

Guide to Business Claims

We're here to help your business shine!

Our claims service underpins everything we do. We appreciate that it can make your business shine. We know just how important it is to you, at a time when you need us the most.

That's why we're investing lots of time and money in our technology, processes and people to get things right when things go wrong for you, our customers. As you look through we hope you'll see that we mean business.

This Guide has further information about how we look after our customers, along with useful contact details. We've developed this information to share with you so that it's easy for you to refer to.

Behind every policy, there's an individual

Our aims

Every claim is unique to the person making it. We strive never to lose sight of this simple fact. It shapes everything we do. When you make a claim, it's the 'moment of truth' for us to deliver. You pay for this peace of mind and you recommend us on the strength of our service promise.

Our philosophy

We'll make every effort to provide you with an Excellent Claims Service whilst still maintaining a direct, flexible, cost effective and logical settlement approach. To help us make consistent claims decisions we'll take into account all facts relevant to the claim in every step of the claim process, our principles of care, the policy wording and our claims handling philosophies and standards. We are committed to continually reviewing and improving the way we work to provide you with an excellent and cost effective claims service.

At the 'moment of truth' we aim to...

We commit and keep our promises

- ✓ We design insurance policies exclusively for you
- ✓ All you need to do is “**Switch to Us**” and we will take care of everything else for you!
- ✓ We always provide appropriate cover and value for money solutions (More for Less!)
- ✓ We are sympathetic to the lifestyles of career people and offer a 24/7 service on-line at **www.gandirect.com** or extended hours of operation for our Call Center
- ✓ We are transparent, open about what's next
- ✓ We proactively keep you informed every step of the claim process
- ✓ Our claims team will update you at every point, what to expect more and by when
- ✓ We are dedicated to eliminating paperwork and saving you time
- ✓ We have a policy of offering single call and/or interaction resolution
- ✓ Our staff is empowered to provide you customized solutions according to your individual needs
- ✓ We will provide independent advice on all your motor insurance needs
- ✓ Each year we review your insurances comparing them to other insurers to ensure we offer value for money
- ✓ We offer a broad range of policies that reflect changing needs as your lives develop
- ✓ We aim to offer solutions to any insurance needs that you have. You will directly be connected to our expert customer service advisors
- ✓ Instant visit by a member of our Network of associates for Emergency Repairs, available 24hours per day

Customer Service

- ✓ Integrity and ethics play a key role in the running of our business
- ✓ Our Customer Service Advisors are paid salaries, not by commission
- ✓ All Customer Service Advisors work to high service standards and are constantly monitored to ensure they retain client confidence and loyalty
- ✓ We won't hide behind small print. Charges for our services are clearly laid out in our documentation
- ✓ We act fairly, reasonably, promptly and speedily with accuracy, clarity, empathy, reliability, in all our dealings with you
- ✓ We make sure all the information we give you is clear, fair and not misleading
- ✓ We give you sufficient information and help so you can make an informed decision
- ✓ Offer options and solutions for you to choose what suits you best!
- ✓ Your details are safe with us and will only be used to support our relationship with you. We actively seek feedback from our clients encouraging complaints where they are deserved
- ✓ If we receive a complaint we promise to reply by return and immediately initiate an investigation and it will be speedily resolved to your satisfaction. We expect to retain your insurance policy even after a complaint
- ✓ We provide Continuous Training Education (CTE) to our Customer Service Advisors to sustain and improve their knowledge

Our call centre

- ✓ We have worked hard to maintain our branch culture within this operation and therefore a more personal service is also achieved

Internet

- ✓ We provide on-line quotes, which once purchased give you instant cover. We are also introducing functionality that allows clients to download policy documents and work is progressing towards on-line renewals and adjustments
- ✓ All channels access the same quotes and client database so irrespective of when and where a member may call back at a later date, all information is instantly retrievable, by all staff, through all channels (web, call center and branch)

Customer Care

- ✓ “We put our Customer at the centre of all we do and constantly seek to develop innovative solutions that exceed our Customer needs and expectations”

The essence of our customer care strategy is to

- ✓ Deliver excellent quality of customer service with “More for Less”

General Insurances Claims Service

- ✓ Our claims division is as one of the best in the industry. It has consistently been praised for its speed and efficiency
- ✓ We have experienced claims technicians and managers all of whom appreciate that dealing with clients requires a heightened level of service

Did you know?

We look after thousands of Businesses every year. Every case is important to us.

Supporting you

We're set up to best support you. For instance, notifying claims is fast and simple: One Free Phone Call away!

Claims expertise on tap

Whatever the type of claim, class or sector, we guarantee that you will speak to a specialist based in our Centre of Excellence, who is experienced in helping a lot of people in a similar position.

Fact

We run our own claims academy for all our claims experts.

