



Welcome, [first name]!

My Products

Drag and drop the product tiles to customize your workspace.

 Claims Reporting	 Claims Inquiry	 Decision Net	 SIU Case Manager
 VIN Decoding	 OFAC	 NICB Submission	 Account Management
 AMA Search	 Self Admin	 Search Alert	 SIU Key Indicators
 DNA	 Equipment Valuation Service	 CargoNet	

My Notifications

Search Alert | November 18, 2014

ADDR: 123 %^MAIN DR CITY: CHICAGO ST: IL

**Search Alert** | December 6, 2014

NAME: JOHN DAMORE CITY: Chicago ST: IL

**Search Alert** | December 21, 2014

NAME: JOHN DAMORE CITY: Chicago ST: IL SSN: 333-33-3333...

**Search Alert** | January 6, 2015

NAME: SYLVIA GAGE

**Search Alert** | January 6, 2015

NAME: SYLVIA GAGE

**36** Total Notifications

My News

Jun 25, 2015

We're a month into hurricane season, and two storms have already hit. Tropical...

[Read More](#)

Jun 25, 2015

We're a month into hurricane season, and two storms have already hit. Tropical...

[Read More](#)

Jun 25, 2015

We're a month into hurricane season, and two storms have already hit. Tropical...

[Read More](#)

My Resources

Claims Reporting

- [Overview](#)
- [Claims Submission](#)
- [Match Reports](#)
- [Exam](#)

Privacy & Security

- [Privacy & Security](#)

Self Admin

- [User Administration](#)
- [Delete Claims](#)

Do you find this report helpful?

!

ABC123XYZ has 4 Alerts and 5 matches

[VIEW HISTORY](#) [REFRESH CLAIM](#)

Last Update: 04/23/16 10:36 AM

INSURED DRIVER

Lawrence Manson

2008 NISSAN ALTIMA

2FTD15YXECA8765

SERVICE PROVIDER

ABC Hospital

CLAIMANT DRIVER

Anthony Iommi

2013 FORD FOCUS

2FTD15YXECA8765

SERVICE PROVIDER

One Stop Body Shop

ANTHONY IOMMI

INSURED DRIVER

ALERTS

Prior SIU Involvement

[Order Report](#)

30-Day Pre/Post Policy Inception/Cancellation

[Order Report](#)

Date of Loss is a Monday, Friday, or Day after Holiday

[Order Report](#)

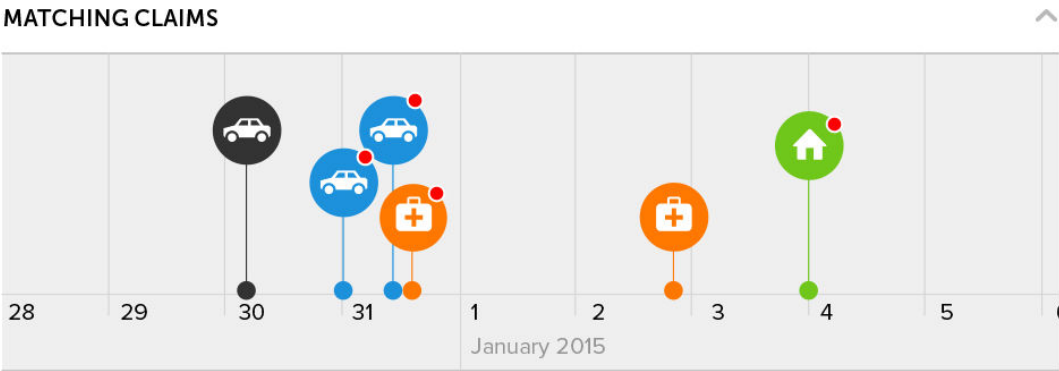
Mail Drop Exists

[Order Report](#)

ACTIONS

[Request Police Report](#)

[Refer Claim to NICB](#)

