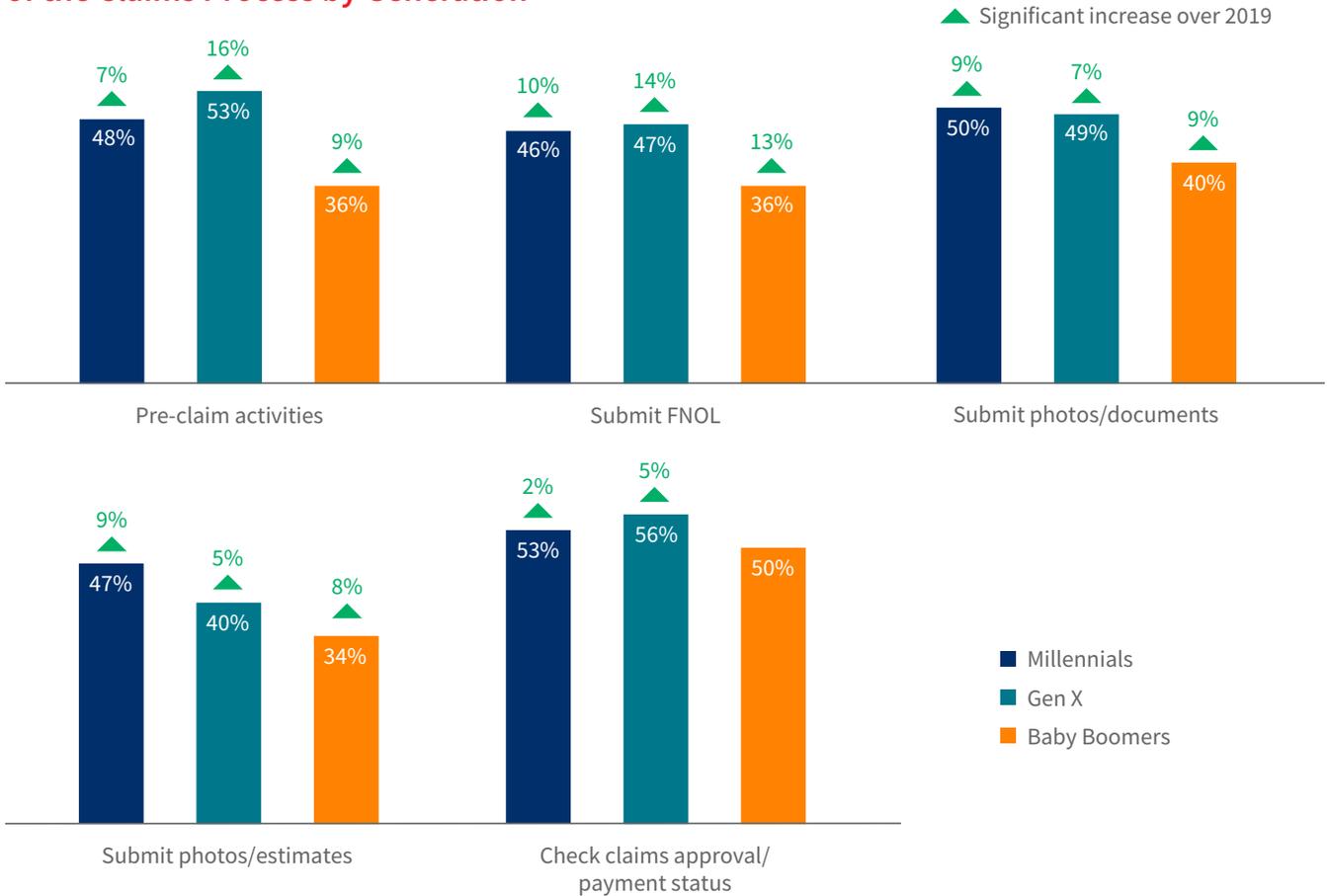
**FIGURE 3:**  
**Perceived Benefits of Automated Claims Process by Generation**



**Millennials and GenXers embrace automated claims processes, recognizing the benefits, while Baby Boomers lag behind, but are still interested.**

Even Baby Boomers are getting on board — but at a much slower pace. And while Baby Boomers are open to increased technology in auto claims processing, their focus tends to be on ease-of-use of an insurer’s website or apps, rather than on having the option to use online tools to file a claim. **The majority of Baby Boomers are still uncomfortable with technology in the claims process** and are taking a wait-and-see attitude (Figure 4).

**FIGURE 4:**  
**Percent Who Prefer Self-service Options at Various Stages of the Claims Process by Generation**



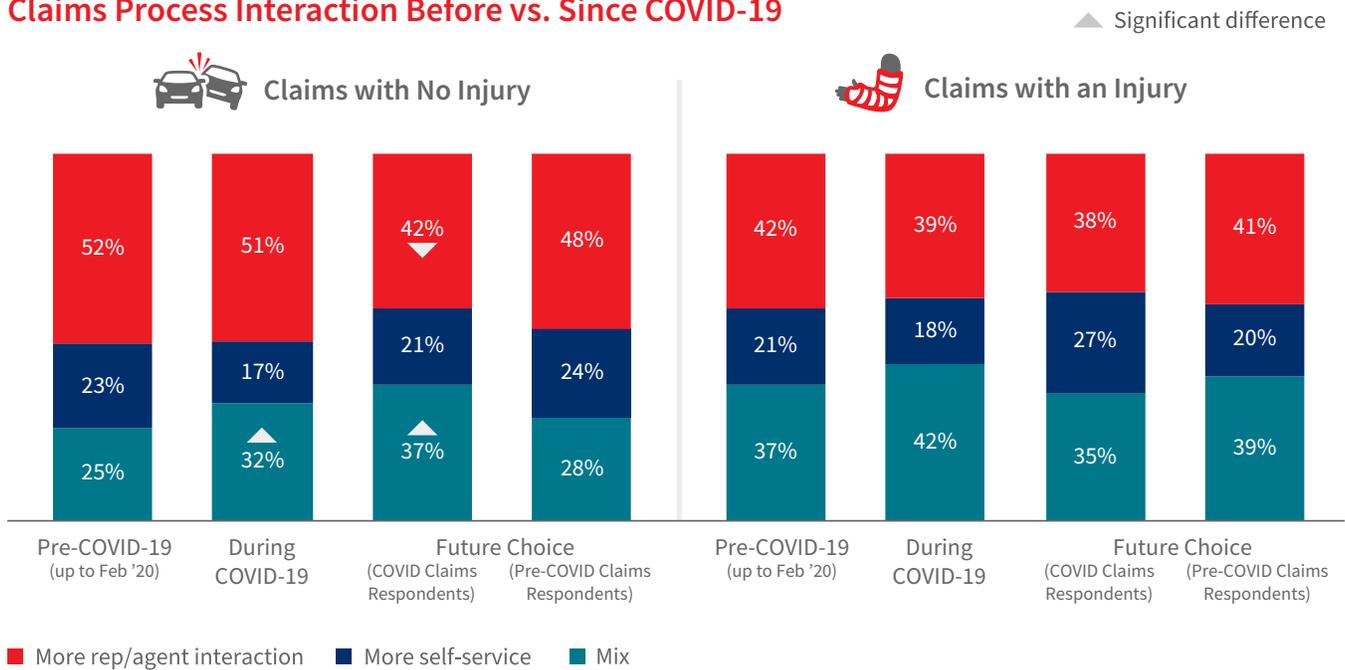
*Movement toward more use of self-service has grown among all consumer groups.*

