

Your name and organisation

Name	s 9(2)(a)
Organisation	Private

Regarding consumers' disclosure obligations

Were you aware of your general duty to disclose all material information when applying for insurance, and that the duty goes beyond the specific questions you are asked in your application for insurance?
<i>What is classed as material information? This is not clear and insurance is accepted and fees taken until a claim is made and then they have the power to tell you that you did not disclose. This is incorrect why cant they do this investigation at the start if there is this risk?</i>
If you were aware of your duty to disclose material information, who informed you of this duty?
NA
When applying for insurance, do you understand what material information you need to give the insurer so they can assess the risk of providing you with insurance?
<i>No I answer the questions asked. This is all as they guide me through this.</i>
Do consumers understand the potential consequences of breaching their duty of disclosure?
No most people don't know this until they have a claim denied.
Have you ever breached your duty of disclosure? What consequences were there for you in terms of the insurance cover you were able to obtain under the policy following the breach?
Im unsure as what is my duty of disclosure.

Regarding conduct of insurers

What do you think fair treatment looks like from both an insurer's and consumer's perspective? What behaviours and obligations should each party have during the lifecycle of an insurance contract that would constitute fair treatment?
<i>If an insurer decides that you didn't disclose something and it has nothing to do with a claim then the claim should not be able to be denied. For example, if a person breaks his back and needs to claim insurance but the insurance company decides he didn't declare high blood pressure then clearly this has nothing to do with the claim and should be paid in full.</i>
What has your experience been of the claims handling process? Please comment particularly

on:

- information from the claims handler about:
 - timeframes and updates on timeframes
 - reasons for declining the claim (if relevant)
 - how you can complain if declined
- The handling of complaints (if relevant)

I have had a claim denied from one of the 10 pages of exclusions and how they interpret that one line, I complained but they rejected my claim. This was my only claim in 25 years of insurance and was for ~12,000 they didn't seem to care at all. The claims peoples job seems to be how can they deny a claim when people have insurance for piece of mind but really there is no piece of mind at all.

Have you ever been sold an insurance product that was inappropriate for your circumstances? Or are you aware of this happening to others?

Yes with the pages and pages of exclusions now included in every insurance policy what are people actually covered for now? It seems to be every year the price goes up and more gets removed from the covered list. Most people are honest people who just want piece of mind and the insurance industry doesn't give them this.

Have you ever felt undue pressure from an insurer or insurance intermediary (such as an insurance broker or salesperson) to buy or renew an insurance policy?

No but only because im not silly.

Regarding difficulties comparing and changing providers and policies

When considering the purchase of insurance, what sources of information do you draw upon to make your decision? (e.g. comparison websites, talking directly to different insurance providers, talking to an insurance broker or financial adviser)

I now read the policy, I have moved to a company that does not have pages and pages of exclusions and I recommend them to everyone I talk to when insurance comes up.

How long do you think you typically spend reading an insurance policy before you purchase it?

30 mins

Do you think you have a good understanding of the insurance policies you currently hold?

Yes but I have a concern for my medical cover as they seem to be able to go to your doctor and request records and then decide that you didn't tell them something from years ago that makes your claim now be denied even though it has nothing to do with the claim or cause.

If not, what is the main barrier to you understanding your insurance policy?

It should be in plain English and they should be honest and cover you in good faith as this is

what customers do.

Have you ever been in a situation where you thought you had a certain level of cover under your policy, but when you went to make a claim found you were not covered? If so, please provide us with a description of the situation.

I have house and contents cover and during road works huge compaction machines vibrated the ground shaking my house cracking the ceilings throughout the house. The insurance company pull out page 5 of the policy saying you are not covered for vibration damage and abandoned me to take the roading contracting company to court personally which I won but it took a year and cost me money for something I should have been covered for. Why would a company exclude vibration damage and would you not expect for this type of damage you would be covered.

Would you like to switch insurance providers? If so, what is your main barrier to switching?

I have switched after my last experience to a company that does not have pages of exclusions.

What, if anything, should the government do to make it easier for consumers to compare and change insurance providers and policies?

Have a complaints process that applies common sense to claims that can overrule when an honest person has paid seven or eight thousand dollars a year for over twenty years companies should be made to take this into account before denying a claim.

Regarding exceptions from the Fair Trading Act's unfair contract terms provisions

Are you aware of instances where the current exceptions for insurance contracts from the unfair contract terms provisions under the Fair Trading Act are causing problems for consumers? If so, please give examples.

No

More generally, are there terms in insurance contracts that you consider to be unfair? If so, why do you consider them to be unfair?

The pages and pages on exclusions that they can interpret in any way they decide.

The ability to go back to a doctor and look through years old records and find something minor that you didn't mention that has nothing to do with a current claim should be stopped.

Other comments

We welcome any other comments that you may have.

I feel insurance companies are dishonest and look for anything they can to deny a claim and

this is not the intent of insurance.

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