

# CLAIMDIRECTOR<sup>SM</sup> RESULT REPORT – SAMPLE

This Sample is provided to ISO ClaimSearch subscribers who agree to use the Sample internally for evaluation and training only

## CLAIMDIRECTOR RESULT REPORT - SAMPLE

### This Sample is comprised of fictitious data elements

A claim report identified by ClaimSearch identification number 80099320911 was received by ISO ClaimSearch on 7/17/2013 as a Replacement of a previously submitted claim. Submission of this replacement claim initiated a search of the ClaimSearch database. The claim(s) listed below appear(s) to be similar to the claim submitted and were used to develop the ClaimDirector score.

To simplify your evaluation of these matches, ClaimDirector scores all prior non-duplicate claims and provides a total summary score. The ClaimDirector match report below includes all scored claims up to a maximum of 25.

Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer Support at (800) 888-4476.

### Score Summary

**ClaimDirector  
Score:  
761**

	<u>Raw</u>	<u>Adjusted</u>
Claim Rules	390	390
SEBASTIAN MARTIN	317	317
HEATHER L. FERGUSON	136	54
Score:		761

### Claim Characteristics

<u>ID</u>	<u>Description</u>
30	A VIN reported in this loss failed the edit

### Score Details

[Hide rule weights](#)

#### Claim Rules : 390

##### Rules

<u>ID</u>	<u>Description</u>	<u>Weight</u>
18	The loss state reported in this loss is different than a claimant's state, in this occurrence	+40
30	A VIN reported in this loss failed the edit	+250
67	No police report exists for this loss	+40
81	This loss occurred between 2 and 5:00 am	+60

#### SEBASTIAN MARTIN: 317

Involved Party Rules: 230

##### Rules

<u>ID</u>	<u>Description</u>	<u>Weight</u>
24	Including this loss, this involved party's SSN, XXXXX0000, is linked to 2 or more involved parties in the ClaimSearch database	+150
488	The involved party reported soft tissue or subjective injuries (strains and sprains)	+80

Matching Claims Score: 87

● Elements Searched: 2 (Name/Address, SSN/TIN)

The number of contributing Matching Claims for this Involved Party: 3

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All-Claim ID	Date of Loss	Coverage Type	Loss Type	Reason for Match	Component Score
<a href="#">0A330047213</a>	06/24/2013	Comprehensive	Animal	Name, Address, SSN	40
<a href="#">3X3220004779</a>	10/01/2011	Comprehensive	Animal	Name, SSN	31
<a href="#">9F002228517</a>	01/14/2010	Collision	Collision	Name	16

## HEATHER L. FERGUSON : 136

Involved Party Rules: 40

### Rules

ID	Description	Weight
488	The involved party reported soft tissue or subjective injuries (strains and sprains)	+ 40

Matching Claims Score: 96

● Elements Searched: 1 (Name/Address)

The number of contributing Matching Claims for this Involved Party: 2

All-Claim ID	Date of Loss	Coverage Type	Loss Type	Reason for Match	Component Score
<a href="#">1Z494100298</a>	05/20/2011			Name	49
<a href="#">0Z9004413173</a>	11/16/2012	Property Damage	Property Damage	Address	47

## ISO CLAIMSEARCH REPLACEMENT CLAIM

### Initiating Claim

File Number: 80099320911

**Company:** INSURANCE SERVICES OFFICE, INC  
**Claim Number:** ISO38273829298  
**Date/Time of Loss:** 07/17/2013 02:00  
**Policy Number:** ISO38273829298  
**Policy Type:** Personal Automobile  
**Inception Date:** 05/15/2013 **Expiration Date:** 05/15/2014  
**Policy Renewed?:** Yes  
**ISO Received Date:** 07/17/2013  
**Loss Description:** HEAD ON COLLISION  
**Location of Loss:** HIGHWAY 77  
 TOPEKA, KS

