ADACTA

STATE OF CLAIMS AUTOMATION

MARKET SURVEY 2026

INTRODUCTION

European insurers are facing increasing pressure to improve efficiency, accuracy, and the customer experience of claims handling. In response, claims automation has become central to claims transformation strategies across the industry.

While many insurers recognize the potential of automation, implementation progress remains uneven. Legacy claims systems, data limitations, regulatory constraints, and organizational challenges continue to slow adoption and limit scalability. At the same time, AI maturity and readiness vary significantly across markets, with many insurers still lacking a clear strategy or the capabilities required to deploy AI at scale.

This research, “State of Claims Automation 2026” provides a fact-based assessment of how far insurers have progressed in automating claims processing and how prepared they are to leverage AI. Based on insights from senior insurance decision-makers across Europe, the study establishes a benchmark of current practices, priorities, and challenges shaping the future of claims operations.

Adacta is recognized by top research and advisory firms such as Gartner, Celent, and ISG as a leading insurance software vendor.
Leveraging its extensive experience and a proven track record, Adacta empowers organizations to modernize legacy systems and claims processes with cutting-edge technology.

WHO RESPONDED: SAMPLE OVERVIEW

Adacta designed and commissioned this research to provide a clear, data-driven view of the current state of claims automation across the P&C insurance market, with a focus on real-world maturity, challenges, and value realised across lines of business.

The study captures insights directly from senior claims and technology decision-makers, ensuring the findings reflect strategic priorities, operational realities, and investment intent rather than theoretical or vendor-led perspectives.

By combining Norstat's robust recruitment and validation methodology with Adacta's deep claims technology expertise, the study provides a reliable benchmark for insurers evaluating their claims automation efforts. A Push-to-Web via Screen Access approach, supported by bespoke recruitment and telephone-based validation, provides access to hard-to-reach senior decision-makers and delivers high-quality, reliable insights to support scalable, compliant, and value-driven claims transformation.

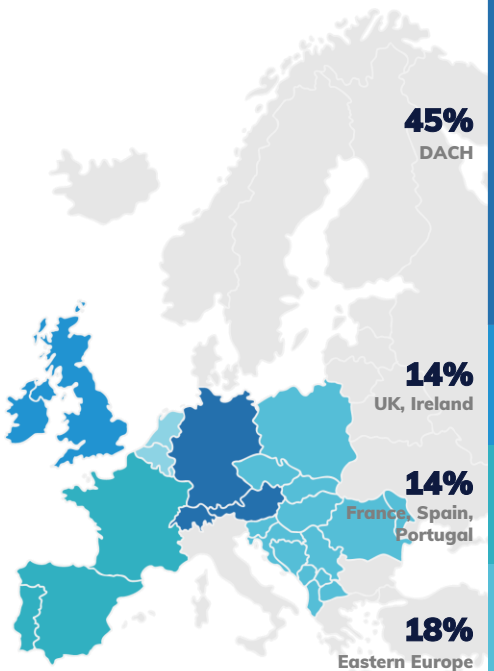
SAMPLE SIZE

N=110

DATA COLLECTION PERIOD

November – December 2025

MARKET



45% DACH

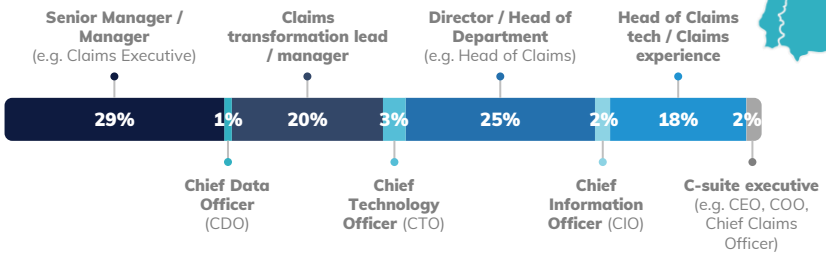
14% UK, Ireland

14% France, Spain, Portugal

18% Eastern Europe

9% Benelux

ROLE TYPE



N=110 | S2, S3, S5, Q1

EXECUTIVE SUMMARY

1.

CLAIMS AUTOMATION IS STILL IN EARLY STAGES

Over 80% of insurers describe their automation as moderate or lower. Only 17% have reached a high to very high level.

2.

AUTOMATION LEADS IN INTAKE, FRAUD AND CUSTOMER COMMUNICATIONS

FNOL intake (58%), fraud detection (49%), and customer communication (43%) are the most automated segments of the value chain.

3.

GENAI INTEREST IS WIDESPREAD, BUT DEPLOYMENT IS LIMITED

Only 26% are using or piloting generative AI. The largest group (37%) is actively exploring use cases over the next 12 months.

4.

LEGACY IT, COST UNCERTAINTY, AND DATA QUALITY ARE THE TOP BARRIERS

Over half cite outdated IT as the main obstacle (53%), followed by unclear ROI (48%) and data quality issues (48%).

5.

EXPECTED BENEFITS CONSISTENTLY OUTPACE OBSERVED RESULTS

All seven benefit areas show a 23-34 percentage point gap between importance and what has been achieved. Lower costs and STP rates lag the most.

