

Fighting back against fraud.

When anomalies in a personal injury claim submitted by a man injured on a theme park ride raised suspicions, QBE's claims team mobilised a formidable range of resources and expertise to uncover and avert an attempted £1.5m claim fraud.

The story begins

In June 2014, a small business owner submitted a claim for injuries received while on a gondola ride with his wife and son at a major UK theme park. The question of liability was not contested. The ride operator admitted having inadvertently pushed the claimant's gondola too hard, causing it to rock excessively. QBE quickly settled low-value claims submitted by the claimant's wife and son for minor whiplash-type injuries.

The husband's claim, however, took a very different course. Alarm bells first rang for the QBE claims team when the claimant requested no fewer than 62 physiotherapy sessions within three months of the accident. QBE's rehabilitation team and its specialist clinical partners confirmed that, even for very serious injuries, this level of intervention is highly unusual. QBE's award-winning special investigations unit (SIU) was alerted and asked to take a closer look.

The stakes increase

An initial £30,000 Part 36 settlement offer made to the claimant was rejected out of hand, as were subsequent offers. It soon became clear that he was seeking a much larger sum. Exactly how much larger gradually became apparent. Over a six-year period, what started out as a seemingly trivial incident developed into a £1.5m injury claim, with more than just money at stake for both sides.

The claimant saw an opportunity to secure a life-changing compensation payment. The theme park saw its reputation at risk of being tarnished. Also at stake for QBE's customer was the prospect of a major hike in its insurance premiums. QBE's claims team were confident the claim had been massively over-egged. But proving that in a court of law is never a straightforward matter.

Inconsistencies emerge

Working closely with defendant lawyers Plexus Law and St John's Chambers, and with forensic accountants Armstrong Watson, QBE's claims fraud specialists conducted an exhaustive multinational investigation into the circumstances surrounding the claim.

Expert analysis of surveillance footage following his accident showed that the claimant had a far greater range of movement than he claimed. Evidence also emerged of him making inconsistent statements in a separate income protection insurance claim made following an unrelated heart attack, and in an application for a business loan from The Funding Circle. Meanwhile, forensic accountants found that, far from suffering losses, the claimant's business actually enjoyed its two best years following the original incident.

Caught out

Perhaps most tellingly, joint investigations by QBE's fraud and complex claims teams uncovered images posted on Facebook by the claimant's son showing his father whitewater rafting in South Africa just three weeks after he had told his GP in the UK that he was unable to carry out even the most sedentary of physical activities. This was subsequently confirmed through enquires made with the South African adventure sports company who organised this activity.

Justice is served

Following a ten-day trial in March 2020, the court took the view that the claimant had acted fundamentally dishonestly. The judge set damages at just £17,600, but ruled that the claimant should receive nothing and pay costs of over £300,000. QBE's latest victory in the fight against fraud saved the theme park from the threat of significant negative publicity and a major increase in its insurance premiums.