### Involved Party Insured Driver

**Name:** SEBASTIAN MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
 WALLY, KS 93773  
**DOB:** 02/12/1940  
**Gender:** Male  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS

### Investigation Details

> PARTY SUBJECT TO SIU INVESTIGATION

### Vehicle Coverage Information

**Coverage Type:** Collision

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**Loss Type:** Collision  
**Claim Status:** Open  
**VIN:** 3902939393939541 (Fail)  
**Vehicle:** 2000 FORD FOCUS  
**Vehicle Type:** Passenger Car  
**Last Year Registered:** 2000

## Casualty Coverage Information

**Coverage Type:** Pip  
**Loss Type:** Pip  
**Claim Status:** Open  
**Adjuster Company:** INSURANCE SERVICES OFFICE, INC  
**Alleged Injury:** STRAIN LOW BACK  
**Part of Body:** Lower Back Area - (Lumbar Area and

## Involved Party Claimant Driver

**Name:** HEATHER L. FERGUSON  
**Address:** 11 COZY BUTTERLY WAY  
PARKER PLACE, IA 39393  
**DOB:** 09/12/1984

## Vehicle Coverage Information

**Coverage Type:** Collision  
**Loss Type:** Collision  
**Claim Status:** Open  
**VIN:** 2029373629010A9373 (Fail)  
**Vehicle:** 2008 HONDA ACCORD  
**Vehicle Type:** Passenger Car

## Casualty Coverage Information

**Coverage Type:** Pip  
**Loss Type:** Pip  
**Claim Status:** Open  
**Adjuster Company:** INSURANCE SERVICES OFFICE  
**Alleged Injury:** STRAIN LOW BACK  
**Part of Body:** Lower Back Area

## Matching Claim

**File Number:** OA330047213

**Reason for Match:** Name  
Address  
SSN  
**Insuring Company:** XYZ MUTUAL INS COMPANIES  
**Claim Number:** XYZ392029383  
**Date/Time of Loss:** 06/24/2013 00:00  
**Policy Number:** XYZ392029383  
**Policy Type:** Personal Automobile  
**Inception Date:** 05/15/2013  
**Assigned Risk?:** No  
**Insuring Co. Address:** 888 WALLY WAY  
PO BOX 1  
WALLY, KS 63302-0000  
**Company Received Date:** 07/02/2013  
**Loss Description:** ANIMAL COLLISION IV HIT A DEER  
**Location of Loss:** KS  
**Expiration Date:** 05/15/2014

## Involved Party Both Claimant & Insured

**Name:** SEBASTIAN MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773  
**DOB:** 02/12/1940  
**Gender:** Male

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**Home Phone:** (700) 123-4567  
\*\*\* More matches on this Home Phone outside this report \*\*\*  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS

## Vehicle Coverage Information

**Coverage Type:** Comprehensive  
**Loss Type:** Animal  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Adjuster:** DEAN, JOHN  
**VIN:** 00100163210004000 (Pass)  
**Vehicle:** 2003 CHEVROLET TRAILBLAZER  
**FDR Available?:** [Yes](#)  
**Last Year Registered:** 2000

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## Matching Claim

**File Number:** 1B003444998

**Reason for Match:** Name  
Address  
**Insuring Company:** PROPERTY AND CASUALTY INS. CO  
**Claim Number:** PCC0238372661511  
**Date/Time of Loss:** 05/20/2011 23:00  
**Policy Number:** PCC0238372661511  
**Policy Type:** Personal Automobile  
**Inception Date:** 05/14/2002  
**Policy Renewed?:** Yes  
**Insuring Co. Address:** 100 LOWER MAIN STREET  
NORWICH, IA 39373  
**Insuring Co. Phone:** (830) 216-6458  
**Company Received Date:** 05/22/2011  
**Loss Description:** VEH 1 PARKED AN  
**Agency Notified:** NONE  
**Location of Loss:** IA  
US  
**Expiration Date:** 08/01/2014