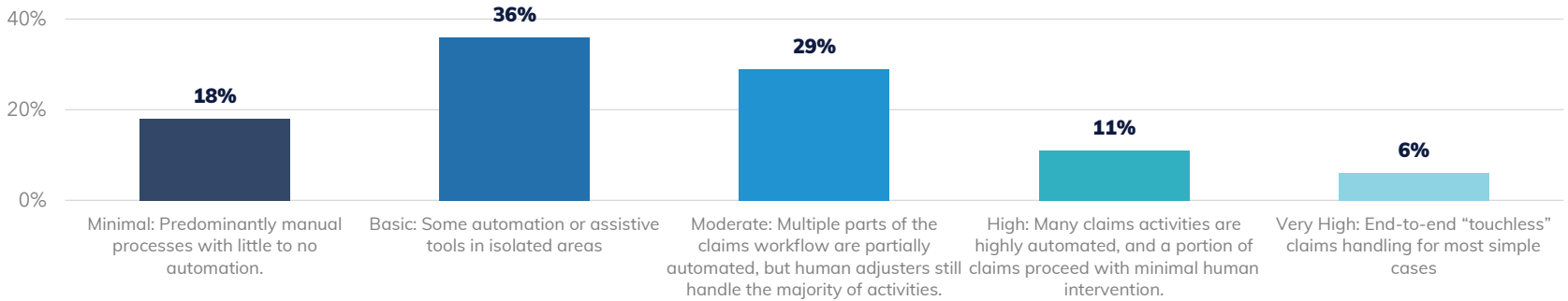
6.

INVESTMENT IS GROWING, WITH CORE SYSTEM MODERNISATION AS THE TOP PRIORITY

80% plan to increase automation spending. Core claims system replacement is the top-ranked innovation priority.

HOW AUTOMATED ARE CLAIMS PROCESSES TODAY?

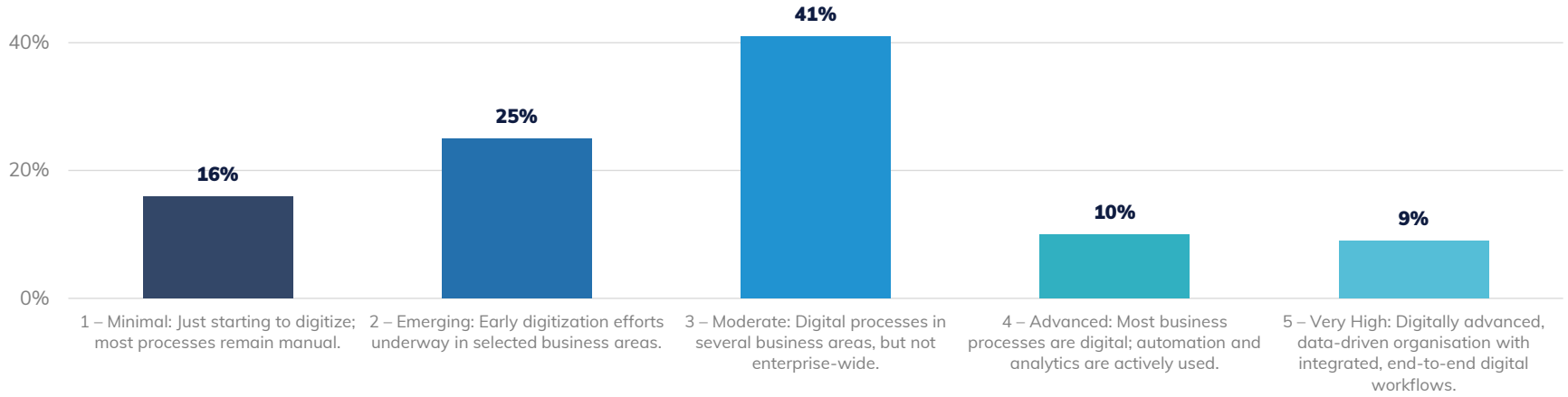
Claims process automation is still in its early stages. Over 80% of respondents describe their current level of automation as moderate or lower, with only 17% reporting a high or very high level. The largest group (36%) relies on basic automation in isolated areas.



N=110 | Q3 | How would you describe your organisation‘s current level of claims process automation? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW DIGITALLY MATURE ARE INSURERS BEYOND CLAIMS?

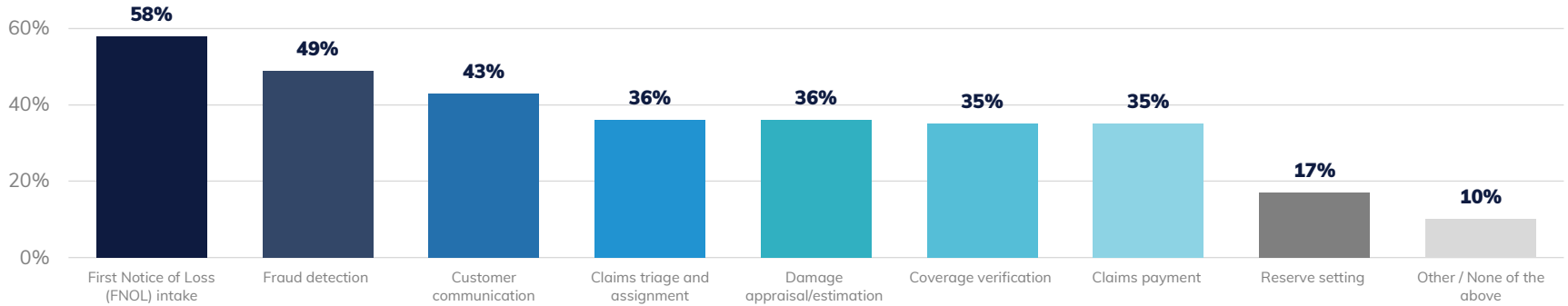
The majority of organisations (82%) have not yet reached an advanced level of digital transformation, with the largest group (41%) at a moderate stage, where digital processes exist in several areas but are not enterprise-wide.



N=110 | Q4 | How would you describe your organisation's overall digital transformation maturity (beyond claims)? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHICH PARTS OF THE CLAIMS VALUE CHAIN ARE AUTOMATED?

