

Appendix G – Insurance Claims Intervention

Insurance Claims

The insurance claims intervention commenced in summer 2014. The Finance team administers around 100 claims a year for public liability, motor and property damage claims.

The old approach Purpose: To minimise the cost to the Council



With the previous approach to dealing with claims, a non-injury claim could take up to 16 months to settle and injury claims up to 3 years. Most legitimate claims were processed through the Council's insurers even when the value of the claim was below the excess, lengthening the time to settle or reject a claim.

The onus was on the customer to provide evidence of a claim and to arrange the repair/replacement of any property damage.

Contact with the customer was limited and we followed our insurer's advice when rejecting claims based on legal liability and did not fully consider the impact of the loss or damage to the customer.

Evidence gathering was piecemeal and involved numerous interactions between the service area, insurance officer and insurer. The process was very time consuming and something that should have been relatively quick and easy to resolve took months, sometimes years, rather than weeks, to resolve.

The new approach Purpose: Put right what went wrong

"I can't thank you enough for all your help. I appreciate all you have done for me. A big thank you."

Customer feedback

Under the new approach, most claims are dealt with in-house rather than being sent to the Council's insurer. Officers are resolving claims more quickly by gathering all the facts as soon as an incident is reported including attending the location of the incident, taking photographs and measurements of any damage and speaking to the customer face-to-face to understand what matters to them when rectifying any damage. The customer is informed throughout the process and we allow them to decide how any remedial works are to take place and how they are reimbursed. As a result, incidents are resolved more quickly and to the customer's satisfaction. A typical non-injury claim now takes a month to resolve.

The Finance team now has a dedicated Insurance and Risk Officer, who has more time available to proactively work with departments analysing incidents and looking at ways to prevent similar occurrences. As well as receiving positive comments from our customers, employees are feeling more empowered to make their own decisions.

