

QLD Flood Claims
Process Review - 16th Feb 2011

Issue	Current Process	Process Change	Action
<p>Live Assessments for Flood claims in Ipswich and Brisbane</p>	<p>Live assessments are only being conducted in the following circumstances:</p> <ul style="list-style-type: none"> a) Commercial files b) Personal Lines files where there is insufficient evidence to support a decision c) Personal lines files where the customer provides objective information supporting that some/all of the damage was not the result of <p>Live assessments on Personal Lines claims have been recommended by the claims consultant but authorised/actioned after review by the Team Manager.</p>	<p>We will Live Assess (using internal capability) all remaining personal lines flood claims in Brisbane and Ipswich prior to confirming our decision with the insured.</p> <p>This will include the claims currently awaiting "call back" from the insured.</p> <p>We will Live Assess all disputed/escalated claims. This will include:</p> <ul style="list-style-type: none"> a) All claims prior to referral to IDR b) Claims where the insured has alleged the damage is a result of either storm water run off, or water rising from storm water drains. c) All claims escalated to the Team Manager <p>The Claims Consultant is able to confirm the Live Assessment with the insured and refer for assessment without the sign off of the TM.</p> <p>What happens on Live Assessment:</p> <ul style="list-style-type: none"> a) Customer is asked the flood question set and take photos of the property including drainage. b) Determine proximity to a watercourse c) Does not confirm coverage with the insured on site but refers it back to the response team for consideration. 	<ol style="list-style-type: none"> 1. Provide updated process and scripting to the claim staff 2. Confirm the availability/capacity of assessing resources, including the use of claims staff 3. Confirm booking arrangements/logistics

<p>Customer Contact and call backs/failure to contact. How do we proceed?</p>	<p>We are currently awaiting call back from customers and have had difficulty contacting many. We are currently working through our 2nd attempt to contact the customer. After this 2nd attempt we were too:</p> <ul style="list-style-type: none"> a) send a letter requesting contact in 14 days and confirming our attempts to contact via phone. Letter states that we are unable to make a decision without discussing the circumstances of their claim b) if after 14 days there was no contact, send a letter stating that the claim would be closed “administratively” until they made contact with CGU <p>Upon contact with the insured, we are asking the flood question set and if appropriate confirming the decision to deny over the phone.</p>	<p>We will</p> <ul style="list-style-type: none"> a) make two attempts to contact via phone before sending a letter requesting contact within 14 days. The letter will state that we are unable to proceed without further contact with the insured. b) If no contact with the insured, close the file in Bonus but leave it open in CIS with a 3 month bring up. If contact, ask the Flood Question set and refer for Live Assessment. 	<ul style="list-style-type: none"> 1. Review the 14 day letter and amend as appropriate.
<p>Customer Scripting when communicating the decision to deny the claim.</p>	<p>When communicating a decision to the insured to deny the claim. The claims consultant is to state all evidence used to make the decision.</p> <p>This would include:</p> <ul style="list-style-type: none"> a) Hydrology report b) Flood Mapping 	<p>No change to the existing process other than the inclusion of Live Assessment in the determination process.</p> <p>All evidence MUST be referred to when communicated the decision to the customer.</p>	<ul style="list-style-type: none"> 1. Revisit the scripting/file noting templates to ensure this have been done and documented. 2. TM to ensure this is reinforced during

	<p>c) Aerial Photography d) Rain fall data e) Customer question Set</p> <p>Through the media and via customer feedback, there is growing concern that we have not been advising of all facts used to determine the claim. There is a belief from some customers, we are only utilising “five questions” to the customer.</p> <p>Whilst this should not be the case, we should reinforce this with our staff to ensure we are communicating all of the information which has been utilised to determine the claim.</p>		any escalated call
<p>IDR Referrals are not being presented in a way that is easy for IDR to review leading to them missing key information and possible inconsistency of decision.</p>	<p>The standard IDR referral forms are not being completed due to the anticipated high number of referrals.</p> <p>The file is reviewed by both the TM and Technical Manager prior to referral however the evidence on file is not presented to IDR in a standard format meaning IDR have to search for the information and are not provided a summary. On review, the responses to the Flood Question Set are not clearly articulated in the file notes.</p>	<p>TM has developed a file note template which is required for every IDR referral.</p> <p>The template summarises all the key evidence used to make the decision and also outlines the specific response to the customer flood question set.</p> <p>The TM is to revisit the Flood question set with all escalated calls to ensure all appropriate information has been collected.</p>	<ol style="list-style-type: none"> 1. TM has completed the template and is currently in use. 2. We have also provided a refresher on the use of the Flood Question set following the article alleging we only ask 5 questions.