More Baby Boomers indicate a preference for self-service options since 2019, but the percentage is still lower compared to the other generational segments.



Not surprisingly, claim type matters, too (Figure 5). Though a sizeable number of injury claims pre-COVID-19 involved a mix of self-service and adjuster interaction, the pandemic had little impact on increasing self-service adoption for these types of claims. Levels have remained about the same. **The big difference has been in non-injury claims.** Consumers who filed a non-injury claim since March of 2020 indicate they'd be even more likely to choose this mixed method for a future claim.

**FIGURE 5:**  
**Claims Process Interaction Before vs. Since COVID-19**



**COVID-19 has increased the interest in more mixed self-service/adjuster interaction claims processing models for non-injury claims.**

The sweet spot for claims processing overall seems to be a mix between self-service and adjuster interaction. This type of hybrid model provides the advantages of automated solutions along with a personal touch when consumers feel the need for it. This approach can apply to various stages of the claims process.

Consumer desire for the opportunity to opt out of self-service and access a representative, at whatever stage of the claims process, is consistent with our 2019 findings. **Empathy and the personal touch still matter.**

Consumers who filed a non-injury claim since March of 2020 indicate they would be **even more likely to choose a mix of self-service and adjuster interaction** for future claims.

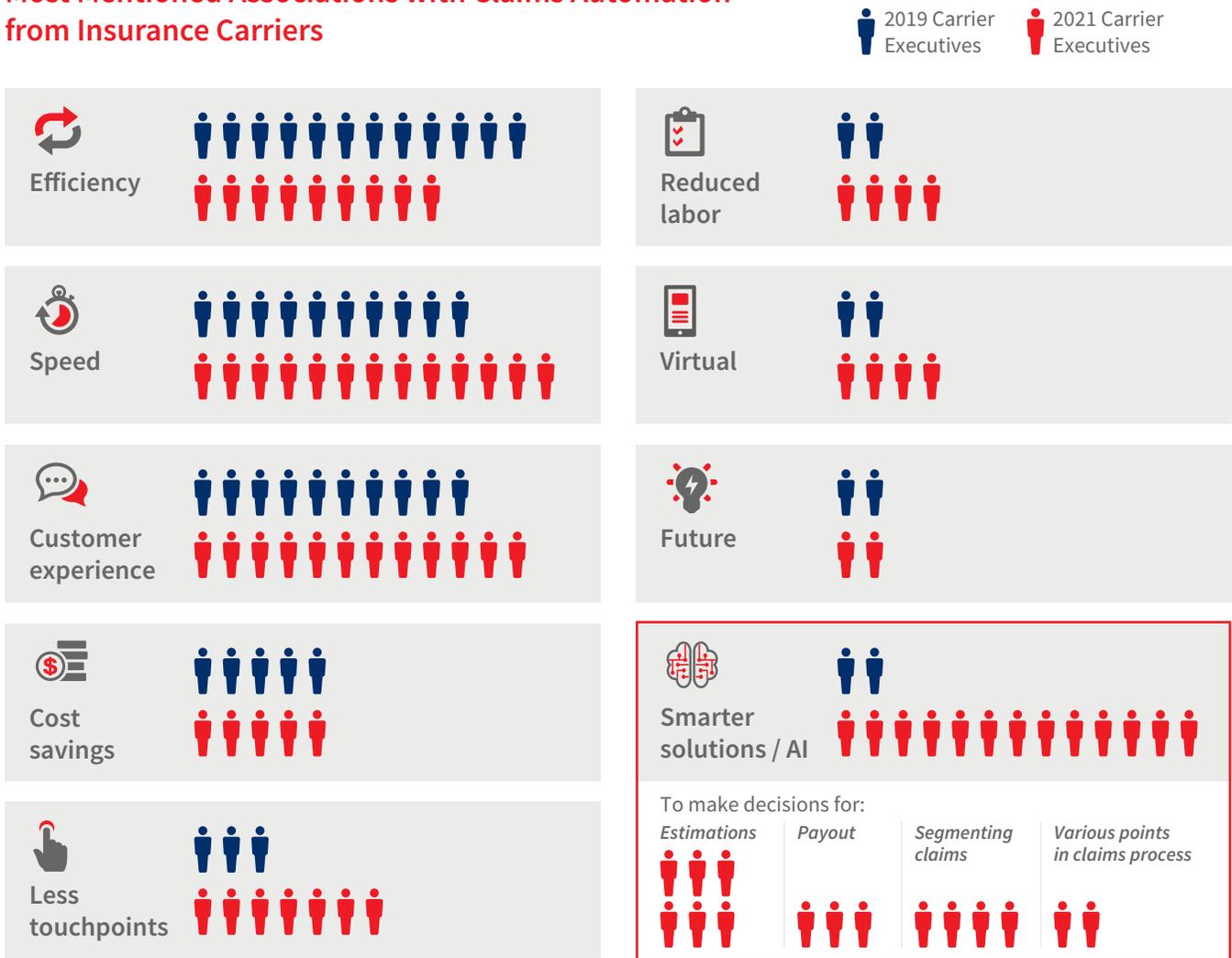


## Carriers are influencing consumer behavior and attitudes

On the carrier side, our research shows a fundamental **positive shift in attitudes toward claims automation**. Early forays into automated processes have delivered benefits and carriers are increasingly receptive to automation and are actively expanding their horizons.