## Involved Party Claimant Driver

**Name:** MANNY BATES  
**Address:** 197 LONE GOOSE ACRES  
CEDAR RAPIDS, IA 52404  
US  
**Home Phone:** (933) 422-3833

## Casualty Coverage Information

**Coverage Type:** Property Damage  
**Loss Type:** Property Damage  
**Claim Status:** Closed w/o Payment  
**Adjuster Company:** PROPERTY AND CASUALTY INS. CO  
**Adjuster:** SMITH, ANN  
**Alleged Injury:** INJURY  
**Date Claim Closed:** 07/15/2013

## Involved Party Both Claimant & Insured

**Name:** HEATHER L. FERGUSON  
**Address:** 11 COZY BUTTERFLY WAY  
PARKER PLACE, IA 39393  
US  
**DOB:** 09/12/1984  
**Gender:** Female  
**Home Phone:** (403) 398-0001  
**Business Phone:** (403) 342-0000

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**SSN:** XXX-XX-7789 was issued between 1984 and 1986 in IA

**Occupation:** DRIVER

## Vehicle Coverage Information

**Coverage Type:** Collision

**Loss Type:** Collision

**Claim Status:** Subrogation Pending

**Adjuster Company:** PROPERTY AND CASUALTY INS. CO

**Adjuster:** BEIBER, PAM

**VIN:** 239392023932838AA3 (Pass)

\*\*\* More matches on this VIN outside this report \*\*\*

**Vehicle:** 2007 FORD FOCUS

**[EDR Available?](#):** No

**Vehicle Disposition:** Other

**Last Year Registered:** 2000

**Settlement Amount:** 1,239

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## Matching Claim

**File Number:** OZ9004413173

**Reason for Match:** Address

**Insuring Company:** BLUE FLAG INSURANCE COMPANY

**Claim Number:** RF1393983293483249302349

**Date/Time of Loss:** 11/16/2012 02:30

**Policy Number:** RF1393983293483249302349

**Policy Type:** Personal Automobile

**Inception Date:** 05/30/2012

**Expiration Date:** 11/30/2012

**Insuring Co. Address:** RED FLAG PARKWAY

399 MISTY MEADOW

AUSTIN, TX 95444

**Insuring Co. Phone:** (900) 999-1234

**Company Received Date:** 01/10/2013

**Loss Description:** PH STRUCK CLMT PARKED-OCCUPIED VEH

**Location of Loss:** 1010 BRIGHT VIEW LEDGE

OAK COURT, IA 39377

## Involved Party Claimant

**Name:** JAMIE E. DINEEN

**Address:** 1010 BRIGHT VIEW LEDGE

OAK COURT, IA 39377

**Gender:** Female

## Vehicle Coverage Information

**Coverage Type:** Property Damage

**Loss Type:** Property Damage

**Claim Status:** Closed

**Adjuster Company:** BLUE FLAG INSURANCE COMPANY

**Adjuster:** VILLA, BEN

**Adjuster Phone:** (800) 841-5432

**VIN:** 1A9398392390000001 (Pass)

\*\*\* More matches on this VIN outside this report \*\*\*

**Vehicle:** 2003 FORD EXPLORER

**[EDR Available?](#):** No

**Vehicle Color:** Tan

**Last Year Registered:** 2000

## Involved Party Insured

**Name:** SALVATORE ANGELO

**Address:** PO BOX 772

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DOB: RAPIDS, MT 93933  
10/09/1961