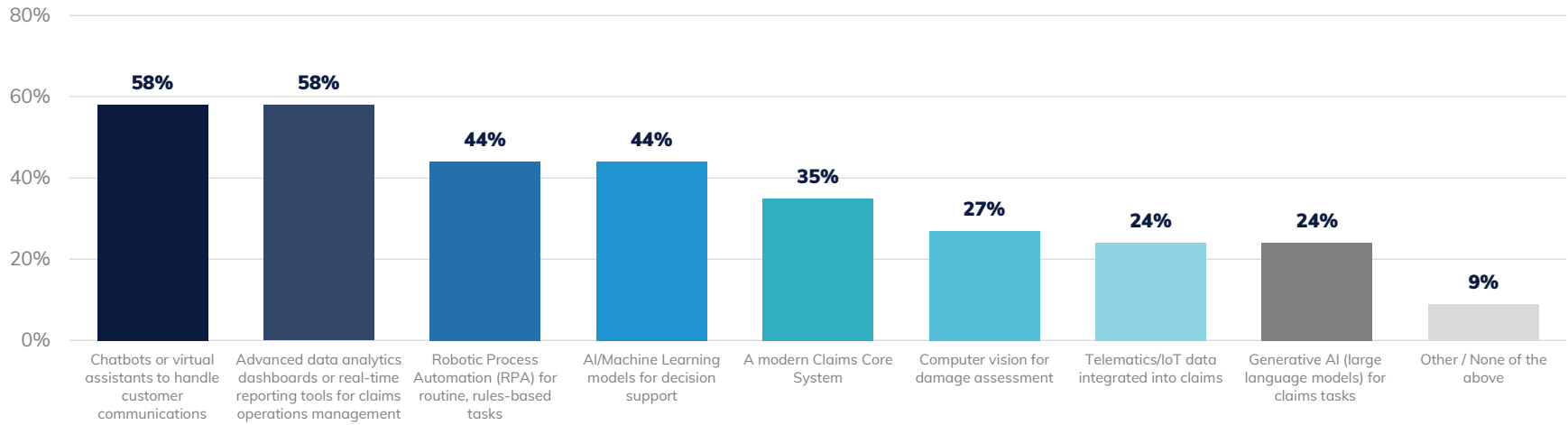
Automation adoption is highest for customer-facing and detection activities such as FNOL intake (58%), fraud detection (49%), and customer communications (43%). Back-office decisioning and settlement steps see lower adoption, with reserve setting (17%) being the least automated stage.



N=110 | Q5 | Which parts of the claims value chain are currently automated or augmented by technology in your organisation? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15), EASTERN EUROPE (20) & BENELUX (10)

WHICH TECHNOLOGIES ARE USED IN CLAIMS OPERATIONS?

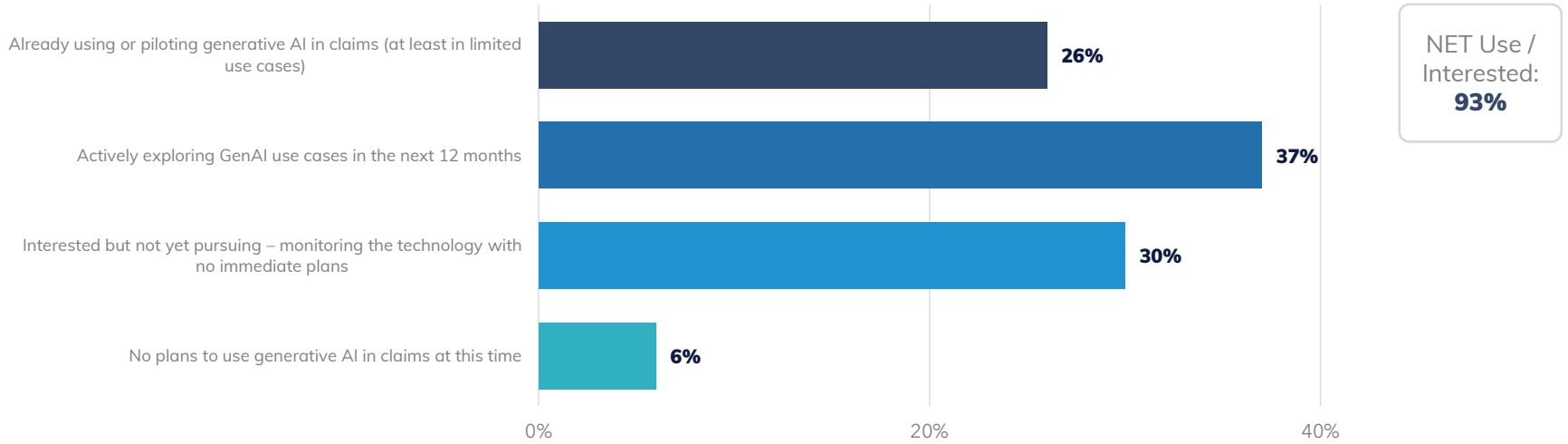
Established technologies lead adoption: chatbots (58%), data analytics dashboards (58%), RPA (44%), and AI/ML models (44%) are each used by more than four in ten respondents. Newer capabilities, such as computer vision (27%), telematics/IoT (24%), and generative AI (24%), remain at an earlier stage.



N=110 | Q6 | Which of the following technologies are currently used in your claims operations? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT ARE INSURERS' PLANS FOR GENERATIVE AI?