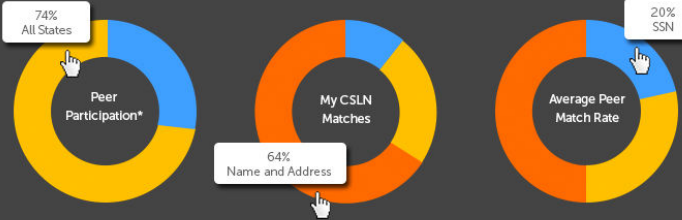


▼ DATE OF LOSS	▼ CLAIM NUMBER	▼ COMPANY	▼ LOSS TYPE	▼ LOSS DESCRIPTION	▼ REASON FOR MATCH
1/15/2015	CLAIM123	Freedom Insurance	Personal Auto	Name, Address	IV r/e CV
● 3/5/2013	1K000451487	Star Insurance	Personal Auto	Hit and run	VIN
● 10/31/2012	AB999999-LC	Trenton Mutual	Commercial Property	Fire	Name, Address
7/4/2012	2V000470785	Freedom Insurance	Workers Compensation	Slip and Fall	SSN
● 1/15/2015	1S000451999	Freedom Insurance	Personal Auto	Name, Address	IV r/e CV

Edit Claim

Do you find this report helpful? 👍 👎

ISO ClaimSearch Compliance Portal



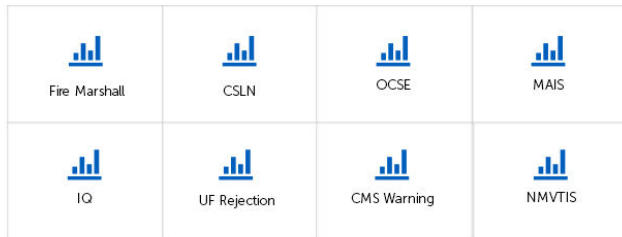
CSLN Participation Benchmarks

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

[View MAIS Dashboard](#)

My Products

Customize your work space with our new drag and drop product tiles.



My Notifications

View your alerts and notifications in one centralized location.

- Compliance Alert** February 3, 2016
Lorem ipsum dolor sit amet...
- CMS Alert** January 10, 2016
Lorem ipsum dolor sit amet...
- ClaimSearch Usage Alert** December 21, 2015
Lorem ipsum dolor sit amet...
- Compliance Alert | California** December 6, 2015
Lorem ipsum dolor sit amet...

4 Total Notifications

FILTERS

RESET FILTERS & MARKINGS

TIME FRAME

Prior 30 Days

DATE OF LOSS

(Empty) (Empty)

POLICY TYPE

Type to search in list

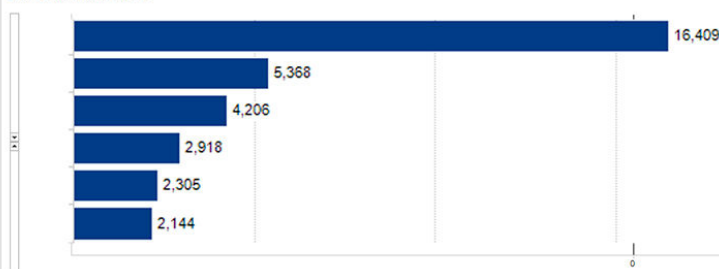
(All) 0 values

COMPANY CODE

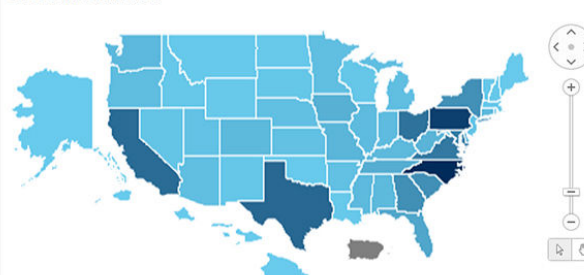
Type to search in list

(All) 0 values

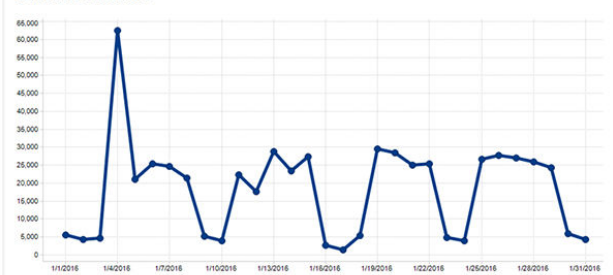
Alerts in ClaimSearch



Loss State Distribution



Date Alert Generated



ISO File Number	Claim Number	Policy Type	Alert Type	Loss Date	Date Alert Generated	Loss State
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INSURED DRIVER