Home Phone: (222) 221-6072

SSN: XXX-XX-5337 was issued between 1974 and 1976 in MT

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## Matching Claim

File Number: 1Z494100298

Reason for Match: Name

Insuring Company: PROPERTY AND CASUALTY INS. CO

Claim Number: PCIC39273720202

Date/Time of Loss: 05/20/2011 00:00

Policy Number: PCIC39273720202

Policy Type: Personal Automobile

Insuring Co. Address: 100 LOWER MAIN STREET  
NORWICH, IA 39373

Insuring Co. Phone: (887) 206-6666

Loss Description: CLAIM IS LOSS TYPE OF PRPD

Location of Loss: 10 LOWER VALLEY PLACE  
CEDAR RAPIDS, IA

## Involved Party Claimant

Name: MANNY BATES

Address: 197 LONE GOOSE ACRES  
CEDAR RAPIDS, IA 52404

Occupation: CASHIER

## Vehicle Coverage Information

Coverage Type: Property Damage

Loss Type: Property Damage

Adjuster Company: PROPERTY AND CASUALTY INS. CO

Adjuster: PEMPO, SHARRI

Vehicle: 0000 PICK UP

Last Year Registered: 2000

## Involved Party Insured

Name: HEATHER L. FERGUSON

Address: 11 COZY BUTTERFLY WAY  
PARKER PLACE, IA 39393

Occupation: ADMIN

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## Matching Claim

File Number: 3J002690412

Reason for Match: Address  
SSN  
Name

Insuring Company: XYZ MUTUAL INS COMPANIES

Claim Number: XYZ390238230498232

Date/Time of Loss: 01/14/2010 00:00

Policy Number: XYZ390238230498232

Policy Type: Personal Automobile

Insuring Co. Address: 10 WILLOW GATE AVENUE  
BATAVIA, IL 39399

Insuring Co. Phone: (573) 474-6193

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## Involved Party Insured

**Name:** SEBASTIAN MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 02/12/1940  
**Gender:** Male  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS  
**Drivers License:** S93937737 **State:** KS

## Vehicle Coverage Information

**Coverage Type:** Collision  
**Loss Type:** Collision  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**VIN:** 00100163210004000 (Pass)  
**Vehicle:** 2003 CHEVROLET TRAILBLAZER  
**EDR Available?:** [Yes](#)  
**Vehicle Disposition:** Damaged  
**Last Year Registered:** 2000

## Involved Party Insured

**Name:** RENDA K MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 10/12/1942  
**Gender:** Female  
**SSN:** XXX-XX-9999 was issued between 1963 and 1963 in KS  
**Drivers License:** R00000003 **State:** KS

## Vehicle Coverage Information

**Coverage Type:** Collision  
**Loss Type:** Collision  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Vehicle:** 0000

## Involved Party Insured Driver

**Name:** SEBASTIAN MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 02/12/1940  
**Gender:** Male  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS  
**Drivers License:** S93937737 **State:** KS

## Vehicle Coverage Information

**Coverage Type:** Collision  
**Loss Type:** Collision  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Vehicle:** 0000

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## Matching Claim

File Number: 9F002228517

Reason for Match: Name  
Insuring Company: XYZ MUTUAL INS COMPANIES  
Claim Number: XYZ93920292010100  
Date/Time of Loss: 01/14/2010 00:00  
Policy Number: XYZ93920292010100  
Policy Type: Personal Automobile  
Inception Date: 05/15/2009 Expiration Date: 05/15/2010  
Assigned Risk?: No  
Insuring Co. Address: 10 WILLOW GATE AVENUE  
BATAVIA, IL 39399  
Insuring Co. Phone: (503) 404-6666  
Company Received Date: 01/19/2010  
Loss Description: IV RAN OFF ROAD HEAVY FOG  
Location of Loss: KS

## Involved Party Insured

Name: RENDA K MARTIN  
Address: MARTIN , RENDA K  
999 BRIGHT BEACON BEND  
WALLY, KS 93773  
DOB: 02/12/1940  
Home Phone: (700) 123-4567

## Involved Party Both Claimant & Insured

Name: SEBASTIAN MARTIN  
Address: MARTIN, RENDA K  
999 BRIGHT BEACON BEND  
WALLY, KS 93773  
DOB: 02/12/1940  
Home Phone: (700) 123-4567  
\*\*\* More matches on this Home Phone outside this report \*\*\*

