

CASE STUDY

Settling straightforward travel claims faster while focusing experts on risk.



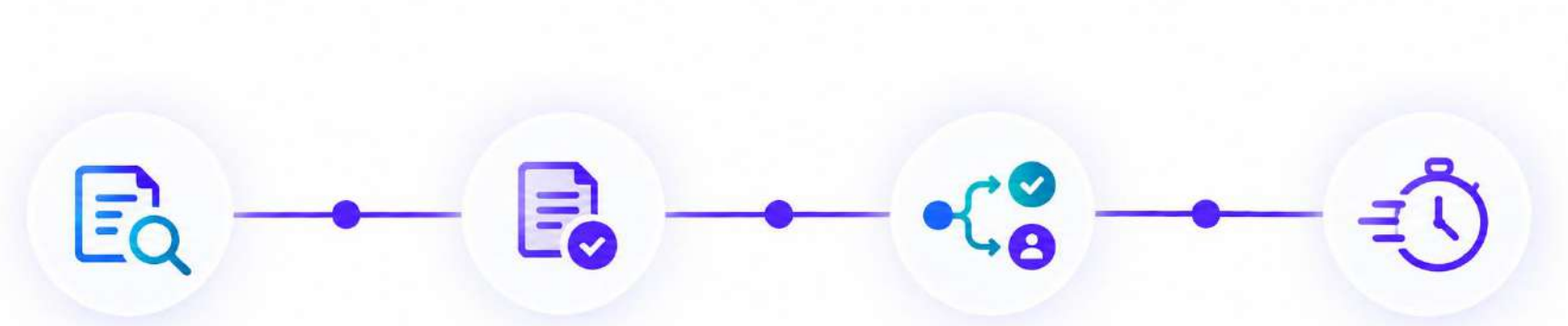
ABOUT THE CUSTOMER

This customer is a major insurer offering travel, health, motor, and personal lines products across a large consumer customer base. The organization processes significant travel claim volumes each year while balancing customer experience, operational efficiency, and fraud management requirements.

SUMMARY

The customer wanted to improve travel claim efficiency without weakening controls. While many claims were straightforward and low value, every claim still required review effort, creating delays for customers and operational costs for the insurer.

Kamios introduced a verification-first claims workflow that validates external events, assesses supporting documentation, and routes only higher-risk cases to assessors. This allowed straightforward claims to move through the process quickly while ensuring potentially suspicious claims received appropriate attention.



THE CHALLENGE

The insurer wanted to improve travel claims efficiency while maintaining strong fraud controls. Although many claims were straightforward and low value, they still required review effort, creating operational costs and delaying outcomes for genuine customers. This resulted in:

01

High manual handling costs

02

Large volumes of low-risk claims requiring review

03

Slow processing of straightforward claims

04

Inconsistent communication with claimants

05

Ongoing pressure to balance efficiency with fraud controls

THE KAMIOS APPROACH

Kamios introduced a verification-first claims process that prioritizes external validation before deeper investigation. The platform evaluates claims using multiple coordinated capabilities and routes exceptions automatically.

- **External Verification**
Confirmed travel disruptions using independent data sources.
- **Claim Categorization**
Classified claims and extracted relevant information.
- **Document Analysis**
Identified inconsistencies and authenticity concerns.
- **Abnormality Detection**
Highlighted unusual claimant behavior and patterns.
- **Customer Communication**
Generated targeted requests for missing information.
- **Settlement Orchestration**
Processed eligible claims and escalated exceptions.

OUTCOMES

- More straightforward claims were resolved without manual intervention.
- Assessor effort was focused on higher-risk cases.
- Processing times for genuine claims improved.
- Customer communications became more consistent.
- Fraud controls were maintained while efficiency increased.

BUSINESS IMPACT

The **key transformation** was shifting assessment effort toward the claims most likely to benefit from human review.

Straightforward claims no longer waited behind investigations that were unlikely to uncover meaningful issues.

Assessors gained access to clearer evidence and more focused review populations, while customers experienced faster responses and improved communication throughout the claims process.

WHAT IS KAMIOS?

Kamios is the governed AI agent orchestration platform for insurance and regulated industries. It gives insurers, banks and financial services firms one governed place to run AI agents on live cases, from claims and underwriting to onboarding and credit decisions, coordinating agents, people, systems and decisions without replacing what is underneath. Every action is declared under a mandate, evidenced as it happens and metered per case, so leaders can answer for what their agents do. It runs on their own infrastructure, in their own region, with the models they choose. Kamios is a Neutrinos product, built by founders with decades in insurance and banking technology, and is in production today at Tier-1 carriers, where straight-through processing on new business moved from 2 percent to 35 percent. Learn more at www.kamios.ai.