Two years ago, carriers were mostly focused on efficiencies gained through intake support, such as photo apps at first notice of loss (FNOL), rules-based routing and estimation software. Now the conversation is turning to topics like how artificial intelligence and machine learning can help with decisions around damage assessments, segmentation and payouts. Carriers are also beginning to experiment with more innovative technologies as they develop trust and competency in virtual processes (Figure 6).

**FIGURE 6:**  
**Most Mentioned Associations with Claims Automation from Insurance Carriers**

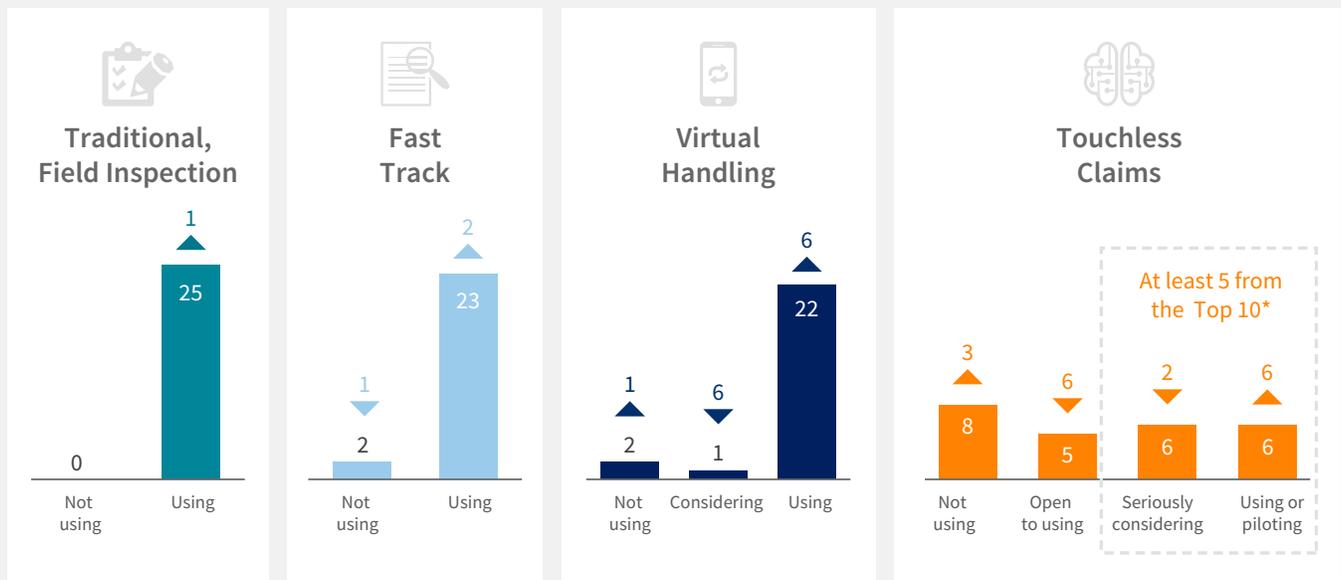


*The carrier conversation is shifting from automation driving efficiency to automation driving decisioning.*



With the COVID-19 shutdowns, **virtual claims handling became a necessity**. Because carriers and consumers were forced to adapt, they were able to instantly experience the advantages of virtual processes. In fact, as a result of COVID-19, more virtual applications are being applied to more complex claims, which was not the case pre-COVID-19. Virtual claims approaches are now taking a more prominent position in the claims handling continuum, with more carriers actually using and piloting Touchless (Figure 7).

**FIGURE 7:**  
**Surveyed Carriers Indicating Use of the Following Processes for Non-Complex Auto Claims**



▲ Difference from 2019

**Most are now using Virtual Handling**

Many implemented in past 1-2 years

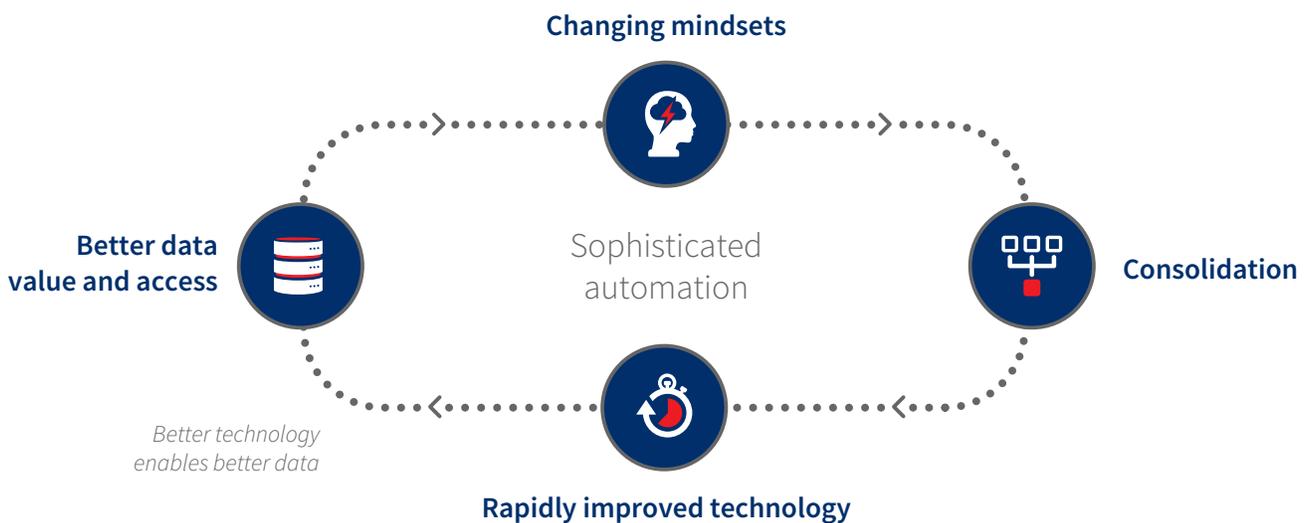
**More are using or piloting Touchless Claims**

Mostly among the Top 20

*There has been significant movement toward virtual and touchless over the past two years.*