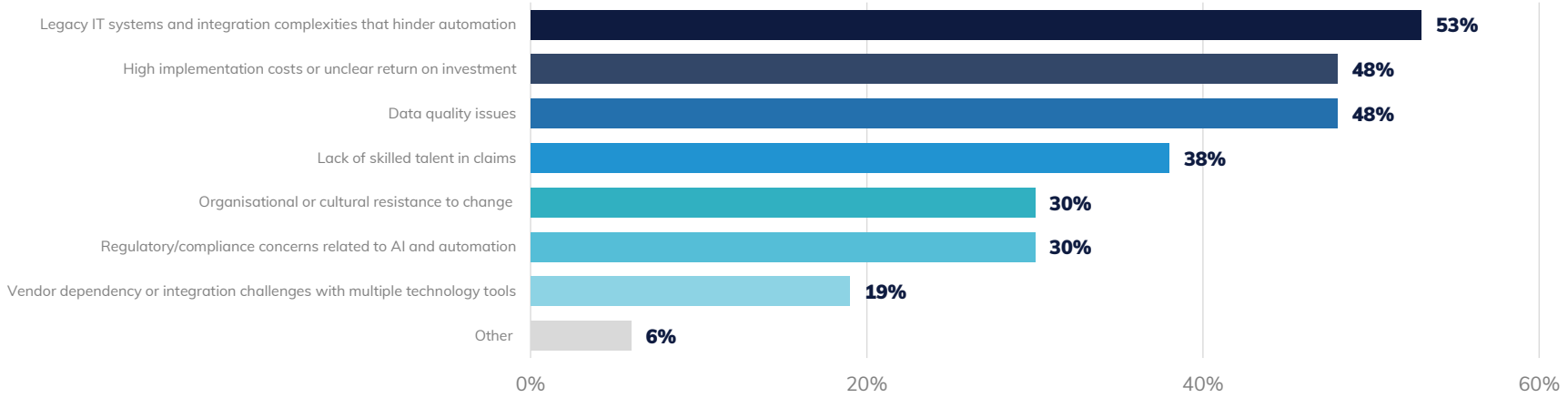
Interest in generative AI for claims is widespread, with only 6% ruling it out. However, just 26% are currently using or piloting GenAI. The largest group (37%) is actively exploring use cases, while 30% are monitoring developments without immediate plans.



N=110 | Q7 | What are your organisation's current plans regarding the use of Generative AI (e.g., GPT-type AI tools) in claims handling? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT ARE THE BIGGEST BARRIERS TO AUTOMATION?

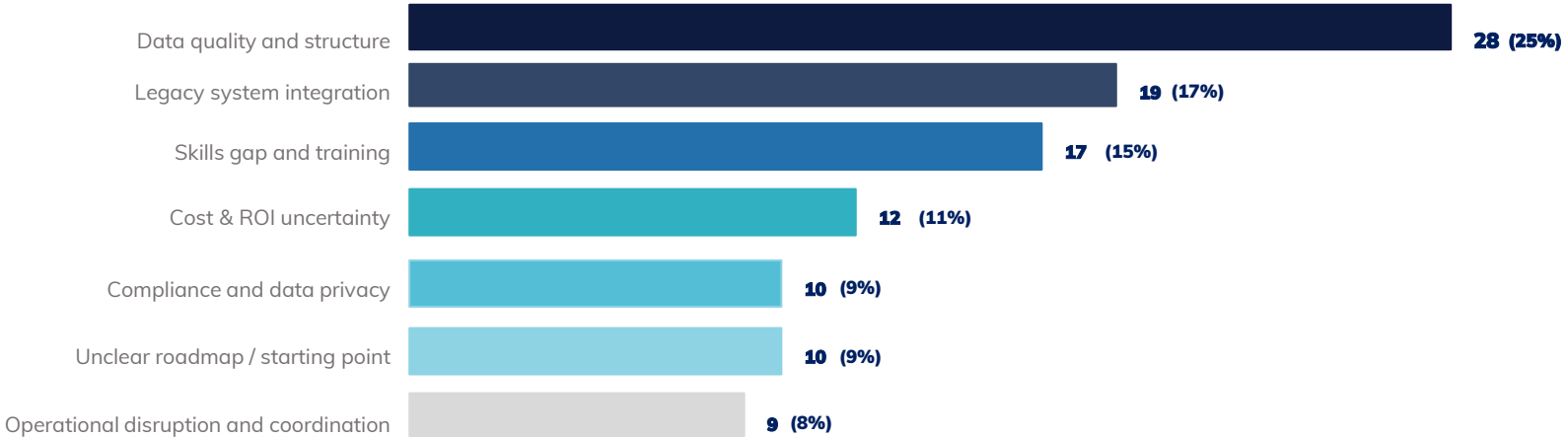
Legacy IT systems and integration complexity are the most widely cited challenges (53%). High implementation costs or unclear ROI (48%) and data quality issues (48%) follow closely. Skills gaps (38%), resistance to change (30%), and regulatory concerns (30%) affect roughly a third of organisations.



N=110 | Q8 | What are the biggest challenges or obstacles your organisation faces in further automating the claims process? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT LESSONS HAVE INSURERS LEARNED FROM AUTOMATION PROJECTS?

Data quality was the main barrier, with one in four respondents citing incomplete records, duplicates, and unstructured documents as obstacles. Legacy system incompatibility and skills gaps were also frequently mentioned. The most effective solutions were platform-level capabilities such as validation checks, centralised data models, and real-time dashboards. Clear implementation roadmaps and hands-on training also emerged as key enablers.



N=110 | Q8b | What challenges or lessons have you encountered in trying to automate claims, and what did/would help you most to overcome these barriers? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT RESPONDENTS SAID

“INTEGRATING OUR MAIN SYSTEM WITH AUTOMATION TOOLS PROVED CHALLENGING; STRONGER INTEGRATION SUPPORT WOULD HELP.”

