

Claims Procedures

All insurance policies have claims conditions that impose certain requirements on you when you make a claim. If you do not follow these, you may not receive full payment from the amount claimed or anything at all in some circumstances. We will update you with changes that affect claims procedures, when Insurers or Parliament introduces new guidelines or processes. These will be communicated by email and will be displayed on our internet page. See www.kdhinsurance.co.uk to keep up to date.

How and when to notify us of a new claim

Your policy contains a condition regarding the notification of claims and may impose a time limit in which you must notify the Insurer. Insurers are now increasingly taking a harder stance regarding late notification of claims, and especially in the case of possible liability claims. Therefore, it is of the utmost importance that any incidents should be reported to kdh Insurance Brokers whether or not a claim has been made against you and that liability should not be admitted, in order to enable us to deal with the situation on your behalf and so that the position of the Insurer is not prejudiced.

A full list of important contacts has been provided for you elsewhere in this Report.

Please refer to the appropriate section of these notes to see the specific requirements relevant to the type of loss you wish to claim for.

Your general responsibilities

Your basic responsibilities where a claim or accident arises are:

- To report the incident to us or your Insurer immediately.
- To take all reasonable steps to minimise the loss.
- To advise the authorities, where appropriate.
- To co-operate with us and/or your Insurer in any investigation including the supply of supporting evidence.
- To always act in good faith.
- Where damage to another person or their property is concerned (for example in the case of motor accidents), to never admit liability to anyone and refer any correspondence received directly to us and unanswered.

Remember that you have a duty to report accidents even where they may not immediately lead you to make a claim. For instance, consider a motor accident where little damage appears to have been done and both parties depart the scene amicably. You should still report the incident.

This is in case sometime afterwards the other driver discovers that there is damage to his/her vehicle and that you are at fault for it. Or worse, that he/she and/or a passenger have been hurt in the accident (something he/she may well not have noticed at the time).

The following notes are designed to help you more specifically with most of the typical claim types:

Damage to Property

In instances where a property is unsecure, you must take all steps to secure the property. Please also include photographs of the damaged property and/or damaged entry/exit points.

Make a list of the damaged property and find as much as you can in the way of documentary evidence in support of the amounts claimed, such as receipts or repair estimates.

If the damage is extensive, we will arrange for a Loss Adjustor to attend immediately.

Some insurers operate their own property replacement and repair services. If you are unsure as to whether these services apply in your case, please contact our Claims Department.

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Theft of Property

In instances where a property is unsecure, you must take all steps to secure the property. Please also include photographs of the damaged property and/or damaged entry/exit points

Make a list of the lost or damaged items and find as much as you can in the way of documentary evidence in support of the amounts claimed, such as receipts or repair estimates.

Notify the Police of the incident and keep a note of the Crime Reference Number and station address.

Some insurers operate their own property replacement service. If you are unsure as to whether these services apply in your particular case, please contact our Claims Department.

Loss of Money

Your Insurer will want to know how, when and where the loss occurred. For example, if you were taking a day's takings to the bank and were mugged, you should give details of the time, place and which police station was notified, the crime number and witness contact details.

Documentary evidence (such as cash withdrawal slips) showing the exact amount of money stolen will be required. Notify the Police of the incident and keep a note of the Crime Reference Number and station address.

Motor Accidents

Our clients automatically benefit from a full claims management service.

In addition to the management of the claims process itself and the provision of replacement vehicles, this service also provides for the recovery of your uninsured losses and personal injury compensation.

If you are involved in an accident, please note the following particular procedures: At the scene of the accident obtain details of:

- Take photographs of all vehicles involved, including the damaged areas.
- Driver's names and addresses.
- The registration number of any vehicles involved.
- Whenever possible, the name and address of any witness to the accident.
- Details of the insurance companies and policy number(s).

It is also useful to draw a sketch of the accident location and remember not to admit liability. Any accident involving injury needs to be reported to the Police.

Inform the insurance company as soon as you can after the damage to your car has occurred.

Most motor insurers operate a 24-hour helpline where they can take details of the accident over the telephone and arrange for your vehicle to be removed to an approved repairer, if necessary. Always have your Policy Number to hand when contacting insurers direct, and please take a note of their claim reference number.

We also have a 24/7 Helpline for you to use in the event of having a motor accident out of normal business hours. They will provide immediate support at the accident scene.