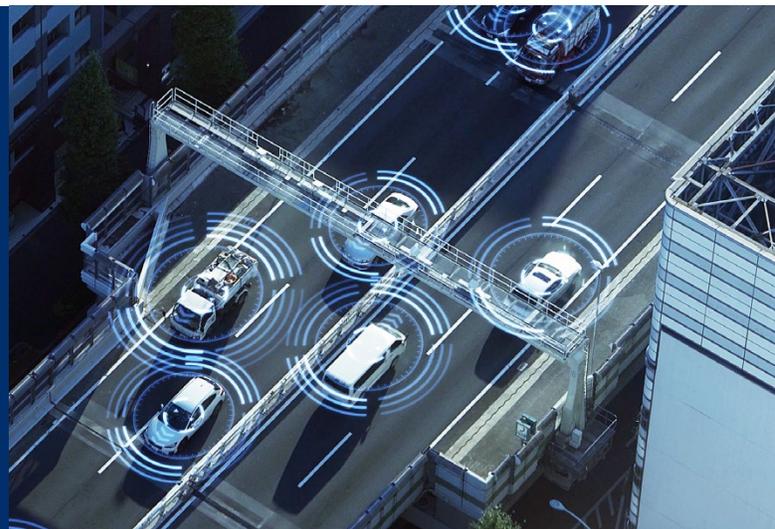
There are other factors as well. Over the past two years there has been a cyclical confluence of virtual and touchless claims enablers that are **quicken the pace toward more sophisticated automation** (Figure 8). These enablers include the availability of more robust, valuable data, improved technology capabilities and better technology quality through innovations, mergers and acquisitions. The increase in connected cars is also serving as an automated claims enabler, conveniently providing the data carriers and consumers need to more efficiently and accurately bring claims to a successful close.

**FIGURE 8:**  
**Enabling Factors for Growth of More Virtual Handling and Touchless Pilots for Insurance Carriers**



*A combination of factors, including improved technology and market-based events, is enabling a faster pace toward full automation.*

Connected cars are also serving as an automated claims enabler — conveniently providing the data needed to more efficiently and accurately bring claims to a successful close.





Carriers are increasingly directing clients towards more virtual processes

What is clear is that carrier actions are having an impact on consumers, who are now being increasingly directed by carriers toward more virtual processes they might not have explored otherwise. **Many carriers are now promoting self-service options at the beginning of the claims process.** Many of their customers have been willing to use those self-service tools that work well for them, depending on their level of technology sophistication and personal preferences.

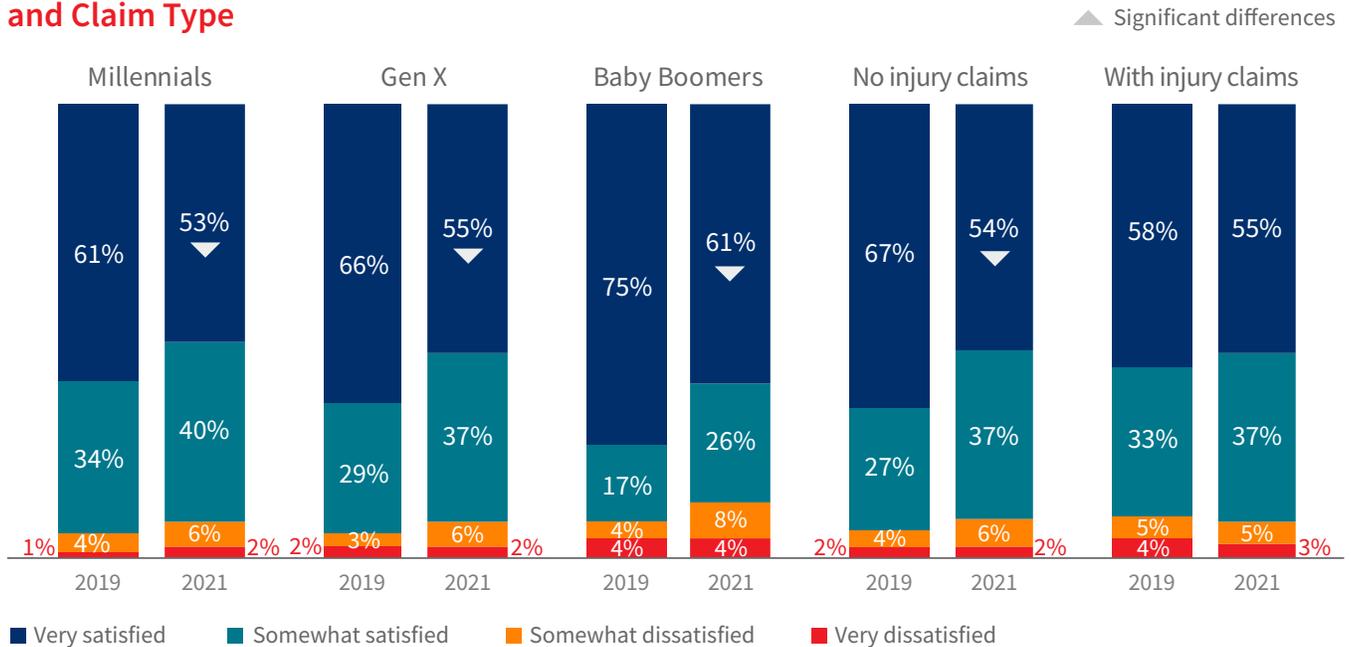
As we saw in our 2019 report, consumers often prefer a mix of online tools and adjuster contact. This year’s research indicates that as carriers have expanded the application of virtual processing tools more broadly and as the technology has improved, consumers have been willing to come along. There is an opening of mindset and increased trust with technology on both sides.

## Self-service tools need further refinement

While this broad acceptance of expanded virtual claims processing is a good thing for carriers and consumers, given the benefits automated processes can deliver to both groups, it comes with a caveat. Even though consumers are embracing the concept of virtual claims processing, they’re dissatisfied with some of the tools. **While they like the idea of self-service, the reality is leading to some disappointments, particularly for more complex claims.**

While our research indicates satisfaction with the claims process has declined in general, it’s more pronounced for those using self-service options (Figure 9).