Technical expertise around the corner

Our Centre of Excellence is backed by technical experts, including bodily injury specialists, motor engineers, claims investigators, salvage specialists, garages and much more. On top of that, you have access through us to a vast supplier network, which should cover off most eventualities. We also have a comprehensive list of Specialists – whatever the cover you have chosen from us, we have the claims expertise to help you.

Behind every policy, there's you, of course

Working together

Our claims service is important to your business. Here's a quick list of some of the things we do to make life as straightforward as possible.

- We're here for you 24/7 - giving you peace of mind that, at the moment of truth, we'll do what we say we'll do.
- Each of our claims experts is a specialist in a class of business to make sure that we understand the nature of your specific needs.
- Our regional network of suppliers provides you with the best service at the best price along with guaranteed repairs.
- We keep you updated throughout the claim in a way that suits you best.
- Treating Customers Fairly has always been at the heart of what we do and it always will be.
- We continually monitor how we're doing to ensure we're delivering the best service. If we're not, we'll take action to put matters right.

Did you know?

We work hard to make the right payment at the right time.

Behind every claim, there's a network of dedicated suppliers

Our network is your network

We know it's important to offer you the choice. That's why we can offer either a cash settlement or the use of our wide network of approved suppliers to get life back to normal with the minimum of fuss. Our network of experts can represent you in court, assess property damage, authorise repairs, dry out flooded Businesses and more. It's tightly managed by a team of supply-chain professionals, ensuring the best service is delivered for the best price – to contract. We run regular monthly satisfaction surveys to monitor how we're doing.

Did you know...?

- All of our authorized suppliers are authorised to get on with sorting things without having to waste time coming back to us for approval.
- Business repairs are guaranteed.
- Our team of business validation specialists will get to business property quickly to assess damage and authorise emergency repairs through our approved tradesmen.

You must cooperate with requests

You are legally obligated to cooperate with requests for information from your insurance company related to your claim.

Document your loss as thoroughly as you can

In most cases, items and their written or photographic proof may also be destroyed. Your descriptions of lost items, along with descriptions given by witnesses should suffice along with proof of payment (obtained by bank and credit card statement) that can be reproduced upon request and we will reimburse you according to your policy. Retailers can help you identify replacement costs.

There is a difference between replacement and actual cash value coverage

«Cash Value» is defined as «Fair/Current Market Value», which is the amount a willing buyer would pay a willing seller under no duress. Cash Value means replacement cost minus depreciation.

Make sure your contractor and the insurer's contractor are bidding on the same "scope"

Get a «scope» of work from your adjuster that defines the amount and nature of repairs he/she believes are needed. Have an independent contractor review and if necessary, revise the scope. Try and reach an agreement with the adjuster on a scope, then get estimates on that scope so you and the insurer are comparing «apples to apples», or you may choose to use one of our Network Associates for repairs. This resolves the most common problems that turn claims into disputes. Remember that at the end of the day it is your duty to prove your loss and the adjuster to approve, reject or negotiate with you a fair settlement.

We want to be together

What you should know about our claims handling

It's not complicated. We all want to get you back to normal as quickly and efficiently as possible. That's why we work together.

Got a new claim?

Rest assured. We will:

- Provide a 24/7 claim reporting service
- Register all new claims immediately on **800 5 10 15** or if overseas on **00357 25 885 885**

All we ask from you in return is that:

- You tell us about any new – or potential – claims as soon as you are aware (immediately).
- Keep us fully updated of any activity in relation to the claim undertaken by you

- Make sure we have the contact details for you
- Work with us to get the right suppliers in place to get you back to normal

Did you know...?

We work hard to make the right payment at the right time.

Guarding against fraud

We work hard to settle genuine claims effectively and identify fraudulent ones – protecting the best interests of you. If you suspect fraud please make us aware when you register the claim. Helping us to identify and manage fraud helps protect the cost of the claim and premiums.

Most claims are legitimate, but some are fraudulent! There are fraud indicators which should help isolate those claims which merit closer scrutiny.

All suspicious claims, though they may have to be paid for lack of conclusive evidence of fraud, however, should be referred and recorded so that investigative resources can be targeted on the most deserving cases.

Fraudsters think that “There’s a lot of money in the coffers of cash rich insurance companies”. With this kind of attitude, fraudulent claims are sure to follow. Sometimes these schemes will be attempted by professional fraud artists. Other times, they’ll be attempted by financially distressed who are looking for a quick money fix. In either case, insurance fraud can be good business for the perpetrators unless derailed by savvy investigators that lead to Fraudsters imprisonment.

And behind all that, we’re listening

Never standing still

We’re always on the look out for ways to make it easier for you, from simplifying processes to introducing new technology. As you know, we’re investing time and money in technology, processes and people to make doing business with us easier. We’ll keep you posted on developments.

Tell us your thoughts

Unfortunately, life is far from perfect. Cases can go wrong. And it's always the problematic ones that stick in the front of people's minds. Fortunately, we have a robust, accessible complaints process in place should you need it. We're committed to continually improving our service for you. We want to hear how we're doing. Tell us what works for you or where there's room for improvement.