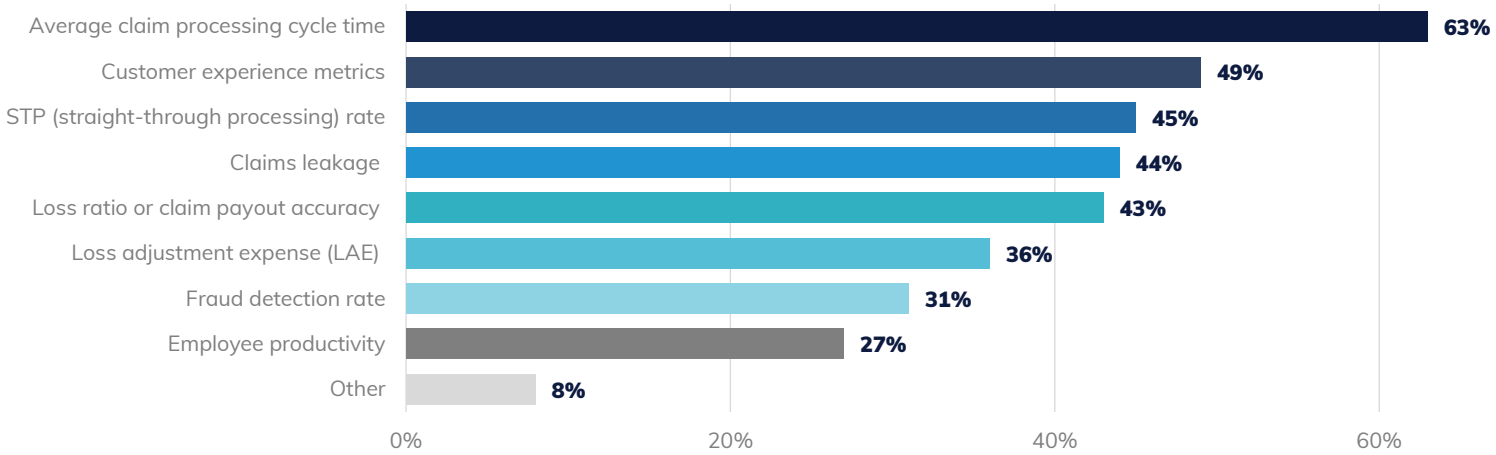
- CTO, DACH

„AI IMPLEMENTATION COSTS ARE HIGH; A WELL-DEFINED ROI MODEL WOULD PROVIDE REASSURANCE.“

- IT DIRECTOR FROM FRANCE

WHICH METRICS ARE USED TO MEASURE AUTOMATION SUCCESS?

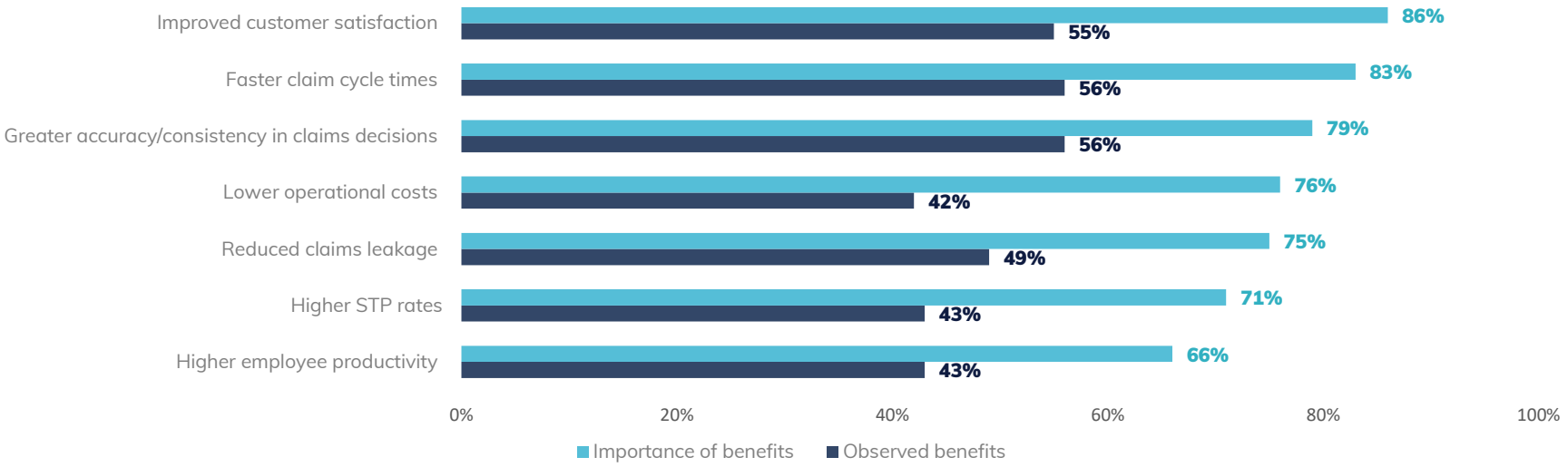
Claim processing cycle time is the most widely tracked metric (63%), followed by customer experience (49%) and STP rate (45%). Financial metrics, such as claims leakage (44%), payout accuracy (43%), and loss adjustment expense (36%), form a second tier. Employee productivity (27%) is the least tracked metric.



N=110 | Q10 | Which performance metrics do you actively track to gauge your claims operation or automation success? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW DO EXPECTED BENEFITS COMPARE TO OBSERVED RESULTS?

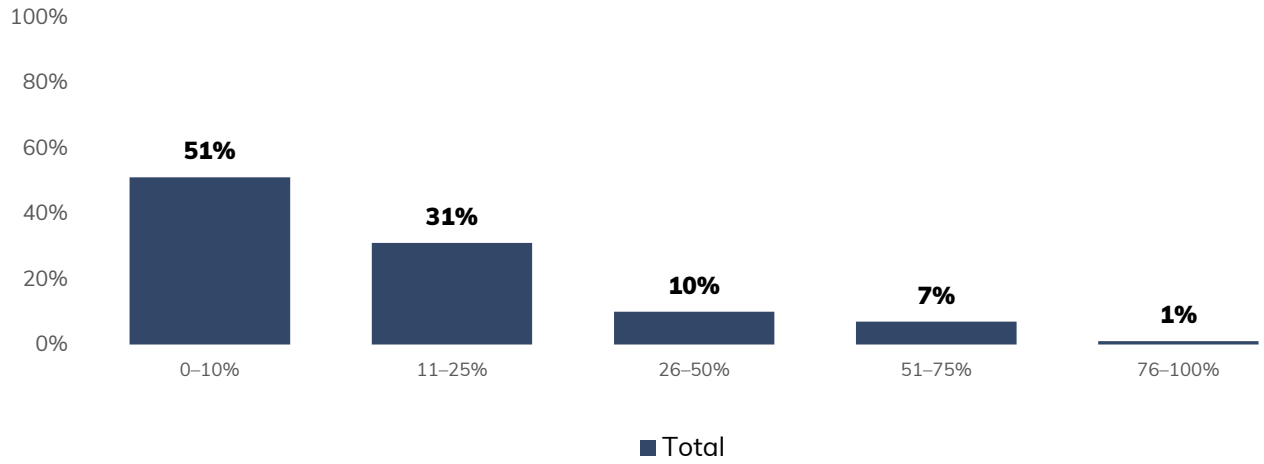
A consistent gap exists between the benefits respondents consider important and those they have observed so far. All seven benefit areas show a shortfall of 23 to 34 percentage points. The widest gaps appear in lower operational costs (34 pp), customer satisfaction (31 pp), and higher STP rates (28 pp).