**FIGURE 9:**  
**Consumer Satisfaction with Recent Claims Process by Generation and Claim Type**



**Overall claims satisfaction remains high, while “very satisfied” slipped 11% since 2019, likely driven by increased consumer expectations for ease of use.**

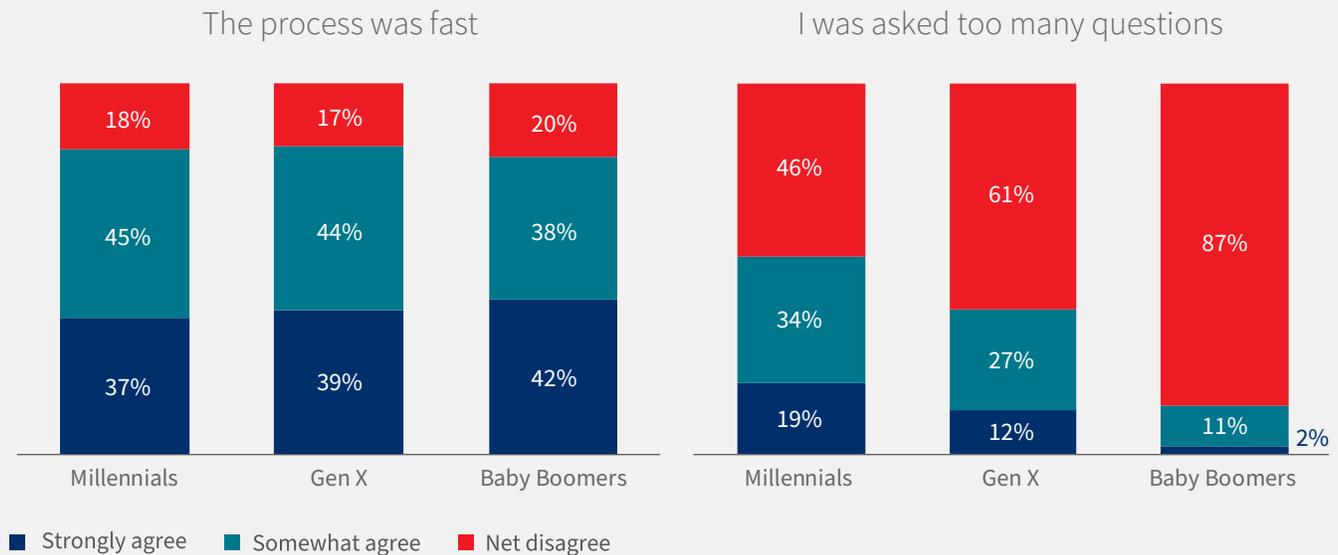
Those using self-service or a mix of self-service/interactive were **less likely to agree the claims process was fast.**

Millennials and GenXers also expressed that they were asked too many questions.



In terms of common complaints about the self-service claims process overall, what we see in this year’s data is consistent with our previous report: **the more questions consumers must answer** through a self-service process, **the less happy they are** with self-service methods (Figure 10).

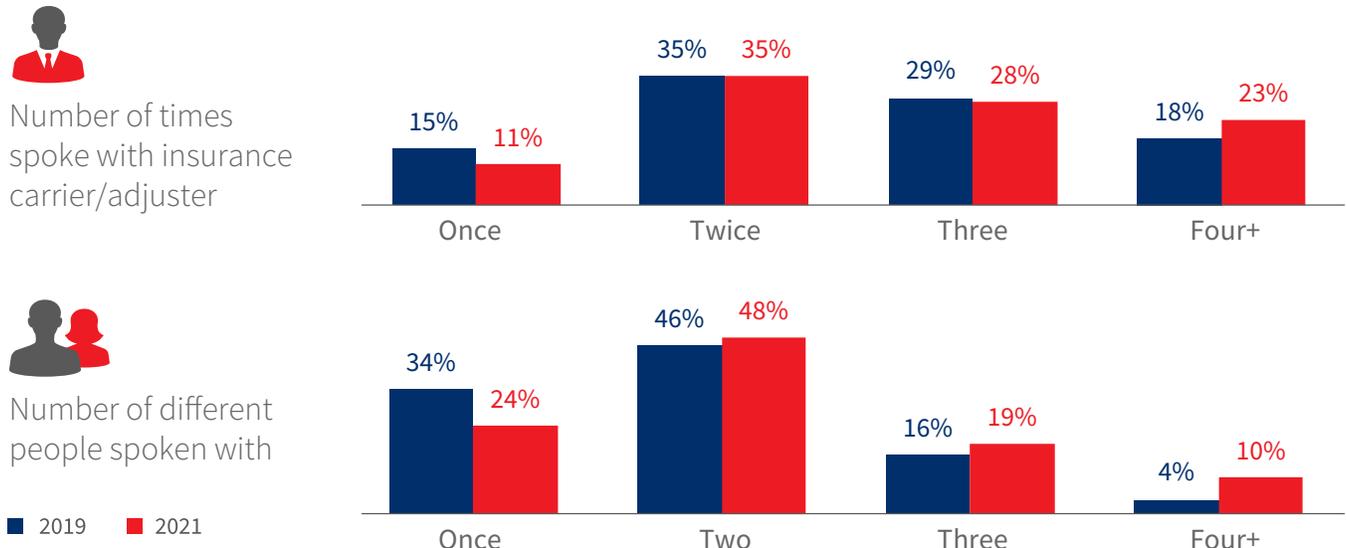
**FIGURE 10:**  
**Experience with Recent Claims Process by Generation**



*While most respondents agree the automated process is fast, the younger generations in particular think too many questions are asked.*

And while respondents are pleased with the speed with which their claims are being processed, **they don't see any significant improvement in the number of "touches" or people involved in their claims process** over the past two years (Figure 11). Carriers will need to improve in this area to achieve the truly "touchless" claim.

**FIGURE 11:**  
**Among Those Who Have Had a Recent Claim**



*Increased satisfaction will depend in part on reducing the number of touches involved in a claim.*

The good news is these stumbling blocks are not getting in the way of consumers embracing self-service options. Consumers seem to understand that new technologies tend to improve over time and they're willing to continue to use automated claims processes despite the "bugs" with current systems.

Timeliness and reducing the number of touchpoints and questions are the most important factors for boosting customer satisfaction across all generational groups. Carriers who can apply or improve technology — for example, with more robust use of features like data prefill — will be ahead of the competition in winning favor with customers.

