scellus

REF: WKF26/0005/01 ■ WORKFLOW SAMPLE 05

Workflow review

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Claim intake to case file, partial build.

One workflow mapped, the part worth automating separated from the part that stays with your fee earners.

PREPARED FOR	WORKFLOW REVIEWED	REVIEW DATE	NOTE ISSUED
Example & Co Inc	Claim file intake and document collection	July 12, 2026	July 15, 2026
PROCESS OWNER	**SESSION**	**FEE**	**CREDIT WINDOW**
Practice manager and senior associate	45 minutes, remote	RM 1,999	Creditable 60 days

This note records one workflow as it runs today, separates the part of it that is a genuine volume problem from the part that is not, and names the build we are and are not proposing. The figures below are composite ranges drawn from comparable engagements, not measured from your records.

THE VERDICT, UP FRONT

PARTIAL BUILD

Your file intake and document collection work is high-volume and worth fixing. Your case evaluation work is not, because no two files share a matching shape. We recommend building the first and leaving the second exactly where it is: with your fee earners.

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01 ▪ MAP

How a claim file moves from intake to evaluation today.

A new claim arrives, gets logged, and then spends several weeks accumulating medical reports, police reports, insurer correspondence, and wage records before the assigned fee earner can form a view on it. The flow below is the workflow as your team described it in the session.

STAGE	WHAT HAPPENS NOW	WHERE IT LIVES
Intake	A new claim arrives by referral, insurer notice, or direct client contact and is logged into the case management system.	Case management system
Collect	Medical reports, police reports, insurer correspondence, and wage records are requested and arrive by email, post, and client portal, over several weeks.	Email, post, client portal
Chase	Paralegals follow up outstanding documents by phone and email, tracked in a personal spreadsheet or by memory.	Spreadsheet, memory
Evaluate	The assigned fee earner reads the complete file, forms a view on liability and quantum, and decides next steps.	Case file, fee earner judgement

Volume signal. Your team described roughly 200 to 250 active claim files a month, spanning motor, medical negligence, and public liability matters, each with a different insurer, a different medical evidence set, and no shared document sequence.

02 ▪ DIAGNOSIS

Where the volume is real, and where it stops being a fit.

Of the eight patterns we look for, two showed up clearly, and both sit in intake and document collection, not in case evaluation.

#	BREAKPOINT	WHAT IT COSTS	FIX DIFFICULTY
1	**No shared collection queue** Paralegals track outstanding items by memory or personal spreadsheet across a 200-plus file caseload.	**Missed items** Requests get missed or duplicated across the caseload.	■ □ □ Low Collection is uniform regardless of claim type.
2	**Manual, inconsistent chasing** Follow-up timing depends on which paralegal holds the file.	**Uneven waits** Some claims wait weeks longer than others for the same missing document.	■ □ □ Low A shared chase cadence applies to every file the same way.

Both patterns are volume problems with a repeatable shape. They would benefit from a block stack the same way any high-volume intake workflow does.

03 ▪ RISK AREAS

Why we are not proposing to automate case evaluation.

High file count usually reads as an automation case. Here, the volume is real, but the variability inside it disqualifies part of the workflow, and we want to name that plainly rather than build past it.

RISK	WHAT IT MEANS
No shared claim shape	A motor claim, a medical negligence claim, and a public liability claim do not share a document sequence, an evidence set, or an evaluation logic. A matching or scoring block built for one would not transfer to the next, and building three or four separate rule sets would cost more than the fee-earner time it saves.
Silent rule drift	Insurer requirements and evidentiary standards shift by claim type and sometimes by adjuster. A verification block tuned today would need constant retuning to stay accurate. A block that goes stale without warning creates a worse outcome than no block at all: false confidence in a match that no longer holds.
Judgement, not extraction, is the actual work	Liability and quantum assessment is the professional service your fee earners are trained and insured to provide. Delegating any part of that evaluation to a block would blur where professional judgement sits, and that is a liability question, not a workflow one.

04 ▪ RECOMMENDATION

Build the intake and collection stack. Leave evaluation with your fee earners.

Recommendation: build now, intake and collection only. We are not proposing a Verify or Review block for case evaluation at any point in this engagement. That decision stays with the people trained and insured to make it.

BLOCK	WHAT WE DO IN YOUR WORKFLOW	WHAT YOUR TEAM STILL OWNS
Collect	We pull medical reports, police reports, insurer correspondence, and wage records from email, post, and the client portal into one file-level queue.	Which document types apply to each claim category.
Chase	We follow up outstanding items on a fixed cadence and track them against the file, regardless of claim type.	The escalation point when a chase produces no response.
Deliver	We prepare a file-completeness report per matter, so the assigned fee earner opens a complete file, not a partial one.	Every evaluation, every liability view, every next step on the file.

What you would receive, once it runs

- A running intake queue: every claim, its outstanding documents, and how long each has been waiting.
- A file-completeness report per matter, ready before the fee earner opens the file.
- An audit log of every chase attempt, by document and by date.
- Nothing touching liability, quantum, or case strategy. That stays on paper, in your case management system, and in your fee earners' judgement, exactly as it does today.

Indicative scope

PHASE	DURATION	WHAT IT COVERS
Build	6 to 9 weeks	Case management system connection, document-type mapping across claim categories, chase-cadence design, file-completeness report format, parallel run against one practice group, go-live.

Operate	Monthly retainer	Daily intake queue, weekly chase review, monthly completeness report, integration maintenance.

What we are not building. No Verify, Review, or scoring block for claim evaluation. That judgement is not one we would automate at any price, in this workflow or any other.

Final scope, duration, and fee are confirmed at a build quote against your case management system and claim category mix. No price is committed in this note. If implementation starts within 60 days of your review, the RM 1,999 review fee is credited in full.

05 ▪ ONWARDS

What's next?

1. Engage Scellus to build and operate the intake and collection stack. We write a fixed scope, fee, and timeline from this note for your team to approve.
2. Take this note to another vendor or your internal IT team. It is written to be acted on without us.
3. Handle chasing internally with the cadence named above, and revisit a build once the volume or the miss rate makes it worth automating.

Compliance note. *Claim files carry medical, insurer, and client data. The brief, session notes, and this map are handled under PDPA 2010 and the 2024 Amendment and Bar Council rules on client confidentiality, on Malaysia-resident infrastructure, with no cross-border transfer of client-identifying material. Medical evidence and insurer correspondence are treated as the sensitive layer.*