N=110 | Q11 & Q12 | How important are the listed expected benefits or improvements for your claims automation initiative? Vs What benefits or improvements have you observed so far from your claim's automation initiatives? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW MANY CLAIMS DECISIONS ARE FULLY AUTOMATED?

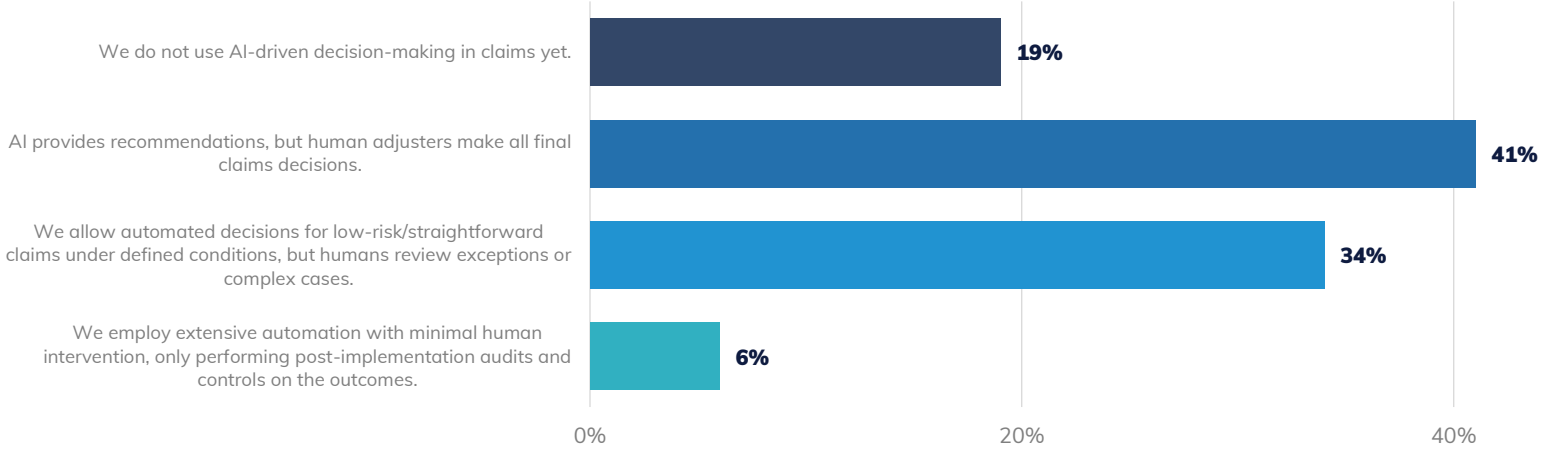
Over 80% of respondents report that a quarter or fewer of their claims decisions are fully automated, with just over half (51%) automating 10% or less. Only 8% have reached a level where more than half of decisions are fully automated.



N=110 | Q16 | Approximately what share of your claims decisions today are fully automated (with no human review)? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW ARE HUMANS INVOLVED IN AI-DRIVEN CLAIMS DECISIONS?

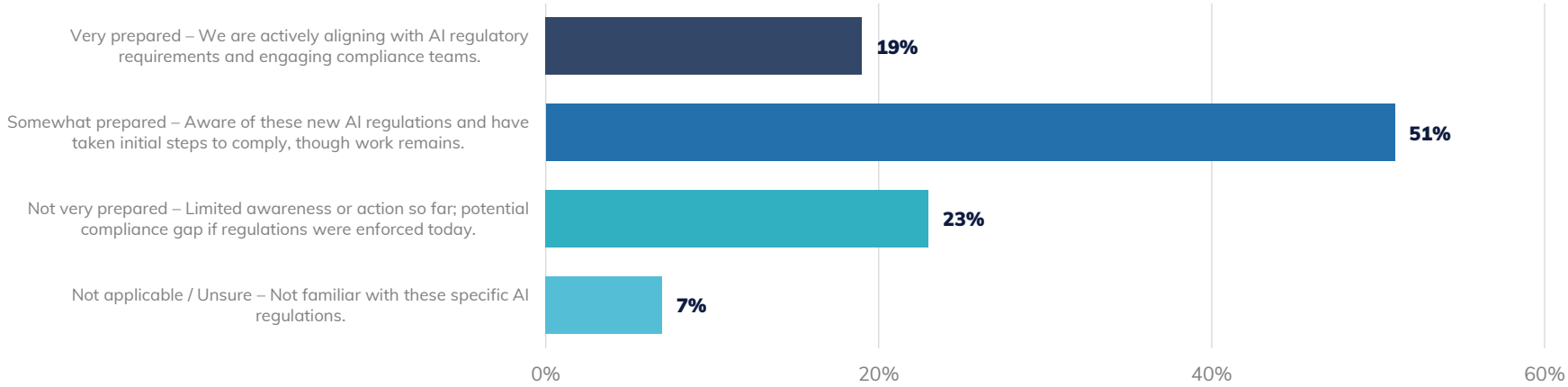
Human involvement in claims decisions remains the norm. The largest group (41%) uses AI in an advisory role only. A further 34% allow automated decisions for low-risk claims but maintain human oversight on exceptions. Only 6% employ extensive automation with minimal human intervention.