Please refer to our website for appropriate out-of-hours contact numbers or alternatively phone; 0121 585 5725 for further out of hours information.

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As part of the recent Whiplash Reforms the process for disputing liability has changed. If a personal injury claim is received via the Official Injury Claims (OIC) Portal and you are in a position to dispute liability, your Insurer is now required to upload a Statement of Truth (SOT) document signed by the Policyholder's driver within 30 days of the OIC Portal claim being received. Failure to upload an SOT within the 30-day period will be deemed to be an admission of liability which will mean that your Insurer will be liable to pay the third-party claim which may have a financial impact on your claims experience.

Make sure you keep all receipts and that you photocopy any correspondence that is associated with your claim. Your insurance company will deal with your claim as swiftly and smoothly as possible if you provide the information your Insurer requires.

Any correspondence received from third parties, or their representatives, should be forwarded immediately, unanswered, to us or your Insurer for attention. Insurers only have a limited time to respond to third party correspondence, so it is essential that this is done quickly.

Your insurance company may also provide a courtesy car while your vehicle is being repaired, subject to your level of cover. At the very least your Insurer needs to approve an estimate from a car repairer they didn't recommend before they start working on it.

Your insurance company needs to agree to pay your car repair costs so until then any repair costs are your responsibility.

Remember that you will be required to pay the agreed level of excess even if your Insurer will meet the repair costs, and this payment will normally be made straight to the garage who repairs your car. If you were not at fault though, you can claim it back from the other party's insurance company.

Motor Theft

Theft of a vehicle should be reported immediately to the Police and as soon as possible to us or your Insurer. Keep a record of the Crime Reference Number. In most cases your Insurer will wait a period of up to six weeks to see if the vehicle is recovered, prior to making a settlement offer.

The original Vehicle Registration Document (V5), MOT Certificate, purchase receipt and details of any finance/lease agreement etc need to be passed to Insurers to enable them to set a value on the vehicle.

Employers Liability – Injury to Employees

Your Insurer MUST respond to any Claims Notification Form (CNF) within 24 hours, otherwise the claimant's solicitors can remove the claim from the portal, which will mean the costs will significantly increase. It is essential therefore, that all CNF's are passed on to us immediately upon receipt with all relevant information.

This means you must:

- Report all claims/incidents likely to give rise to a claim IMMEDIATELY.
- Complete a claim form (if required) as quickly as possible and return it to us.
- No liability should be admitted under any circumstances and no correspondence or discussion should be entered into.
- Upon receipt of written confirmation of a formal claim forward to kdh Insurance Brokers as soon as possible.

Secure the following documents if available:

- Incident/Near miss report forms.
- Accident Book Entry.
- First Aider Report.
- Safety Officer Report.
- Health & Safety Documentation – internal investigation.
- Photographs/Sketch Plans.
- Security Videos.
- Notify HSE if the incident is reportable – (RIDDOR)

Pass on all correspondence received in connection with the matter to us immediately and unanswered.

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Major Incidents

In the case of major disruption, put your disaster recovery plan into action. This minimises disruptions to your business while your claim is Professional Indemnity policy that you notify your Insurer as soon as you become aware of a claim against you, or of any circumstances which could lead to a claim against you.

Insurers are now stating that they must receive notice of potential claims, or of circumstances which may lead to a claim, within 10 working days of you being aware of the issue. Please remember that “being aware” could mean via a phone call, meeting, conversation, or correspondence received.

- To ensure there is no breach of Insurer deadlines, we recommend that you notify us within 48 hours of being made aware of a potential claim or of any circumstances which may give rise to a claim.
- NB: Any Adjudication proceedings must be notified to us on the day you receive them.

The importance of notifying claims or circumstances immediately cannot be emphasised enough not just because of a possible breach of policy terms and conditions but also because of the “claims made” nature of Professional Indemnity insurance.

Underinsurance

- Are your buildings, equipment, assets or profits insured for the correct amount? Your claim will be reduced in proportion to the amount you failed to insure for.
- Check that you will be paid the full replacement cost, known as ‘reinstatement’.
- Insurers will pay either a cash amount equivalent to replacing the damaged or destroyed property ‘as new’ or pay for work to be carried out to bring the property back to its original condition. In both cases, the amount paid will not exceed the sum insured.
- Most policies have a ‘betterment’ clause which excludes the full cost of replacing lost or damaged assets with better ones. You will have to pay for the cost of any upgrade.
- You may have to adjust your insurance cover to replace equipment that becomes obsolete rapidly, such as computers.
- Replacing equipment that is no longer available can be a major problem.
- Your contact at kdh Insurance Brokers can assist with all these issues and any other related matter.