## Vehicle Coverage Information

Coverage Type: Collision  
Loss Type: Collision  
Adjuster Company: XYZ MUTUAL INS COMPANIES  
Adjuster: CEDAR, HARVEY  
VIN: 00100163210004000 (Pass)  
Vehicle: 2003 CHEVROLET TRAILBLAZER  
[EDR Available?:](#) [Yes](#)  
Last Year Registered: 2000

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## Matching Claim

File Number: 3X3220004779

Reason for Match: Name  
SSN  
Insuring Company: XYZ MUTUAL INS COMPANIES  
Claim Number: XYZ3938439202028  
Date/Time of Loss: 10/01/2011 00:00  
Policy Number: XYZ3938439202028

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**Policy Type:** Personal Automobile  
**Inception Date:** 05/15/2011  
**Assigned Risk?:** No  
**Insuring Co. Address:** 888 WALLY WAY  
PO BOX 1  
WALLY, KS 63302-0000  
**Expiration Date:** 05/15/2012  
**Company Received Date:** 10/03/2011  
**Loss Description:** ANIMAL COLLISION; BRENDA SHIPLEY HIT DEER  
**Location of Loss:** KS

## Involved Party Both Claimant & Insured

**Name:** SEBASTIAN MARTIN  
**Address:** MARTIN, RENDA K  
999 BRIGHT BEACON BEND  
WALLY, KS 93773  
**DOB:** 02/12/1940  
**Gender:** Male  
**Home Phone:** (700) 123-4567  
\*\*\* More matches on this Home Phone outside this report \*\*\*  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS

## Vehicle Coverage Information

**Coverage Type:** Comprehensive  
**Loss Type:** Animal  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Adjuster:** BRACK, KAREN  
**VIN:** 00100163210004000 (Pass)  
**Vehicle:** 2003 CHEVROLET TRAILBLAZER  
**EDR Available?:** [Yes](#)  
**Last Year Registered:** 2000

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## Matching Claim

**File Number:** 9J003067888

**Reason for Match:** Address  
SSN  
Name  
**Insuring Company:** XYZ MUTUAL INS COMPANIES  
**Claim Number:** XYZ9383282828  
**Date/Time of Loss:** 10/01/2011 00:00  
**Policy Number:** XYZ9383282828  
**Policy Type:** Personal Automobile  
**Insuring Co. Address:** 10 WILLOW GATE AVENUE  
BATAVIA, IL 39399  
**Insuring Co. Phone:** (573) 474-6193

## Involved Party Insured

**Name:** KENNETH SHIPLEY  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 02/12/1940  
**Gender:** Male  
**SSN:** XXX-XX-0000 was issued between 1955 and 1956 in KS  
**Drivers License:** S93937737  
**State:** KS

## Vehicle Coverage Information

**Coverage Type:** Comprehensive  
**Loss Type:** Comprehensive

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**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**VIN:** 00100163210004000 (Pass)  
**Vehicle:** 2003 CHEVROLET TRAILBLAZER  
**EDR Available?:** [Yes](#)  
**Vehicle Disposition:** Damaged  
**Last Year Registered:** 2000

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## Involved Party Insured

**Name:** RENDA K MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 10/12/1942  
**Gender:** Female  
**SSN:** XXX-XX-9999 was issued between 1963 and 1963 in KS  
**Drivers License:** R00000003 **State:** KS

## Vehicle Coverage Information

**Coverage Type:** Comprehensive  
**Loss Type:** Comprehensive  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Vehicle:** 0000

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## Involved Party Insured Driver

**Name:** RENDA K MARTIN  
**Address:** 999 BRIGHT BEACON BEND  
WALLY, KS 93773-0000  
**DOB:** 10/12/1942  
**Gender:** Female  
**SSN:** XXX-XX-9999 was issued between 1963 and 1963 in KS  
**Drivers License:** R00000003 **State:** KS

## Vehicle Coverage Information

**Coverage Type:** Comprehensive  
**Loss Type:** Comprehensive  
**Adjuster Company:** XYZ MUTUAL INS COMPANIES  
**Vehicle:** 0000

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