

Guide to Motor Claims

Our Motor products are only as good as our claims service.

It's that simple.

We know that people's cars are a necessity and can even be their pride and joy. Should the unthinkable happen, we appreciate just how important it is that we quickly get you back to normal, with the minimum of fuss. As you'll see from this guide, we go to great lengths to make sure we get it right when things go wrong for you.

Making a claim

- ✓ The only number you need to report a Motor claim is: **800 5 10 15**
- ✓ Call us anytime 24/7
- ✓ The sooner we know, the quicker we can help and be there for you
- ✓ Just one call to our team will set the wheel in motion and the right man by your side
- ✓ Calls may be recorded and/or monitored

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

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

It's about people not processes

We recognize that behind every claim there's an individual who needs our help as swiftly and seamlessly as possible. That's why we make sure we get claims moving straightaway and achieve as much as possible during the first call. What's more, our motor claims experts – who are all trained in “casualty care” – make sure that we take as much care of your well-being as the claim itself.

For example...

We'd never leave you in a vulnerable situation, such as being stranded on the side of the road after an accident. Instead, we'd arrange for policyholders in this position to be taken home, for their vehicle to be towed and a courtesy car delivered to their address. All during one call. Our experts always look to minimize inconvenience during what is usually a stressful time.

What we need to know

The sooner, the better

The sooner we know, the sooner we can help. So tell us about claims straightaway. Late reporting can increase the time it takes to settle a claim and increase handling costs. Delays can make it harder for us to investigate and make accurate decisions and, most importantly, slow getting you back to normal as quickly as possible.

Did you know...?

You will get a free courtesy car for the duration of repairs when their vehicle is booked in for repair at one of our authorized/approved garages.

The sooner we know about an incident, the quicker we can get our customer back on the road and pursue the responsible party to recover costs.

Making a new claim

During the first phone call or at the claim scene our motor claim experts will gather as much information as possible so that we can make accurate decisions about liability and get the claim moving straightaway. This could include total loss decisions or booking the vehicle into one of our network of approved repairers.

Our network of approved repairers and suppliers cover Island wide and are ready to get you back to normal.

What happens during the first call?

- We'll gather as much information as possible to get the claim moving
- We will ensure we don't leave you in a vulnerable position
- We can book the vehicle into one of our network of approved repairers
- We can schedule the inspection visit from our own engineer if you have selected to use your own garage
- We will pass on information to our specialist support teams and if needed, expert bodily injury team
- You will be given all the claims contacts you need.

A handy checklist

These are the essential details that we need to know when you make a Motor claim at the scene!

Driver details

- Name
- Policy number
- Contact telephone number
- Driving license details (including any convictions)

Incident details

- Date
- Time
- How it occurred
- The location

Insured vehicle details

- Make, model and registration number
- Description of damage
- Location of the vehicle (if it needs to be recovered)

Third-party details

- Name
- Contact details
- Vehicle registration number
- Insurer
- Policy number

Injuries

- Contact details of any injured parties and details of injuries

Witnesses

- Name(s)
- Contact details, if known

And police involvement?

- If yes, please provide police station and policeman name if known

Did you know...?

Repairs made through our approved garages are guaranteed

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 (family members, neighbors and friends), 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. Some policies have «a new for old» clause where you may be entitled to a new vehicle in replacement of the damaged, lost one.

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

Get a «scope» of work from your adjuster that defines the amount and nature of repairs he 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.

What happens next?

We appreciate that behind every claim there's an individual. That's why we have a Centre of Excellence filled with experts to help you.

Looking after your claims

Our Centre of Excellence has specialists who are able to speed matters along, discuss next steps and provide all the contact details you'll need. From the first notification of loss to third party care, total loss and own damage claims. And don't forget, the team are all trained and have your well being at the heart of everything they do.

Total Loss Cases

We pull out all the stops to make rapid total loss decisions. Our own team of engineers located across the island will inspect vehicle damage and make speedy decisions. They will either confirm the total loss or authorize repairs. We have all the tools at hand to make accurate valuations and will promptly agree settlement with you for vehicles confirmed as a total loss.

Doing more

We can even help you get a new vehicle when you have suffered a total loss, in case you are covered for "new for old" benefit. For vehicles less than 12 months old we will provide a new vehicle or if the vehicle is over 12 months old we can offer a cash settlement or repair of the vehicle or offer an approved used car.

Keeping you updated

We know that few things are more frustrating than waiting for news. So we'll keep you posted on claim developments in the way that best suits you, right through to settlement. And we'll let you know what's going to happen and by when, so you'll always know what to expect.

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.

Getting life back to normal

Ultimately, that's why our customers pay us. Here's how we put things right.

A network of suppliers

We have a dedicated network of approved garages and suppliers around the island. This includes specialist repairers who look after prestige vehicles.

Here are just some of the benefits of our repairer network:

- Each repairer is closely performance managed, ensuring good quality of both the repair and the customer service.
- Our customer's vehicle can be booked into the garage during the first phone call.
- All repairs undertaken by our network are guaranteed.

- Our network covers Island wide so we'll probably have a garage local to you.
- You can enjoy the use of a courtesy vehicle from our approved repairer.

Specialists on hand

We've also got our own engineers and claims inspectors,

We also have:

- A panel of solicitors we can instruct should we need to bring a case to court
- A team of investigators who'll take to the road to build a decisive case
- Bodily injury and technical claims experts who'll ensure you are in safe hands, should the unthinkable happen

Peace of mind

With our set up, you can be confident that you are in safe hands and will be kept fully updated.

Doing more

We try to go the extra mile.

Saving customers' money.

Our expert recoveries team makes sure that our customer's financial situation is not affected radically, when someone bumps their car. And we're getting better each year at winning – recovering your excess so you keep hold of your No Claims Bonus. This all helps to keep premiums down too. Good news all round!

Improving all the time

We're committed to enhancing our claims service. We appreciate that life is far from perfect and that cases can sometimes go wrong. We welcome your thoughts to shape what we do.

Working for you

The teams we have to help you.

We've set-up our Personal Motor claims service to deliver the best service to you.

We've got lots and lots of experts in our Centre of Excellence ready to help you. Please call us about all new claims immediately.

Our specialist support teams are here to help with:

- Third party care
- Total loss cases
- Own damage cases
- Bodily injury
- Technical support
- Legal Support

At your fingertips - Motor Claims

Behind every policy...

- One 24/7 emergency helpline. Personal Motor claims specialists
- Experts trained, Casualty Care, Bodily Injury and Proactive Claims Handling
- A network of dedicated Suppliers and Garages Island wide
- A team of investigators on call. And a commitment to continually improve what we do
- To report a claim contact us on **800 5 10 15** or if overseas on 00357 **25 885 885** any time, 24hours a day, 365 days a year

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 24hours 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 insured 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. 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.