Claims and Circumstances

- It is usually clear when a “claim” has been made.
- Any court proceedings, references to Arbitration or requests for Adjudication directed against you would clearly constitute a claim.
- Any letter from your client or their solicitors alleging negligence on your part (whether or not it makes a formal demand for damages) clearly constitutes a claim.

Troubleshooting

Your claim may not be met in full. It may even be completely rejected. With the correct care and attention complemented with guidance by a professional advisor prior to a loss, you are likely to be returned to the position you were in prior to the incident.

In order to make the most of any claim after the event, there are a number of things that you should check when arranging your insurance cover:

Terms and Conditions

- Did you meet the disclosure requirements? For example, failure to disclose past incidents or other relevant facts could lead to your claim being rejected.
- Did you meet the security and safety requirements? For example, activating your intruder alarm, keeping the premises secure and keeping cash in the safe.

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Circumstances which may give rise to a claim

- It is generally more difficult to identify a “circumstance” which may give rise to a claim. The question sometimes arises as to whether or when a particular circumstance is notifiable. The attached list of examples will provide you with some guidance.
- Any litigation or similar procedures which initially served on other professionals involved in a project or job with you could result in you being directly joined by the claimant or indirectly involved. The other Professional may attempt to blame you for the alleged loss.
- Any complaint against you by a client, whether made by the client in person or by their solicitor or some other representative should always be treated as a warning of a more formal claim. This is the case whether the claim is made orally or in writing.
- Complaints can take many forms and are not always expressed as a straight request for a payment of money. For example, a client may insist that you carry out additional work, at your expense, to correct an alleged defect or error.
- A similar situation is where a client expects you to bear the costs of another professional or contractor carrying out some remedial work.
- Any requests for a copy of your formal complaints handling procedure or details of your governing professional are also signs that a claim may follow.

Action You Should Take

- Once you identify a claim or circumstance you should, where possible, avoid making any further comment or taking any action until you have been advised by Insurers.
 - You must not make any admissions or concessions as these could seriously prejudice your position.
 - Do not mention Insurers involvement as this can encourage a potential claimant who might otherwise abandon the claim in due course.
 - Merely advise the client that the matter is being reviewed or investigated and you will revert back to them shortly.
 - Call Julie Price & Co to notify us of the matter. We will request a summary/synopsis of the problem;
1. Who, why, where, and when.
 2. Details of the specific allegations.
 3. Estimate of quantum.
 4. Your thoughts on any liability.
 5. Send us copy of all relevant correspondence.

On receipt of the details, we will forward these to Insurers who, depending upon the facts of a particular case, will advise on the best way of dealing with the claimant/potential claimant for example by helping you to draft appropriate correspondence. Please note all correspondence must be approved by Insurers prior to being sent to any claimant or potential claimant.

The key principle to follow is that if you are in any doubt whether a situation should be notified to Insurers, it is always best to err on the side of caution and advise the Claims Team at Julie Price & Co, who will be able to provide assistance and reassurance.

Claims Settlements

Your Insurer will not agree to any repairs, replacements or financial compensation until satisfied that your claim, and the amount of the claim, is genuine.

Simple claims are settled more quickly. Provide your Insurer with as much detail as possible. This will help speed up your claim.

If your claim is for a broken shop window or a damaged car and the Insurer has an approved repair firm, the work may be done very quickly.

You may not even have to complete a claim form, if the Insurer settles directly with the repair firm.

Claims for theft, fire or flood will usually be settled in weeks or months. Litigation, such as liability claims, is governed by Civil Procedures rules, with timescales laid down for every stage of the process.

Our Claims Partners

You may receive help from our motor claims team who are appointed to provide assistance 365 days of the year, to our clients.

In the event that you suffer only disappointment with the service you receive from them, please contact our claims manager immediately. You may also receive support from Lorega Claim Solutions if you are unfortunate enough to suffer a claim with a reserve in excess of £10,000, provided you have purchased this additional support. Again, should you suffer any disappointment with the service you receive from your dedicated Loss Adjuster, please notify our claims manager immediately.

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