

GENERAL INSURANCE
**CODE OF
PRACTICE**

What is the General Insurance Code of Practice?

The Code of Practice is the general insurance industry's promise to be open, fair and honest in the way we deal with all our customers.

Who is signed up to the Code?

Members of the Insurance Council of Australia, the industry's peak body, have adopted the Code. A list of Insurance Council member companies can be found at www.insurancecouncil.com.au.

All members of the general insurance industry are encouraged to adopt the standards set out in the Code.

Who monitors the industry and the Code?

The Financial Ombudsman Service (FOS) independently and impartially resolves financial services disputes, including general insurance disputes, between participating companies and consumers.

FOS makes sure each company signed up to the Code meets the required standards. If a company does not, it can be required to take action to fix the problem and sanctions may be imposed.

Before contacting FOS to register a complaint it is important to make sure you qualify. Important steps include:

- Take your dispute to your insurance provider's Internal Dispute Resolution (IDR) process and ask for an IDR decision.
- If the dispute remains unresolved, or you are unhappy with the decision, contact FOS on 1 300 78 08 08 (toll free). www.fos.org.au
- It is important you contact FOS within three months of receiving the IDR decision from your insurance provider.

What types of insurance are included?

Most types of general insurance, from house insurance, travel insurance to business insurance are covered under the Code.

The only types of general insurance that are not included are reinsurance (insurance for insurers) and insurance that has specific rules under government statute, like Compulsory Third Party Insurance (CTP), workers' compensation, marine insurance and medical indemnity insurance. Life insurance and health insurance are not included as these have different regulations.

How does the Code help consumers?

Buying insurance When you provide information to an insurer, you can be confident that only relevant information will be used to assess your application. If the company can't provide you with cover, you'll be given reasons for the decision and will be referred to information regarding alternative insurance options.

Making a claim Australian general insurers pay an average of \$96.4 million in claims each working day and the Code speeds up this process. If you are making a claim and have provided your insurer with the relevant information and no further assessment is required, you'll be notified of their decision within 10 business days.

Time of need If you are in financial hardship because of loss or damage resulting from the event causing your claim, the Code states that your insurance company will fast-track your claim or make an advance payment to alleviate your immediate hardship.

Repairing your property If an insurer selects and directly authorises a repairer, the insurance provider will accept responsibility for the quality of repairs, materials and agrees to handle any complaints that may arise regarding the quality of the repairs.

When disasters strikes Natural disasters can impact entire communities and the Code states that insurers should be flexible and understanding when helping those affected. Insurers will provide a cooling off period following a natural disaster so that you have time to assess the damage to your property and assets, ensuring your claim includes everything that has been lost or damaged.

The right information The Code requires insurers to make available to consumers up-to-date, clear, concise information to assist in the understanding of how general insurance works so you, as the consumer, can make an informed decision.

ABOUT THE INSURANCE COUNCIL

The Insurance Council of Australia is the representative body of the general insurance industry in Australia. Insurance Council members, both insurers and reinsurers are a significant part of the financial services system.

Insurance Council members provide insurance products ranging from those usually purchased by individuals (such as home and contents insurance, travel insurance, motor vehicle insurance) to those purchased by small businesses and larger organizations (such as product and public liability insurance, commercial property and directors and property insurance).

ABOUT THE FINANCIAL OMBUDSMAN SERVICE

The Financial Ombudsman Service (FOS) was established on 1 July, 2008. FOS has replaced three external dispute resolution schemes including the Insurance Ombudsman Service (IOS) – which was established in 1991 as an independent, national dispute resolution body, approved by the financial services regulator, the Australian Securities and Investment Commission. FOS continues the work of IOS as an external dispute resolution body which independently and impartially resolves general insurance disputes between consumers and participating companies.

Copies of the Code are available at: www.codeofpractice.com.au



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