N=110 | Q15 | How are human experts involved in the oversight of AI-driven or automated claims decisions at your organisation? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW PREPARED ARE INSURERS FOR AI REGULATIONS?

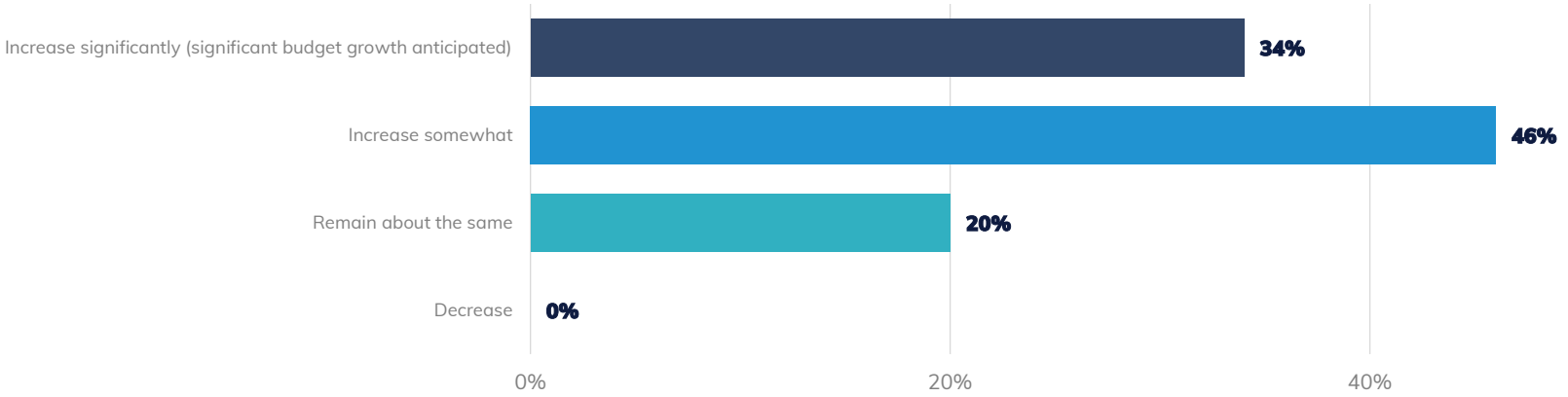
Only 19% of respondents are actively aligning with emerging AI regulations such as the EU AI Act. The majority (51%) have taken initial steps but acknowledge that significant work remains. Nearly a quarter (23%) report limited awareness, and 7% are entirely unfamiliar with the regulations.



N=110 | Q13 | How prepared is your organisation to comply with emerging AI regulations (e.g., the EU AI Act in Europe) as they relate to claims automation? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

HOW WILL AUTOMATION INVESTMENT CHANGE?

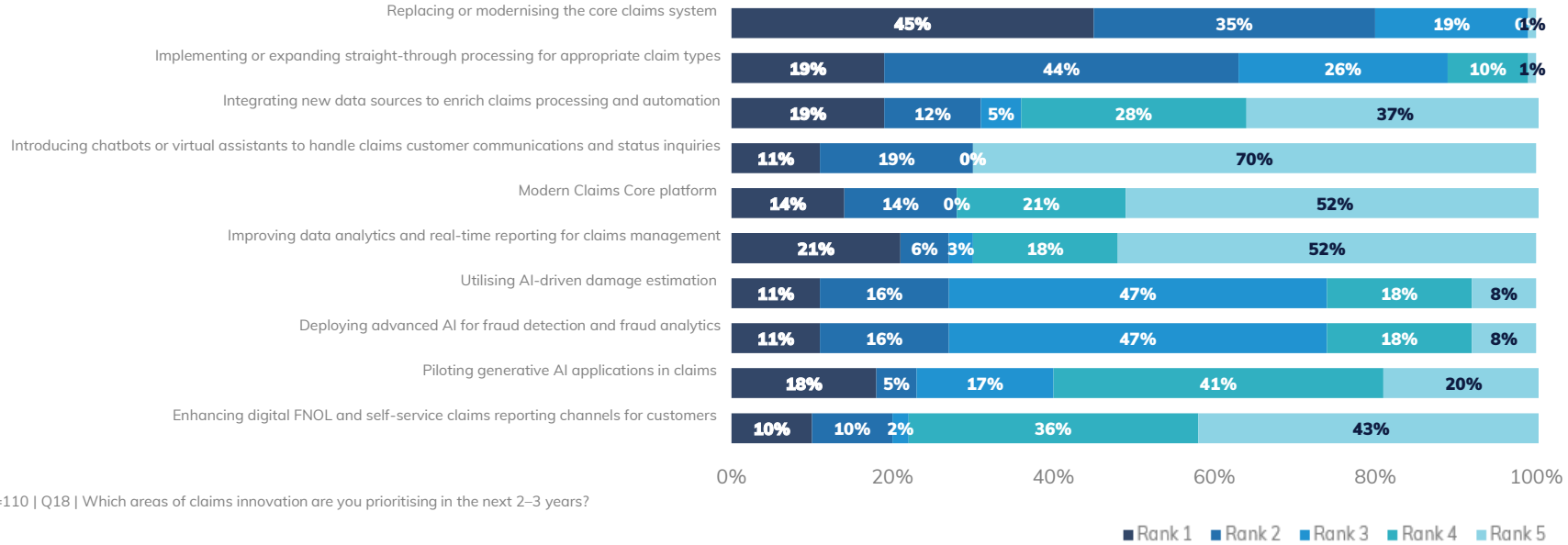
80% of respondents expect their investment in claims automation to increase over the next two years, with a third (34%) anticipating significant budget growth. The remaining 20% expect spending to remain flat. No respondents plan to decrease investment.