Behind every policy...

- 24/7 emergency helpline on **800 5 10 15** or if overseas on **00357 25 885 885**
- A task force to assist you and be by your side
- Local tradesmen available
- A network of dedicated suppliers
- Guaranteed repairs
- Claims experts, engineers, inspectors and other specialists
- An ongoing 'hands on' management commitment to improve what we do

Claims Best Practices

The following is generally accepted in the insurance industry as the best way to handle a claim:

- **Damage Inspection and Estimate** – Within 12 hours of the assignment, the adjuster should inspect the damage. The inspection should include an accurate scope of damages and photographs of the damage. The scope of damages should be translated into a written estimate taking into consideration policy limits, depreciation and/or actual cash value when the coverage does not provide full replacement cost.
- **Acceptance or Denial** – The basis for the acceptance or the denial of the claim is clearly stated by the adjuster in the file. If a denial of the claim is necessary, the adjuster should send a denial letter explaining to the insured why the claim is not covered. If the adjuster cannot make a timely decision to accept or deny the claim, a Reservation of Rights Letter should be sent to the insured (or by the claims department) till all information are available giving reason for delay to claimant within 12 hours.

- **Claimant Contact** – Within 12 hours of receipt of the claim, the adjuster should contact the claimant(s) by phone (or in person on severe claims). If unable to make contact within 12 hours, a contact letter requesting immediate contact should be sent to the claimant along with a medical authorization if there is a known injury. On any claim with questionable liability or subrogation/recovery potential, a signed statement or recorded statement should be obtained during the initial contact.
- **Witness Contact** – When there are independent witnesses to a liability claim, the witness(es) should be contacted within 12 hours to confirm the accident details and their knowledge of any injury. On any claim with questionable liability or subrogation/recovery potential, a signed statement or recorded statement should be obtained during the initial contact.
- **On-Going Contact** – Consistent, on-going contact and updating with the claimant is key to getting the claim resolved quickly and fairly.
- **Investigation** – The adjuster to address all issues affecting coverage, liability, subrogation/recovery, and extent of injuries and extent of vehicle damage, if any, within 24 hours of receipt of claim.
- **Report** – A detailed report indicating the work completed should be prepared within 48 hours of the claim being received by the claims office. The Report can be to the file or to an outside supervisory location. The report should discuss coverage, liability, damages, subrogation/recovery, and current reserves/payments. It should include any unresolved pending issues and provide recommendation and/or an action plan on how to move the case forward. It should provide a specific time frame within which the recommendations will be completed.
- **At the Scene** – In half an hour (within the city limits) and in one hour and a half (if out of the city limits) from notification, the Assistance Service is to attend the scene, take pictures, fill in the claim form and make arrangements to set the wheel in motion for the claim handling for your case.
- **Courtesy Care Visit** within 24hrs or if emergency and/or serious illness or injury within the hour.
- **Medical Management** – When the adjuster makes the initial Physician Contact during the first 24 hours, should learn the date of the initial office visit, the history pertaining to the current injury (and any previous injury), the extent of the injury, the treatment plan, the prognosis, and the Return To Work status. When applicable, the adjuster should give the medical provider the contact information for utilization review and pre-certification. If the claims office uses a medical vendor to audit the medical bills, the adjuster should ensure all medical bills associated with a compensable claim are sent to the appropriate audit vendor for review and processing.

- **Subrogation/Recovery** – The adjuster should review the accident investigation details to determine if any third party could be held responsible for the accident (Contributory Negligence). If there is third party involvement, the responsible party should be placed on notice of the intent to pursue subrogation.
- **Subsequent Injury Fund** – In those cases that have a Subsequent Fund (eg. Other Insurance Policy), the Fund should be placed on notice as soon as the medical information reflects the potential for a recovery from the Fund. The file should reflect how social security benefits, disability benefits, unemployment benefits and other offsets would impact and the final payment total of the file.

Best Practices of Litigation

- When notice is received regarding the trial date, the date should be noted to Insurers. A strategy for the handling of the trial should be discussed. During the trial, defense counsel should provide verbal reports and periodic written reports on significant events. The legal representative must be notified immediately of any aspect of the litigation that is not covered by the insurance policy;

Did you know...?

You are most welcome to come in and see us in our Centre of Excellence!

This booklet has been designed for you so please let us know what you think. The current guide consists all of the essential information you need if we welcome your feedback; just send your comments to **info@gandirect.com**.

Share your experience with us

Gan Direct will offer you an unforgettable After Sales Customer Service Experience. However, if for any reason you are not delighted with the service provided to you, we would appreciate it if you could describe your experience on our email address, **info@gandirect.com**. Alternatively, you may write to our Head Office at **Gan Direct Insurance**, P.O. Box 51998, 3509 Limassol, Cyprus for the attention of the Managing Director.

