Insurance Investigator interview questions

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What to expect

Insurance investigator interviews focus on your ability to review claims, gather evidence and make sound recommendations. Employers want to see that you can handle sensitive conversations, apply insurance law and regulation, and document your work in a way that stands up to review. Expect a mix of process, behavioural, scenario and technical questions.

- **Process:** Questions about how you move a claim from notification to final report, including planning, evidence gathering and documentation.
- **Behavioural:** Questions that ask for real examples of interviewing difficult claimants, managing stakeholders or handling an ethical dilemma.
- **Scenario:** Case-based questions where you are given incomplete or conflicting information and asked what you would do next.
- **Technical:** Questions on the Insurance Contracts Act, the General Insurance Code of Practice, privacy principles and investigation tools such as Guidewire ClaimCenter.
- **Client-facing:** Questions about how you conduct interviews with vulnerable claimants, including those who are injured, grieving or have a medical condition.

The interview is usually a two-stage process. First, a screening interview with a recruiter or hiring manager covering your background, motivation and availability. Second, a panel interview with the claims manager and a senior investigator. The panel typically includes behavioural questions, a scenario walk-through and technical questions on insurance law and regulation. Some employers also ask for a short written exercise or case study review. You may be asked to describe your experience with specific tools such as Guidewire ClaimCenter or LexisNexis.

1. Walk me through how you would investigate a suspicious claim from first notification to final report.

Why they ask

This tests whether you understand the full investigation lifecycle and can work methodically.

How to structure your answer

Use a step-by-step walk-through: notification and initial review, planning, evidence gathering, interviews, analysis, report and recommendation. Explain what you do at each stage and why.

Example answer

“When a suspicious claim comes in, I start by reviewing the policy and the claim form to check for any immediate red flags, such as a recent policy increase or a claim near the waiting period. I then plan the investigation: what records I need, who I need to interview and whether surveillance is appropriate. I gather evidence in a logical order, usually starting with documents from service providers and financial records, then interviewing the claimant and any witnesses. I keep detailed notes and store everything in the case management system. After the interviews, I analyse the evidence against the policy wording and the Insurance Contracts Act. Finally, I write a report that sets out the facts, the inconsistencies and a clear recommendation, such as accept, decline or refer for further review. I make sure the report is defensible and easy for the claims manager to follow.”

2. Tell me about a time you had to interview someone who was reluctant to provide information. How did you handle it?

Why they ask

Assesses your communication skills, empathy and ability to gather facts without escalating conflict.

How to structure your answer

Use STAR: Situation, Task, Action, Result. Focus on how you built rapport, explained the process and kept the interview on track.

Example answer

“A claimant in a workers compensation matter was avoiding my calls and gave short answers when I did reach him. He was worried that anything he said would be used against him. I arranged a face-to-face meeting at a neutral location and started by explaining my role: that I was there to verify the claim, not to accuse him. I used open questions about his daily routine and his recovery, and I let him talk without interruption. When he mentioned he had returned to light duties, I asked for details and cross-checked them later with his employer. He became more forthcoming, and the interview gave me enough to confirm the claim was legitimate but needed a return-to-work plan. The claims manager accepted my recommendation without further review.”

3. You receive a claim for a stolen vehicle. The claimant has provided a police report, but the vehicle was seen at a repair shop two days after the reported theft. What do you do?

Why they ask

Tests judgement under pressure and your ability to handle conflicting evidence without jumping to conclusions.

How to structure your answer

Scenario response: stay calm, verify the information, follow procedure, consider legal and privacy obligations, document everything and make a recommendation based on evidence.

Example answer

“First, I would not confront the claimant with the sighting. I would verify the information: check the repair shop's records, confirm the date and time, and see if there is any CCTV or invoice evidence. I would also review the police report and the claimant's statement for any inconsistencies. If the vehicle was at the repair shop after the reported theft, that raises a serious question, but I would still gather all the facts before drawing a conclusion. I would check whether the claimant had given permission for someone else to use the vehicle or whether the repair was pre-arranged. I would document each step in the case management system and follow internal policy on notifying the claims manager. My final report would set out the evidence and recommend either declining the claim or referring it to a specialist fraud unit if the evidence supports that.”

4. How do you apply the Insurance Contracts Act and the General Insurance Code of Practice when deciding whether to recommend declining a claim?

Why they ask

Checks your knowledge of the Australian regulatory framework and how you put it into practice.

How to structure your answer

Explain the legal framework, your duty of utmost good faith, the Code's obligations, and how you document your decision.

Example answer

“The Insurance Contracts Act sets out the duty of utmost good faith and limits how insurers can rely on certain policy conditions. The General Insurance Code of Practice adds service standards and obligations around communication and transparency. When I am considering a decline, I first check the policy wording and the Act to make sure the grounds are valid. I look at whether the claimant has had a fair opportunity to respond to any adverse information. I also check the Code's requirements for explaining decisions clearly and informing the claimant of their right to complain to the Australian Financial Complaints Authority. I document each step, including the evidence I relied on and the reasons for my recommendation. If I am unsure, I escalate to a senior investigator or the compliance team before finalising my report.”

5. Describe how you would conduct a sensitive interview with a claimant who has a medical condition or is grieving.

Why they ask

Assesses your empathy, professionalism and ability to gather information without causing harm.

How to structure your answer

Preparation, rapport, open questions, support, clear communication, record keeping.

Example answer

“Before the interview, I would review the claim file and any medical or police reports to understand what the person has been through. I would choose a quiet, private location and allow extra time. I would start by introducing myself, explaining why I am there and reassuring the claimant that they can take breaks or stop if needed. I would use open questions and let them tell their story at their own pace, without interrupting. If they become distressed, I would pause and ask if they want to continue. I would avoid jargon and confirm my understanding of key facts at the end. I would write up my notes promptly and keep them factual, separating observation from opinion. If I needed more information, I would follow up in a way that respects their circumstances.”

6. What would you do if you found evidence that a colleague had overlooked a fraudulent claim indicator?

Why they ask

Tests integrity, understanding of internal controls and ability to handle a sensitive workplace issue.

How to structure your answer

Ethical decision framework: clarify the facts, consider policy, raise with the right person, document, maintain confidentiality.

Example answer

“First, I would make sure I had the facts right. I would review the file and my own notes to confirm what I had seen. I would not discuss it with other colleagues. I would then raise it with my supervisor or the compliance team, depending on the internal policy. I would present the evidence neutrally, without accusing anyone, and ask how they want to proceed. If the claim was still open, I would recommend that it be paused or re-reviewed. I would document the conversation and the outcome in the case management system. If the matter involved a potential breach of the Code of Practice or the law, I would expect it to be escalated properly. My priority is protecting the integrity of the claims process and the insurer's obligations.”