

Claims Charter

MHIA is committed to the professional settlement of client's claims in a prompt manner.

Claims handling standards

Within 10 business days of receipt of your claim, we will decide to accept or deny your claim and notify you of our decision, if we have received all necessary information at the time your claim is lodged and no further assessment or investigation is required.

The following standards apply to all claims where further information, assessment or investigation is required

- Within 10 business days of receiving your claim, we will:
 - Notify you of the detailed information we require to make a decision on your claim
 - If necessary, appoint a loss assessor/adjuster
 - Provide an initial estimate of the time required to make a decision on your claim
- If we decide to appoint a loss assessor/adjuster and/or investigator, we will notify you within 5 business days of appointing them.
- We will keep you informed of the progress of your claim, at least every 20 business days.
- We will respond to your routine requests for information within 10 business days.
- When we have all necessary information and have completed all investigation that was required to assess your claim, we will decide to accept or deny your claim and notify you of our decision within 10 business days.
- If these timeframes are not practical due, for example, to the complex nature of your claim we will agree alternative timeframes with you. If we cannot reach an agreement you can access our complaints handling procedures.

The following standards apply to home building and contents and motor vehicle policies

- Unless exceptional circumstances apply, where a claim is made under such a policy and further information, assessment or investigation is required
 - We will make a decision to accept or deny your claim within 4 months of receipt of your claim
 - If we do not make a decision, we will inform you in writing of your right to:
 - Access to our internal dispute resolution process
 - Take any complaint in relation to the handling of your claim to an external dispute resolution scheme, if you so choose
 - Where exceptional circumstances apply, we will make a decision to accept or deny your claim within 12 months.
 - If you ask us whether such a policy provides cover for a loss you have suffered, we will:
 - Ask you whether you would like to lodge a claim
 - Explain that if you do, the question of coverage will be fully assessed
 - Not discourage you from lodging a claim even if we are of the view that it is unlikely to be accepted
 - Where we engage an external expert to provide a report which is necessary to assess your claim, we will instruct them to provide their final report to us within 12 weeks. If the external report fails to provide a final report within this period, we will inform you of this and keep you informed of progress in obtaining the report.

The following standards apply to all claims:

- We will conduct claims handling in a fair, transparent and timely manner.
- We will only ask for and take into account relevant information when deciding on your claim.
- You will have access to information about you which we have relied on in assessing your claim and an opportunity to correct any mistakes or inaccuracies. In special circumstances or where a claim is being or has been investigated, we may decline to release information and reports but we will not do so unreasonably. In these circumstances, we will give you reasons and you will have the right to request a review of our decision through our complaints handling procedures. We will provide our reasons in writing upon request.
- Where an error or mistake in dealing with your claim is identified, we will immediately initiate action to correct it.
- If we deny your claim, we will:
 - Provide written reasons for our decision to deny your claim

- Inform you of your right to:
 - Ask for copies of information about you that we rely upon in assessing your claim
 - Request a review of any decision we take to decline to release such information
- Provide information about our complaints handling procedures; and
- On request, other than in the circumstances where the claim is being or has been investigated, we will provide copies of reports from our service providers and external experts which we have relied on in assessing your claim. The copies of external experts' reports will be sent to you within 10 business days of your request to us.
- Except for responding to disasters and catastrophes, the standards of this charter do not apply if you or another person who may be entitled to benefits under your policy have commenced any proceedings in any court, tribunal or under any other dispute handling process (other than the Australian Financial Complaints Authority (AFCA)) in respect of your claim.

The following standards apply to claims handling by our employees and our service providers

- Our employees and our service providers will conduct their services in an honest, efficient, fair and transparent manner.
- Our service providers will notify us of any complaint they receive against them when acting on our behalf.
- Our service providers will inform you of the services they have been asked to provide and the identity of the insurer for whom they are acting.
- Our employees or our service providers will not perform functions that do not match their expertise.
- Our employees and service providers will have and maintain:
 - A current licence if required under legislation
 - Membership of a relevant professional body or sufficient expertise
- Our employees will receive adequate training to carry out their claims handling tasks and functions competently and to deal with customers professionally.
- Training of our employees will include:
 - Principles of general insurance and any relevant consumer protection law
 - What to do in the event of a claim
 - Product knowledge
 - Understanding the consumer situation, particularly in the aftermath of a catastrophe or disaster
 - The requirements of this charter
- We will keep our employees training records for at least five years and on request shall make those records available for examination by AFCA.
- We will:
 - Measure the effectiveness of training by monitoring the performance of our employees
 - Require additional or remedial training to address any identified deficiencies
- Our service providers will obtain our approval before subcontracting their services.
- We will handle complaints relating to or received by our service providers under our complaints handling procedures, when they are acting on our behalf.
- Where you satisfactorily demonstrate to us that you are in urgent financial need of the benefits you are entitled to under your policy as a result of the event causing the claim, we will:
 - Fast-track the assessment and decision process of your claim
 - Make an advance payment to assist in alleviating your immediate hardship within 5 business days of you satisfactorily demonstrating your urgent financial need.
- We will notify any financial institution that you have told us has an interest in your policy.
- If you are unhappy with our decision, we will inform you of our complaints handling procedures.
- We and our service providers will comply with the ACCC & ASIC debt collection guideline: for collectors and creditors, which require us to act fairly and in a considerate manner.
- If a person is experiencing difficulty repaying a debt due to illness, unemployment or other reasonable cause, we will work with that person, if he or she cooperates with us, we will consider one of the following options:
 - Extending the period of repayment and reducing the amount of each payment due accordingly
 - Postponing payments for an agreed period
 - Extending the period of repayment and postponing payments for an agreed period.
- If we are unable to reach an agreement with the person about the repayment of the debt, we will provide information to them about:

- Our complaints handling procedures
- The existence of Financial Counselling Australia (<https://www.financialcounsellingaustralia.org.au>) for a referral to a not for profit, free financial counselling service.
- Where we have selected and directly authorised a repairer, we will:
 - Accept responsibility for the quality of workmanship and materials; and
 - Handle any complaint about the quality or timeliness of the work or conduct of the repairer as part of our complaints handling process.

This section applies to catastrophes and disasters, resulting in a large number of claims.

- We will respond to catastrophes and disasters in a fast, professional and practical way and in a compassionate manner.
- If you have a property claim resulting from a catastrophe or disaster and we have finalised your claim within one month of the catastrophe or disaster, you can request a review of your claim if you think the assessment of your loss was not complete or accurate, even though you may have signed a release/discharge. We will give you six months from the finalisation of your claim to ask for a review of your claim. We will inform you of:
 - This entitlement when we finalise your claim
 - Our complaints handling procedures
- We will co-operate and work with the insurance council in its role of industry coordination and communications under the insurance council of Australia's catastrophe coordination arrange