



Recognizing Suspect or Fraudulent Slip & Fall Claims

Slip and Fall Prevention



The Insurance Information Institute reports that ten percent of all insurance claims are fraudulent, costing the U.S. property and casualty industry \$30 billion a year. Slip and fall accidents often go unwitnessed and result in soft tissue, or “invisible,” injuries. Because of these characteristics, such incidents are prime candidates for fraud. By recognizing slip and fall fraud indicators and reporting them to CNA, you can help to fight this crime and protect yourself from false claims. Whether perpetrated by a “professional claimant” or by an employee seeking unwarranted Workers’ Compensation benefits, insurance fraud is a serious and costly issue.

Potential Fraud Indicators

Be alert for the following “red flags” when investigating a slip and fall incident. But remember, no red flag by itself necessarily indicates fraud.

Common indicators may include:

- Unwitnessed accidents.
- Claims reported to have occurred on Mondays or after a long weekend. Often times these claims can be fraudulent as the person was actually hurt over the weekend.
- The claimant has a history of prior claims and/or lawsuits.
- Claimed injuries not correlating with the mechanics of the incident description.
- Discrepancies between official reports taken by police, EMS or hospital personnel and statements of claimant and/or witnesses.
- Lack of cooperation with claim investigation.
- Enthusiastic witnesses who come forward immediately.
- A claimant who can’t produce positive identification.
- A claimant who has frequent changes of address and phone numbers.
- Claimant threatens adverse publicity if the claim is not settled quickly.
- Claims ailments persist far beyond the normal recuperation time period.

The National Insurance Crime Bureau (NICB) also lists the following as indicators¹:

- Claimant’s body did not move in accordance to the laws of physics (falling forward or backward) based on the reported facts of the slip and fall.
- Scene inspection revealed there was no defect in the surface (sidewalk, flooring, etc.) allegedly causing the slip and fall.
- Substance slipped on is not usually found at that type of store or business (e.g., slipping on a french fry in an electronics store).
- The owner observed claimant or witness was in the building prior to the slip and fall incident observing customers and/or surveying the area.
- The substance that allegedly caused the slip and fall has not been disturbed (smeared).

Fraud Indicators Specific to Workers’ Compensation

The NICB also outlines prominent indicators specific to Workers’ Compensation¹:

- Accident occurred just prior to a layoff, strike or near the end of a probationary period.
- Accident location is in an area where the employee normally would or should not be.
- Total disability is determined during the initial medical visit and remains the position throughout the life of the claim.
- First notification of the injury is after the employee is laid off or terminated.
- Work performed by the claimant is seasonal or about to end.
- Claim payment check for the Workers’ Compensation claim is picked up at the office.
- Injured employee is never available.
- Medical appointments are skipped and/or claimant refuses any diagnostic testing to confirm injury.
- Claimant continues to participate in physically demanding hobbies.
- Recent purchase of a disabilities policy by the claimant.
- Claimant was experiencing financial difficulties prior to the incident.

Staging an Accident for Profit

Fraudulent slip and fall claims are often staged to include false witnesses such as:

- A bystander, witness, unidentified caller or other informant offers “tips” that fraud was intended or gives information contrary to that of the claimant.
- Claimant has no legitimate purpose for being on the premises or in the area where the incident is alleged to have occurred (e.g., in a seldom used stairway or in an area off limits to customers or visitors).
- Claimant is not a regular patron or is a recently hired employee. For example, the claimant is a transient, an out-of-towner or an individual with only a P.O. Box or hotel address.
- Claimant is hostile, makes aggressive demands for quick settlement or alleges excessive damages.
- Claimant immediately brings up the subject of “liability” or “insurance.”
- Claimant is represented by an attorney before even reporting the incident.

¹National Insurance Crimes Bureau (NICB)- Indicators of Injury Fraud Part 2 of 2. April 29, 2020
Disclaimer on page 4 incorporated herein by reference.



Distorting the Facts

A common red flag is details of the incident detail is dramatize or distorted to reinforce the overall story.

- During the investigation interview, the claimant may distort the facts by over dramatizing the situation and details of the incident.
- Immediate inspection of the scene reveals nothing unusual about the walking surface—no foreign or wet substance on the floor.
- Claimant's footwear and clothing show no signs of a fall or contact with foreign substance or liquid.
- Claimant behaves in a manner that indicates alcohol intoxication, substance abuse, emotional instability, prior injury, or physical illness may be a primary contributor to the fall.

Exploiting the Claim

Outside of staging an incident, a claim can be exploited to achieve additional benefits or compensation.

- Claimant seeks additional medical care after no objective injury was found during emergency room treatment or in the first medical exam.
- Claimant does not return to work the next day after a minor injury or no objective injury.
- Claimant enters into chiropractic care in the absence of an objective diagnosis or after a minor injury.
- Claimant enters into psychiatric care, allegedly as a result of the incident.
- Tips are received or there is evidence that the allegedly "disabled" claimant is active or still working.
- Claimant is disgruntled, recently unemployed or has reason for not wanting to return to work.

- Claimant refuses or is unable to provide reasonable documentation of lost time from work, rate of pay or other damages related to the incident.
- Claimant alleges unsubstantiated damages to an item of unusual value as a result of the fall, such as expensive jewelry, camera or personal electronic equipment (phone, computer, etc.).

How to Handle a Suspect Incident

If an alleged incident is reported on your premises, you should respond by:

- Notifying the police and/or EMS if there is a significant injury.
- Initiating the investigation procedures using a [Slip and Fall Incident Reporting](#).
- Obtaining the injured party's name, address and telephone number.
- Asking the injured party what happened to cause the incident.
- Identifying witnesses to the incident and recording their contact information.
- If there is a witness, ask the witness what they observed.
- Obtaining photographs of the area where the accident occurred, including anything that may have been the cause of the accident such as ice or snow.
- Ensuring that any video recording is preserved.
- Reporting all incidents to your agent no matter how minor the incident may seem at the time, including a copy of your lease agreement and other documents. [See Slip and Fall Incident Investigations](#).

Tracking Slip and Fall Incidents

Keeping track of all slip and fall incidents is of high importance.

- Develop a system of recording slip and fall incidents whether through a computer database or paper filing system. [See Slip, Trip and Fall Investigation Report Form.](#)
- Logging all incidents will provide information leading to trends such as:
 - Repeat claimants
 - Areas of frequent falls
 - Types of claimants who have fallen

Remember: if you do observe these red flags or other indicators of fraud, **DO NOT** take action on your own to deny a claim or otherwise alert the perpetrator of your suspicions. You may inadvertently hinder the investigation. Instead, report these red flags or other indicators to our claim professionals—your ally in fighting fraud.

Special Investigation Unit (SIU)

At CNA, we take insurance fraud very seriously. We have 24 individuals dedicated to our Special Investigation Unit (SIU) with an average of 25 years of investigation experience in state, local and federal law enforcement, the U.S. military and claim organizations.

Our SIU experts are located throughout the country and offer a complete range of services, including coordinating assignments with our fraud, surveillance and data investigation vendors, reporting suspicious claims to state fraud agencies and developing and delivering fraud awareness training.

Our SIU team also works closely with our Claims department to identify and investigate suspected fraudulent claims.

Learn more about [managing slip and fall risks](https://cna.com/riskcontrol) at cna.com/riskcontrol (US) or cnacanada.ca (Canada).