N=110 | Q17 | How do you expect your organisation's investment in claims automation and related technologies to change over the next 2 years? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT ARE INSURERS PRIORITISING FOR THE NEXT 2-3 YEARS?

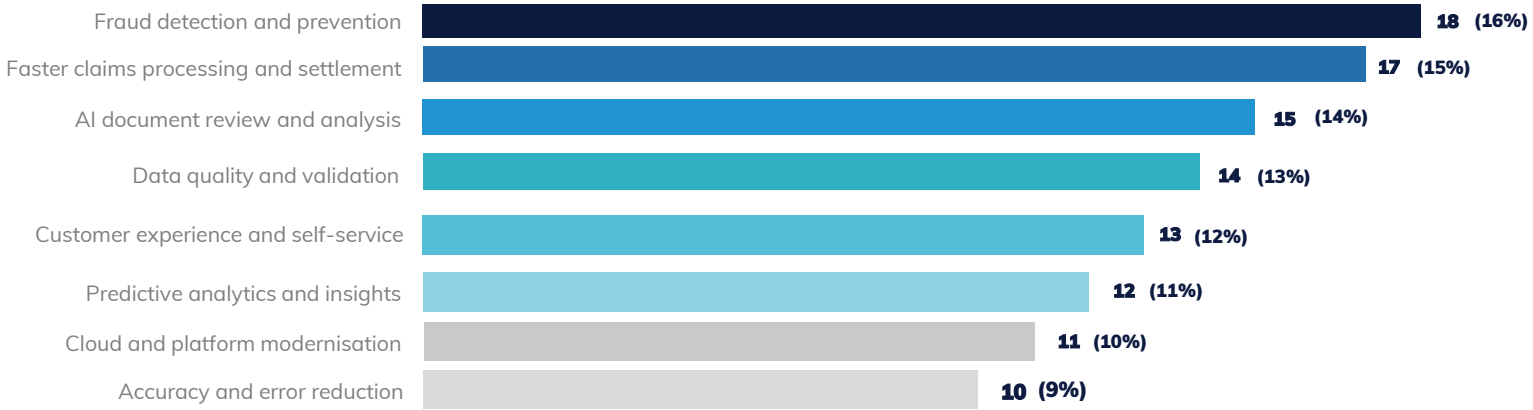
Replacing or modernising the core claims system is the clear top priority: 45% of respondents who selected it ranked it first, and 80% placed it in their top two. No other innovation area comes close to this level of consensus. STP expansion, data analytics, and new data source integration form a second tier, each selected as a top-two priority by roughly a quarter to a third of respondents.



N=110 | Q18 | Which areas of claims innovation are you prioritising in the next 2–3 years?

WHERE DO RESPONDENTS EXPECT THE GREATEST IMPACT BY 2027?

Fraud detection, faster claims processing, and AI document review are the three priorities respondents expect will have the greatest business impact by 2027, together accounting for nearly half of all responses. Beyond these, data validation, customer self-service, predictive analytics, and cloud modernisation round out the priority list, reflecting a broad push toward both operational efficiency and better decision-making.



N=110 | Q19 | Which of your smart automation priorities do you expect will have the greatest business impact by 2027, and why? Base per Market: DACH (50), UK (15), FRANCE/SPAIN/PORTUGAL (15) EASTERN EUROPE (20) & BENELUX (10)

WHAT RESPONDENTS SAID

"REAL-TIME FRAUD SCORING SOFTWARE CAN SIGNIFICANTLY REDUCE FINANCIAL RISKS."

- CLAIMS DIRECTOR, EASTERN EUROPE

"QUICK CLAIM PAYOUTS WILL BE PRIORITIZED, AS THEY HELP RETAIN TRUST WITH OUR CLIENTS."

- CLAIMS MANAGER, DACH

SURVEY TEAM

BETI ILINČIČ,

Claims Processes Specialist and Product Manager

Has over 16 years of experience in claims management, insurance product development, and IT solution upgrades. She works as a business analyst and product manager, collaborating with clients to optimise business processes and lead the implementation of the AdInsure system.

SEBASTJAN PLAVEC,

Chief Marketing Officer

With over 20 years of experience in senior leadership roles, spanning Marketing, Operations and Sales, and International Business Development, Sebastjan Plavec is currently leading the Adacta Marketing Department.

MARKO SUMINA,

Product Manager for Data Analytics and AI

Marko is an insurance professional focused on data analytics and artificial intelligence. He leads the development of analytics and AI solutions that support key metrics monitoring, process optimisation, and recommender systems for sales enablement.

MAJA GORJANC,

Marketing and Communication Consultant

She is a marketing consultant with over 20 years of experience in marketing research, consumer behaviour, and strategic communication, helping organisations develop data-driven, customer-centric marketing strategies.

UNLOCK THE COMPLETE REPORT WITH REGIONAL AND LINE-OF-BUSINESS ANALYSIS

This is Part 1 of the State of Claims Automation Market Study 2026.
The complete report with detailed regional and line-of-business insights will be released in April on Adacta‘s website.

If you would like an exclusive preview before the official release, contact us at marketing@adacta-fintech.com.

ADACTA

ABOUT ADACTA

Adacta is a leading software provider for the insurance industry. Established in 1989, the company supports modern insurance companies in transforming their business operations and adopting modern technologies. Over the last 30+ years, Adacta has helped major insurance companies across Europe to embrace new technologies and reap the benefits of digitalization. Our mission is simple: Empower tomorrow's industry leaders to realize their potential through technology.