

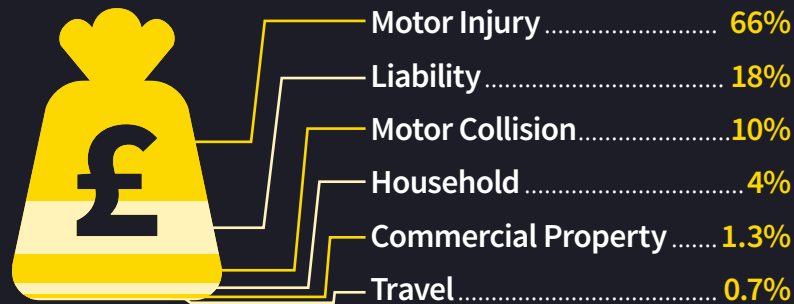
Fraud by the numbers

The value of fraudulent claims detected by Aviva's UK General Insurance business has fallen for the first time since 2015. However, Aviva is detecting more fraudulent applications for insurance, which more than offsets the fall in claims fraud.



Where fraud comes from

Although claims fraud has fallen, it is still a significant customer issue. Here, Aviva outlines where it detects fraud across its UK General Insurance business.



Motor Fraud

Fraudulent injury claims from third parties continue to account for the majority of fraud Aviva detects.



1 in 7 Motor injury cases repudiated for fraud



13,000 motor claims under investigation



1,800 organised fraud claims under investigation

Liability Fraud

Liability fraud such as bogus slip-and-trip claims has grown sharply.



+20% against 2017



Average claim value £14,400



1,800 cases under investigation

Household Fraud



Average saving per household claim almost £2,500

Most common fraudulent contents claims:



Mobile phones



Televisions



Jewellery



Laptops



Tablets

We are pleased to see that the continued investment and focus we have given to prevention and detection is starting to reduce the impact of fraud for our genuine customers. However, that doesn't change the fact that insurance fraud is still a major issue for customers, with over £80m of suspect or proven claims fraud detected in 2018.

Tom Gardiner, Head of Fraud, Aviva UK General Insurance