



Guide to Property Claims

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

It's that simple.

We know that time is money and it's really important that you get back to normal life quickly, 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.

Making a claim

Call our Free Phone line 24/7.

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

It's about people not processes

It's vital that you swift back to normal life after an incident. That's why we make sure we get claims moving straight away. Whether that means appointing a loss adjuster during the first phone call or contacting our emergency plumbers, glaziers and locksmiths (who are all available 24/7), we make sure you aren't left in a vulnerable position.

After the first call

We'll email or call you confirming who will be looking after the claim and all the relevant contact numbers. You will also hear from the people appointed to look after your claim.

What we need to know

The sooner we know about an incident, the quicker we can put things right, minimize the impact on your businesses and any loss of revenue.

Did you know...?

We can make interim payment if in need.

Our loss adjusters can also make interim payments directly ensuring you receive their money faster and when you need it most.

During the first notification we'll review the claim to make sure it gets the treatment it needs, from the right specialists, at the right time.

These are the essential details we need to know when you make a property claim

Policyholder's details

- Name
- Address
- Policy number
- Contact telephone number

Loss or damage details

- When, how and where the loss or damage occurred
- The type and extent of damage

Proof of ownership

- Original receipts

Any police involvement?

- Contact details of policeman who attended
- Crime reference number

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 item in replacement of the damaged, lost one.

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.

What happens next

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

Looking after your claims

Our Centre of Excellence has specialists, in dedicated teams who'll be able to speed matters along, discuss next steps and provide you with all the contact details you'll need. Our dedicated handlers will understand the impact of the claim, work hard to minimize any interruptions and strive to get things back to normal, as quickly as possible.

Keeping you updated

We know that few things are more frustrating than waiting for news. That's why we'll keep you posted on developments throughout the claim in the way that best suits you. And if, when you first notify us of the claim, you tell us about everyone involved we can keep them updated too. That way everyone will know what's going to happen and by when, so they 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 what you are paying for. Here’s how we put things right.

You decide

We recognize that you want choices. Each claim is unique and everyone has their own view of how they want to get back to normal. That’s why during the first call we’re making it clear to you that you have the choice to use your own builder, plumber or tradesman. Once the surveyor has assessed the damage and agreed the financial limit of liability, you have the choice to use your own tradesmen for repairs up to the agreed limit. And for those that wish to use our repairer network you can rest assured that all repairs come with guarantee. For straightforward claims, we can even fast track the payment. In short, we’ve got claims solutions for all property customers.

The right people in the right place

Our qualified surveyors can visit your property, normally within 24hrs, to assess damage, scope the work, and agree the limit of liability and the schedule of repairs. They’ll also appoint specialists from our network of contractors and suppliers, from glaziers to drainage specialists, restoration to flooring professionals and anything in between. All our suppliers work to agreed rates for us and are carefully managed to defined service standards, to make sure they’re delivering, as promised.

Our loss adjusters

These experts work closely with us, in dedicated teams aligned to our own structure, to ensure they visit at the earliest opportunity when high value or complex claims occur. With a good network of professionals across the island, dedicated contacts are available wherever needed. Our loss adjusters can even authorize claims and make payments directly— all measures to accelerate the speed of settlement.

Did you know...?

Repairs carried out by our approved network of repairers are guaranteed.

Improving what we do

We strive to enhance what we do. Your feedback counts.

Tell us your thoughts.

We appreciate that life is far from perfect: that claims sometimes go wrong.

We always look to make our service even better.

Did you know...?

If you have any queries about our dedicated team, just send us an e-mail at info@gandirect.com.

Working for you

The teams we have to help you. Our Property claims service has been designed to deliver the best service to you. We've got lots and lots of experts ready to help you, 24/7.

Back to Normal

Throughout the life of the claim we will always provide you with updates and contact details.

Incident

Please tell us about all new claims as quickly as possible so we can get to work on getting you back to normal:

You can notify your claims by calling us on our Free Phone line on **800 5 10 15** and 00357 **25 885 885** (if you call us from abroad), 24hrs, 7 days per week.

During the first call we'll gather all the information needed to get the claim moving and discuss the choices available to get back to normal. In an emergency we'll get the right people out to you straight away so they're not left in a vulnerable position. We'll even offer you the choice between using your own tradesmen or our array of approved repairers and suppliers. You'll leave the first notification of loss call knowing who's looking after your claim, what will happen next and with all the contacts you'll need. The claim will be assigned to a supplier, who will manage a claim through to

settlement. Everyone will work hard throughout the life of the claim to get you back to normal as quickly as possible and minimize the impact. Our specialist case ownership team will look after the more complex cases or those which need special support.

Behind every policy...

- Property claims specialists.
- Expert surveyors and loss adjusters.
- Proactive claims handling. A network of dedicated repairers, trades people and other suppliers up and down the country.
- And a commitment to continually 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 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.

