010001111100000010001

CHUBB

Meet Chubb 4D.

The New Dimension in Analytics Modeling.

There's predictive analytics. And then there's Chubb 4D.



As the largest publicly traded property and casualty insurer in the world, Chubb has access to a wealth of incredibly powerful data. It's how we use that data that makes us unique. Chubb 4D, our proprietary advanced analytics modeling tool, is used in conjunction with our claims handling expertise to help identify fraud and other potential opportunities to optimize claim outcomes.

This type of intelligence helps us achieve a more complete picture of many types of claims, including workers compensation, property, casualty, liability and employment practices by adding an additional dimension of information that is factored into claim handling.

Chubb 4D combines detailed information acquired through adjuster notes and interviews with basic information collected throughout the claims process. Then, using the latest in Natural Language Processing, sentiment analysis, machine learning, cognitive engines and predictive modeling, Chubb 4D identifies patterns in the data so that we can better understand your claim and your losses and use that information to predict what outcomes are likely to occur. The result, for our customers, is faster resolutions, decreased claim costs and fewer cases that require litigation for our clients.

How Does Chubb 4D Work?

Every time a claim is submitted, basic data is collected. Most insurers use this type of structured data to inform their claims decisions. But as you can imagine, this can be limiting as not all information fits so neatly into a field or box. That's why we factor in another layer of information called unstructured data. This data is collected from adviser interviews, visits, research and notes.

Traditionally, it would take a great deal of time to manually go through this data to find information that would be useful for claims analysis. Chubb 4D uses algorithms to quickly sort, filter information and identify patterns. This is where our experienced claims professionals come in.

We understand that computerized analytic models cannot replace human intelligence, so in order for Chubb 4D to work, three things have to happen:

- The right data needs to be captured, organized and refined in order to discover relationships and exposures that may indicate fraudulent or explosive claims.
- The right people need to receive the information and reports produced by the predictive model in a timely fashion.
- The right actions need to be taken in order to maximize the effectiveness of the patterns and other intelligence provided by the model. For example, if there is enough information suggesting insurance fraud to warrant further investigation, the claim will be referred to our Special Investigations Unit (SIU).

By following these steps,

we can help analyze the driving factors behind claims and mitigate fraudulent claims, unnecessary costs and laborious litigation.



Chubb 4D in Action.

Taking Claims to a New Dimension.

In order to understand just how valuable Chubb 4D is to the claims experience, let's look at a few examples.



1 Workers' Compensation Claim

An employee at a manufacturing facility sustained a burn injury to his foot. The occurrence was reported by the employer as a Medical Only claim. The employee treated the wound with Neosporin and returned to work. As more information was mined through our Chubb 4D process, Chubb learned through medical reports that the employee was diabetic, making the healing process more complex. In fact, the employee ended up in the hospital with a staph infection. Because the adjuster had this additional information early, she was able to assemble a team of dedicated specialized resources, including nurses, medical specialists, Special Investigators and Recovery Specialists to help manage the claim (and recovery process) ensuring the employee's proper care and a safe and timely return to work. Aggressive treatment was administered and the employee was cleared to go back to work. The enhanced claim profile supported the favorable outcome and enabled the adjuster to assess the true exposure of the claim, providing the employer (our policyholder) with an accurate financial assessment of the occurrence.



2 Potential Fraudulent Claim

The owner of a Chubb-insured corporation filed a claim alleging that thieves broke into his premises, vandalizing property and taking equipment valued at \$175,000. Chubb 4D was able to sort and mine information from interviews with the policyholder and his employees, the police report, witness accounts, recent changes to the client's policy, past due mortgage statements and a similar claim filed nine months earlier, which was suddenly dropped. Chubb 4D indicated a heightened probability for fraud and the claim was referred to our Special Investigations Unit for further review. After initial contact by our SIU, the client relinquished the claim.

Altering the Course of Claims

Chubb 4D allows a more transparent claims experience surrounding the management and progression of each claim that results in:

- Cost savings based on a decrease in fraud, medical bills and litigation
- A better understanding of impending losses by predicting what outcomes are more likely to occur
- An understanding of patterns in data that can be proactively addressed to mitigate future loss or damage
- Faster and more informed claims handling decisions
- A quicker return to work and appropriate level of care for employees (workers' compensation claims)
- Fewer disruptions, lower costs and quicker restoration (property claims, subrogation)



Below are just some of the actual benefits realized by our clients.



\$25,000 average savings per fraudulent workers' compensation claim



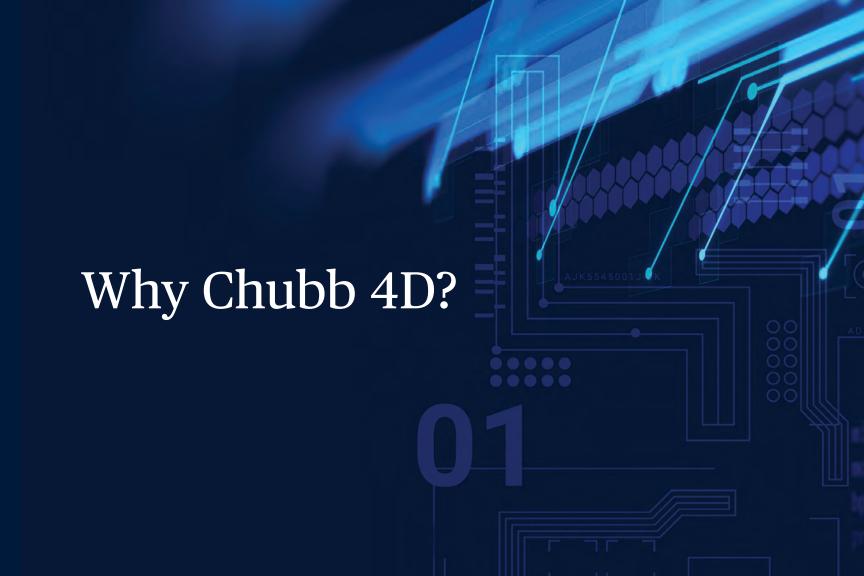
90%
faster referrals to our
Special Investigations Unit (SIU)



13%
decrease in Workers' Compensation
Medical Only claims that escalate
into lost time, thus saving
\$35,000 per claim



10%
decrease in litigation of Bodily
Injury claims, saving an average
of \$78,000 per claim



At Chubb, we have made substantial investments in predictive analytics technology and resources. And we will continue to do so. Our dedicated and growing team of professionals is experienced in modeling, mining and translating data into valuable information. This information, combined with human intelligence, allows us to provide a more positive claims experience by ensuring that claims are decided quickly, fairly and competently.