Lawrence Manson

2008 NISSAN ALTIMA

2FTD15YXECA8765

SERVICE PROVIDER

ABC Hospital

CLAIMANT DRIVER

Anthony lommi

2013 FORD FOCUS

2FTD15YXECA8765

SERVICE PROVIDER

One Stop Body Shop

LAWRENCE MANSON

INSURED DRIVER

CLAIMDIRECTOR SCORE 563

75%

Rules

SSN 191324970 is associated with a deceased individual

Multiple Parties linked to SSN

Invalid VIN

Prior Injury

ALERTS

Prior SIU Involvement

Order Report

30-Day Pre/Post Policy Inception/Cancellation

Order Report

Date of Loss is a Monday, Friday, or Day after Holiday

Order Report

Mail Drop Exists

Order Report

Fraud Related Crime

Order Report

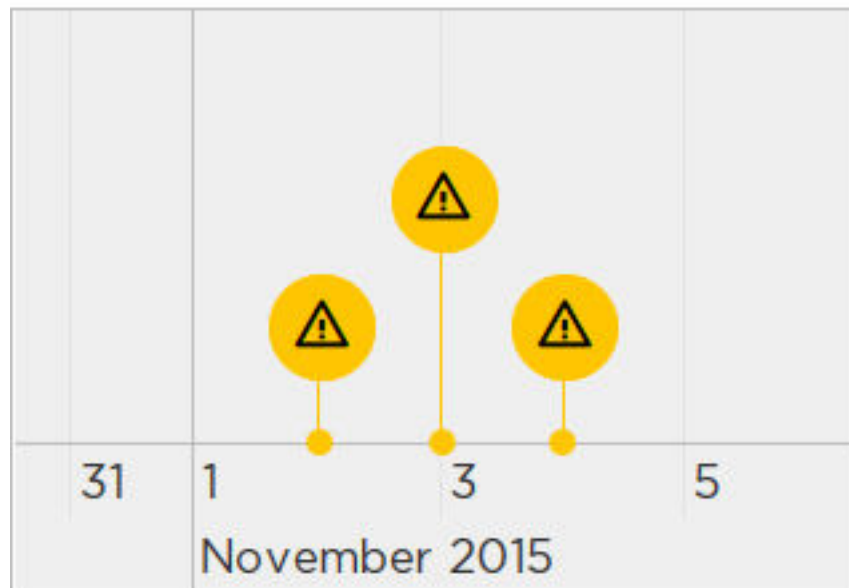
<div>Role in Claim</div> <div>Insured Driver</div>	<div>Individual / Business Indicator</div> <div>Individual</div>
<div>Last Name</div> <div>MORRIS</div>	<div>First Name</div> <div>ERIKA</div>
<div>Date Of Birth</div> <div>04/16/1982</div>	<div>Social Security Number</div> <div>XXX-XX-0145</div>
<div>Ssn Code</div> <div>Death Master</div>	<div>Death Master Last Name</div> <div>HADLEY</div>
<div>Death Master First Name</div> <div>CHESTER</div>	<div>Date Of Death</div> <div>03/01/1965</div>
<div>Driver's License Number</div> <div>D1298438789127789</div>	<div>Driver's License State</div> <div>NJ</div>
<div>Address</div> <div>233 FAYETTE AVE LINCOLN PARK NJ</div>	<div>Casualty Claim Id</div> <div>69220121</div>
<div>Adjusting Company Name</div> <div>SSO TEST CO - DELETE CLAIM FUNCTIONALITY</div>	<div>Loss Type</div> <div>PIP Changed</div>
<div>Coverage Type</div> <div>PIP</div>	<div>Alleged Injuries / Property Damage</div> <div>NECK PAIN</div>
<div>Claim Status</div> <div>Open</div>	<div>Estimated Loss Amount</div> <div>\$0.00</div>
<div>Reserve Amount</div> <div>\$0.00</div>	<div>Settlement Amount</div> <div>\$0.00</div>
<div>Individual / Business Indicator</div> <div>Individual</div>	<div>Last Name</div> <div>DONOVAN</div>
<div>First Name</div> <div>ERIKA</div>	<div>Date Of Birth</div> <div>04/16/1982</div>
<div>Gender</div> <div>Male</div>	<div>Address</div> <div>401 LAZY LAKE RD TOWACO NJ 07082</div>