## How to boost customer satisfaction



Reduce the amount of time it takes to file a claim



Reduce the number of touchpoints in the claims process



Improve technology with more user-friendly features



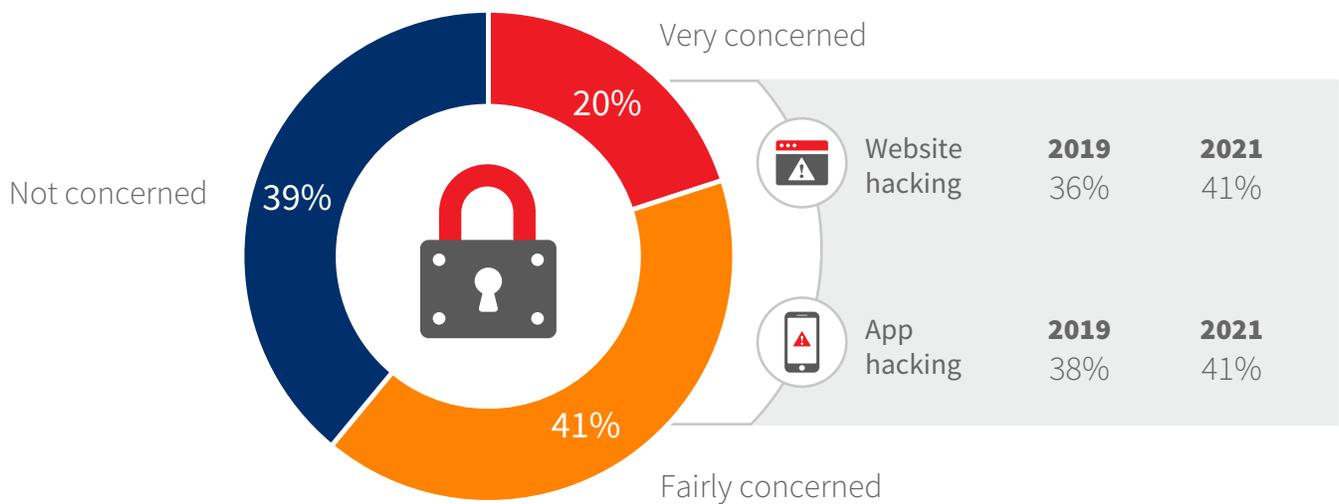
## Security is a key issue for consumers and carriers

The primary issue consumers continue to raise about automation and online services is concern over data privacy — whether it's in reference to virtual claims processing or even the quote and application process. This was the case in our 2019 report and is even more of a concern now, as carriers expand their use of virtual claims handling processes.

Our research shows that as consumer preference for self-service claims processing increases, so do their concerns about security (Figure 12). More than 60% of the consumers we surveyed expressed concern around the security of their personal identifying information (PII) when submitting claims virtually. This is consistent across generations. Concerns about hacking have increased an average of five percentage points since 2019.

FIGURE 12:

### Consumer Concerns about the Security of PII When Submitting a Claim Virtually



*Consumer concerns over security issues have increased as self-service claims have become more popular.*



For virtual and self-service claims processes to become fully mainstream, customers must feel confident that their **data and PII are secure and protected** — and that they're not going to be victims of fraud.

**Data security matters to carriers, too**, both when it comes to building trust and confidence among consumers but also as a way to prevent fraud. Other internal LexisNexis Risk Solutions research indicates eight out of 10 claims executives see identity verification as a primary concern with virtual processing. They understand the importance of cybersecurity but are struggling with how to ensure it in their claims processes (Figure 13).

For example, only one in 10 of these executives use two-factor identification, with some carriers defaulting instead to time-consuming verification methods such as past claim history. The lack of simple and solid identification verification measures is also causing carriers to limit digital payment options so they can protect themselves and their customers from fraud. This means customers must wait longer than necessary to receive claim payouts. All of these issues speak to the need for carriers to immediately address security as a top priority.

**FIGURE 13:**  
Claims Executives Recognize the Need for Digital Security

### Concerns with increased fraud in claims due to virtual processing



Identity verification concerns  
Eight out of 10 are worried about identity verification



3<sup>rd</sup> party verification is non-existent  
Only one out of 10 use two-factor authentication



Time-consuming methods like past claim history used in some cases

### Concerns around implementing digital payments



Limited digital payment options  
Some carriers offering limited digital payments due to security concerns



Lack of verification methods  
Primary reason for limiting digital payments



Existing source for verifying 3<sup>rd</sup> parties, such as police reports

### Carriers forced to quickly adapt to virtual claims handling are concerned primarily with:



Identity verification of claimants



Digital payment security (increased fraud risk)

*Claims executives recognize digital security will be a significant post-COVID-19 concern as automated processes accelerate.*

## How telematics fits into the virtual claims equation

While telematics is still underutilized, interest from consumers is increasing. The same demographic groups who are most comfortable with technology and most welcoming to self-service options are those who show the most interest in telematics adoption.



### Telematics adopter profile



Male



Millennial (35-44)



\$75K+ income

After learning how telematics can be applied to the claims process, 34% of our consumer respondents said they were likely to participate in a telematics-based program for use in claims processing, compared to only 25% prior to understanding the linkage. **This is a nine-percentage point increase from two years ago.**

### Likelihood of participation in a telematics-based program

34%

After learning about the benefits



25%

Without knowledge of telematics benefits



**Many consumer respondents believe that their future driving patterns will not increase once the virus is under control** for such activities as driving to work (58%) and shopping or running errands (45%) — essentially making these COVID-19 driving behaviors the “new normal” (Figure 14). Yet others think differently, and in some cases believe their driving will increase. What will actually take place remains to be seen. We are tracking driving patterns so the data may prove otherwise. Either way, given how driving patterns changed so significantly during the pandemic, impacting both claims activity and driving violation types, there is an opportunity here for carriers to further educate consumers about the benefits of telematics during the claims process.

FIGURE 14:

**COVID-19 Driving Behavior Will Become the “New Normal” in Some Ways**

	 Going to work/office	 Shopping/running errands	 Traveling/vacation	 Entertainment (e.g., dining out, movie theatre)
Changes in driving patterns due to COVID-19				
Driving <i>less</i> now compared to pre-COVID-19	46%	61%	72%	78%
Driving the <i>same</i> prior to COVID-19	32%	30%	12%	12%
Driving <i>more</i> now compared to pre-COVID-19	6%	7%	5%	4%
Expectations for future driving patterns				
Driving will <i>return</i> to pre-COVID-19 behaviors	29%	33%	44%	44%
Driving will <i>increase</i> , but not the same as pre-COVID-19	13%	22%	22%	26%
Driving will <i>remain</i> the same as during COVID-19	58%	45%	34%	30%

**Consumers expect some driving behaviors developed during COVID-19 to become the new normal.**

## The human touch still matters

Threaded throughout our research is the consumer desire for an intermixing of virtual and self-service with human adjuster interaction — **a hybrid claims processing model**. In our 2019 report, we highlighted the importance of blending empathy with automation. No matter how great the technology is, consumers still want a human touch when they need it (Figure 15).

Our current research affirms this preference. Consumers appreciate the convenience of online, self-service virtual processes, but when they want to talk to a human nothing else can substitute — not even the most personable bot. Having access to a representative dramatically increases consumer comfort levels with automated claims processes across every group, and especially for Baby Boomers. Comfort level increases even more substantially among those who've recently submitted a claim.

