

Malta Insurance Association

Insurance Claims Code For General Insurance Business

This code sets out the standards of service you can expect when you make a claim.

This code can be applied if you, as a private individual, make a claim under a General Insurance (non-life) policy that was issued by an insurance company, which is a member of the Malta Insurance Association. For example, this includes claims on household, motor, travel and private medical insurance policies.

You can make claims in different ways. This code covers the following types of claims.

- Claims you make on insurance policies you have taken out, for example, your own motor or household policy.
- Claims on group policies, for example, a private medical insurance policy a company has taken out for its employees.
- Claims you make against someone else which are dealt with under an insurance policy they have taken out, for example, a motor accident caused by another driver.

These types of claims are very different from each other and they are often processed and settled in different ways. Every type of claim is covered by this code, but some parts of it may not apply to your specific claim.

You may find yourself claiming against the insurance company, which covers someone else's liability. In such a case you should be aware that the insurance company may need the other person to agree before it may handle your claim. In the absence of such agreement, you may need to take legal action against the other person if you want to go further.

If the person is not cooperative and refuses to make a claim, you should also be aware that for some claims, especially if you are injured and claim against someone else, the law and the courts set different requirements which insurance companies must follow. The insurance company you claim against will explain this to you.

GENERAL PRINCIPLES

At all stages, you can expect that insurance companies will:

- Respond, and explain how they will handle your claim and tell you what you need to do;
- give you reasonable guidance to help you make a claim under the policy;
- consider and handle your claim fairly and promptly and tell you how your claim is progressing;
- tell you if they cannot deal with all or any part of your claim, and explain why;
- settle your claim promptly, once they have agreed to do so; and
- handle complaints fairly and promptly.

WHEN YOU FIRST MAKE A CLAIM

You can expect:

- a response, on the phone or in writing, to your claim, and action within fifteen working days;
- an explanation of whether your type of claim is normally covered by the policy;
- an explanation of what should happen and when; and
- if you are claiming against someone else's insurance company, to be told by the latter, what steps are required to be taken and what information and evidence they require in order to consider your claim.

PROCESSING YOUR CLAIM

If you are claiming against your own insurance company, you can expect:

- replies to your letters within 10 working days;
- explanations of why other people (for example, loss adjusters, lawyers, surveyors, doctors or consultants) will be involved in your claim and what their role will be;

SETTLING YOUR CLAIM

You can expect:

- an explanation of how your type of claim is usually settled, for example:
 - by paying you;
 - by paying someone else, such as the garage repairing your car, your bank or your doctor if your claim is on a private medical insurance policy; or
 - by repairing or replacing something;
- payments to be made to you within 10 working days of you agreeing to it;
- the insurance company to authorize repairs to, or a replacement of, whatever was damaged, within 10 working days of you agreeing to it; and
- an explanation of why the amount the insurance company offers, or plans to pay, is different from the amount you claimed, or why your claim has been rejected.

COMPLAINTS

If you make a complaint, you can expect insurance companies to:

- acknowledge it promptly, explain how they will handle your complaint and tell you what you need to do;
- consider and handle your complaint fairly and promptly, and tell you how your complaint is progressing;
- send you a copy of their complaints procedure promptly;
- acknowledge complaints made in writing within ten working days;
- investigate complaints made in writing by a senior officer within the insurance company;
- give a final response to complaints made in writing within 40 working days;

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