Search My Claims

**CLD21029INPUTTESTMV**
02CLAIM0002

Claim History



RISK INDICATOR

▼ DATE



11/04/2015 10:25:22 AM



11/03/2015 10:25:30 AM



11/02/2015 03:32:31 PM



Search My Claims

CLD21029INPUTTESTMV
02CLAIM0002[Back to History](#) | INITIAL - 11/04/2015 10:25:22 AM

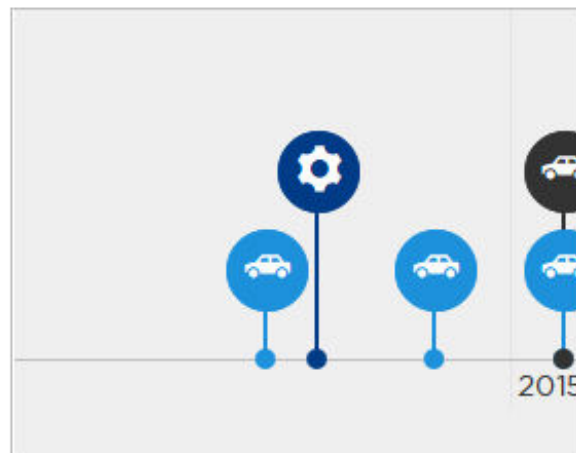
SUMMARY DETAILS



Actions & Reports



Matching Claims

▼ DATE OF
LOSS

↕ LOSS DESCRIPTION

06/01/2015

ISO CLAIMSEARCH
2.0 TEST CLAIM FOR
CLD21029

05/21/2014

Impact Point:

06/13/2013

TEST FOR QC
CHANGE 1E

01/12/2013

04/02/2007

Destination: MEXICO
(STATE)



Search My Claims

CLD21029INPUTTESTMV02
CLAIM0002

SUMMARY

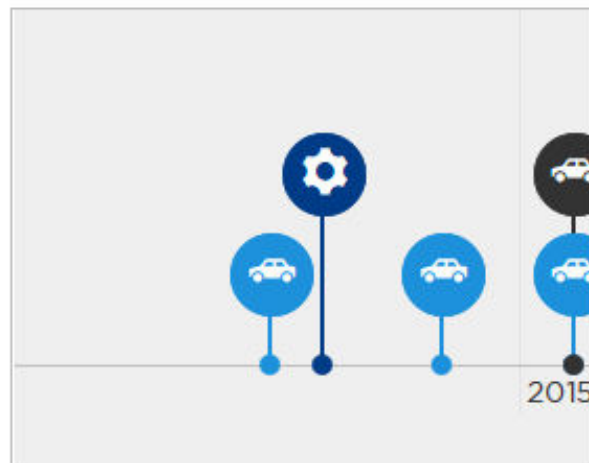
DETAILS



Actions & Reports



Matching Claims

▼ DATE OF
LOSS

⬆ LOSS DESCRIPTION

06/01/2015

ISO CLAIMSEARCH
2.0 TEST CLAIM FOR
CLD21029

05/21/2014

Impact Point:

06/13/2013

TEST FOR QC
CHANGE 1E

01/12/2013

04/02/2007

Destination: MEXICO
(STATE)



Search My Claims

**CLD21029INPUTTESTMV02**
CLAIM0002

SUMMARY

DETAILS

**Actions & Reports**

CLAIMSEARCH ID

6N000482338

RETURN REASON CODE

Replacement

INSURING COMPANY CODE

S14700001

POLICY NUMBER

HOMETEST

POLICY TYPE

Homeowners

CLAIM NUMBER

HOPROP



INVOLVED PARTY

Mail Drop similar to address

BOTH CLAIMANT AND INSURED

JOHNSON, JANE

ADDRESS

1 GUYON AVE. STATEN ISLAND NY 10306



[View Map](#)

DOB

01-01-1980

SSN

010119801

DRIVERS LICENSE

JANENY1980

DRIVERS LICENSE STATE

NY

HOME NUMBER

(718) 555-1980