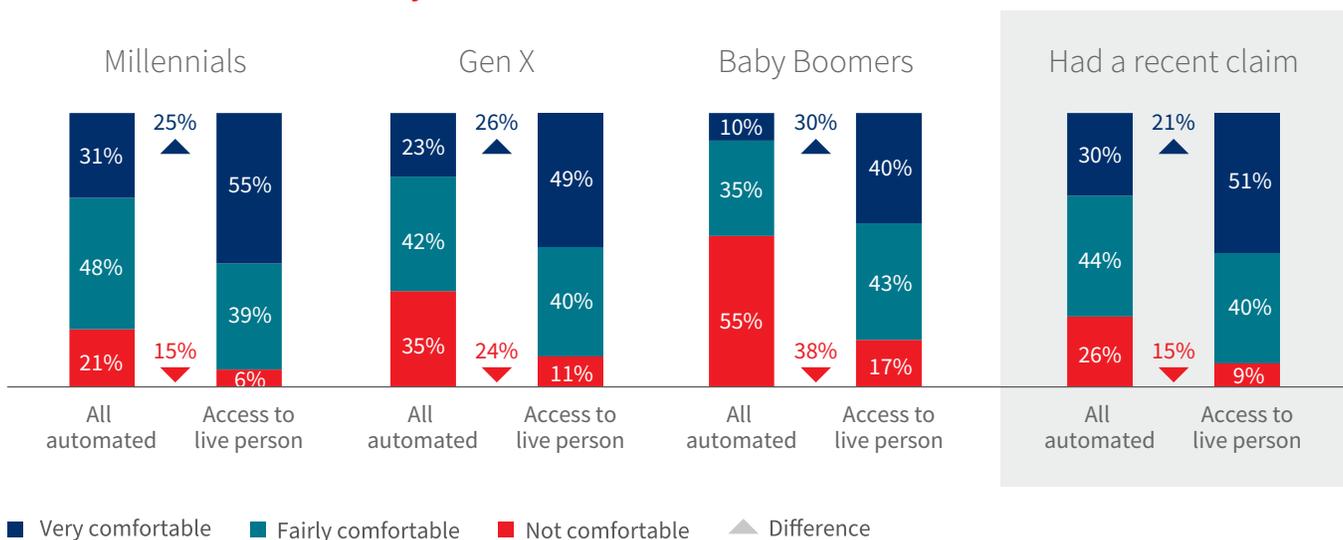


### These findings provide crucial insights.

For consumers, there's a direct and strong correlation between embracing automation now and into the future **and** knowing a real person will be there to help when they need them.

FIGURE 15:

### Degree of Comfort with an Automated Claims Process, If There Is Access to a Live Person by Generation



**Comfort with automation increases significantly when there is the option for the human touch.**

The acceptance of Text/SMS seems to be universal across generational groups



Interestingly, technology is enabling a more human touch by opening convenient channels of communication. More than half of the carriers interviewed are currently using a Text/SMS solution at FNOL to allow their customers to easily activate a claim and upload photos, with another one-third expressing interest in implementing a Text/SMS solution.

In addition to online chat and insurer apps, **Text/SMS is also becoming a preferred channel for claimants and adjusters to communicate** with each other throughout the claims workflow (Figure 16). The acceptance of Text/SMS seems to be universal across generational groups, which suggests that the acceptance of virtual claims processes might not be as generationally limited as stereotypes may suggest.

FIGURE 16:  
**Openness to Self-Service Methods for Submitting a Claim Estimate**

	 Text/SMS	 Online chat	 Insurer's app
Millennials	28%	36%	38%
Gen X	21%	27%	39%
Baby Boomers	14%	19%	25%

*Growing acceptance of automated claims technology*

# Conclusion

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## Insights lead to action



Confirming what we proposed in our 2019 report, **you may be more successful in your business and at keeping your customers happy when you can match your processes to meet, and even exceed, your customers' expectations.**

Our research shows consumers are willing to move to more self-service options as long as those options function well for them and deliver the benefits of convenience and security. Your success at expanding claims automation will depend on how well you can match the solutions you deliver to your customers' preferences and if you can ensure technology works for them in eliminating common pain points, such as too many questions to answer and too many touchpoints.



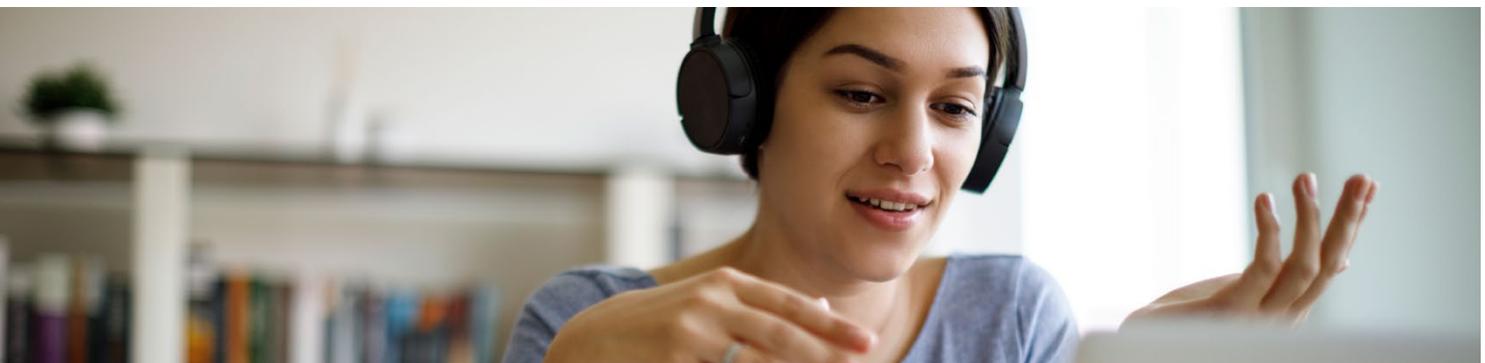
**The rapid move to virtual claims processing due to COVID-19 opened a potential Pandora's Box of risk.** Given the increasing concern over data security, both for consumers and carriers, implementing a robust solution that protects PII and ensures you're dealing with an authentic identity when you interact with customers online is crucial. Solving the problem of security could be a key differentiator for your business. [Identity access management solutions](#) can help you close these security gaps.



