

CLAIMS PROCEDURES

Please Note: All Clients are advised to notify us immediately of any claims or circumstances that could lead to a claim without delay. If this is not done you could have your claim declined.

When a claim is received the following procedures apply:

- 1) The day a claim is made to us, we make up a file in the clients name, which contains all correspondence sent to us and a blank progress and comments sheet to record notes, dates, times and conversations between us, the client, the Insurers and other parties such as Solicitors. This claim is noted on the database, but not in full detail referring viewers to paper file.
- 2) The full details of the claim correspondence sent to us by the client is then sent onto the insurance company requesting an acknowledgement of the claim together with any comments or information they wish us to pass back onto the client. This is done on the same working day of the receipt of the claim from the client.
- 3) An acknowledgement of the claim is also sent to the client on the same day explaining that we have sent on the information received from them to the insurance company covering their policy, and that we will be in contact shortly with the insurance company's instructions or queries.
- 4) A forward diary system is put in place to follow up the claim usually within 3-5 working days, depending upon the type of claim that we have received. This is because we specialize in Professional Indemnity Insurance and Directors and Officers and Commercial Insurance claims are usually quite involved. Underwriters and/or their legal representatives tend to need at least this time to consider and respond to the allegations made against our clients.
- 5) When we hear back from the insurers within the time scales of 3-5 days, we forward the information or instructions to our client (usually) on the same working day or within 24 hours of receipt. This could take the form of verbal and written contact with the client. In the event of verbal contact, notes are recorded on file with dates & times.
- 6) If we have not heard from the insurers within the 3-5 days, diaries we make contact by fax referring to our submissions and what dates they were sent, requesting an urgent response from the insurers (at the same time a copy of our chase letter to the insurers is sent onto the client).
- 7) If we still have not heard from the insurers within 2 days from our chase fax we would fax and telephone the insurers requesting their response, again the client is copied in with our actions and we record this action and conversation times and dates on the claim file.
- 8) As previously explained, the nature of Professional Indemnity Insurance and Directors and Officers Claims are much more complicated than say "Car or House Insurance Claims" and therefore are on going in nature, and can take even years to resolve, certainly it would not be unusual for the average Professional Indemnity Insurance or Directors and Officers or Commercial Claim to be over a period of 6-9 months.
- 9) We do, however, chase both the client and the insurers for updates on a regular basis, based on the information needed from each party, and records of correspondence are kept updated until closure.
- 10) Normally on closure, the Insurance Company informs us that they do not consider that the claim is still open, and that they are closing their files in which case we copy the client in on the Insurers comments.
- 11) All claim files are kept for at least 7 years after the date of closure, in our case we have files dating back to the start of Professional Insurance Agents Limited currently 10 years as of 10 January 2005.

Send claim details to:

Claims Department, Professional Insurance Agents Ltd,
Lion Works, Sidley Road, Eastbourne, East Sussex, BN22 7HB