Finally, **the human touch still matters.** Consumers continue to want to work with real people alongside technology. Hybrid solutions that blend self-service capabilities with easy and convenient adjuster interaction when it's requested will likely continue to be the option of choice, at least for certain components of the claims process and for more complex claims.



Meeting your customers' needs will depend on your awareness of which customers prefer which types of interaction, when and where in the claims process. Customers are looking for flexibility — the option to opt in or out of self-service features and get personal support from a human as needed, at any stage of the claims process. By providing this kind of hybrid system, **you can help your customers become more comfortable with self-service options and inspire greater customer satisfaction at the same time** — which can lead to increased adoption.



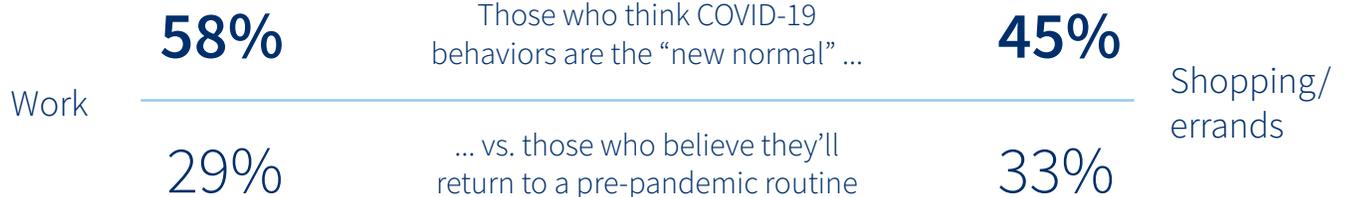
## What's next?

COVID-19 influenced not only how claims are processed but also how people are driving — two events that are interrelated. During the initial shutdown, we saw a significant uptick in virtual claims processing, but we also saw shifts in traffic patterns, traffic violations and which types of claims were filed.

Whether or not we all return to our pre-COVID-19 behaviors once the pandemic is behind us is still open to debate. Some consumers indicate they are likely to go back to some of their previous driving habits once the shutdown is fully over while others, especially young people, believe they will be driving even more.

**It's also likely that many of the other changes that were forced by the pandemic, such as working from home, will become our new normal — as businesses and employees sort out the benefits and drawbacks of remote working.**

Many consumers believe that some of their pandemic behaviors (work and shopping) will be the new normal



We believe carriers and consumers will continue to strive for a more automated claims environment that delivers increased benefits to all



One dynamic we believe is true is that **when any change proves to be beneficial, people will not go back to the “old way of doing things.”** While consumers who have been forced by the pandemic to eat at home for the past year are highly likely to quickly revert to dining out again, we don’t see the acceleration of virtual claims adoption reversing course. Rather, based on previous successes, we believe carriers and consumers will continue to strive for a more automated claims environment that delivers increased benefits to all.

In our 2019 report, the future of claims was looking increasingly automated. At that time, we had no idea a global pandemic was headed our way and how that would force “virtual” living almost instantly — including in the insurance industry. At that time, according to our [2019 Future of Claims Report](#), 95% of auto insurance carriers surveyed were already using or considering using virtual claims processes and 79% were considering or open to the idea of touchless claims. While the insurance industry was undoubtedly on its way to fully automated claims, COVID-19 was a significant accelerator — dramatically increasing the sense of urgency for insurance carriers to broadly implement automated claims processes. **What were then small steps suddenly became mighty leaps.**

With the COVID-19 experience as a powerful proof point for the viability of automated claims processing, both with regard to carrier capabilities and consumer receptivity, we see this as the perfect opportunity for you to develop and refine your strategic roadmap to complete your claims handling digital transformation.

**We’re here to help.**

# About the Research

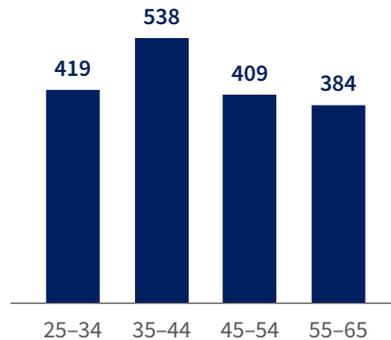
## Methodology and participation requirements

### Consumer study

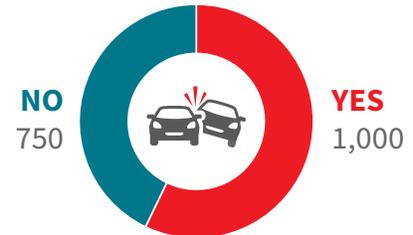
#### Participant details:

- 25–65 years of age
- Have decision-making for auto insurance and purchased their current policy themselves
- 1,000 had a claim within the past two years (284 since COVID-19)

Participants across age ranges



Had a recent claim?



**TOTAL PARTICIPANTS**

1,750

### Carrier study



The research was conducted via in-depth telephone interviews with executives who had responsibility for auto claims.



A total of 25 interviews were obtained among the top 50 auto insurance carriers defined by LexisNexis Risk Solutions. Twelve executives represented top 20 insurance carriers; 13 represented carriers ranked between 21 to 50.

*LexisNexis Risk Solutions retained a global market research firm to support this research study.*

## About the author



### **Bill Brower**

*Vice President, Head of U.S. Auto Claims Strategy*

Bill Brower is Vice President, Head of U.S. Auto Claims Strategy for LexisNexis Risk Solutions. He is responsible for leading the development of innovative products that help insurers achieve greater efficiency within their claims departments. With 30 years of P&C Insurance industry experience, Brower has held numerous leadership roles with top carriers such as Liberty Mutual and Nationwide Insurance Company. Most recently, Brower served as Vice President and Manager of Strategic Partnerships for Liberty Mutual Personal Insurance where he led innovation efforts and managed vendor relationships cross all claims disciplines. Brower earned his bachelor's degree in Organizational Leadership from Franklin University and his MBA from Shorter University.



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#### About LexisNexis Risk Solutions

LexisNexis® Risk Solutions harnesses the power of data and advanced analytics to provide insights that help businesses and governmental entities reduce risk and improve decisions to benefit people around the globe. We provide data and technology solutions for a wide range of industries including insurance, financial services, healthcare and government. Headquartered in metro Atlanta, Georgia, we have offices throughout the world and are part of RELX (LSE: REL/NYSE: RELX), a global provider of information-based analytics and decision tools for professional and business customers. For more information, please visit [www.risk.lexisnexis.com](http://www.risk.lexisnexis.com) and [www.relx.com](http://www.relx.com).