



What to do after a natural disaster

I don't agree with the insurer's decision



What can I do?

If you don't agree with the decision you can ask them to look at it again. This is called asking for an **internal review**.

What is an internal review and how long does it take?

An independent person who works for the insurer who has the skill and expertise to understand your dispute will look at the decision again. They must complete the internal review no later than 45 days after you ask for one.

You can use the letter in **Fact Sheet 6** called *Standard letter or email asking for an internal review* to ask for an internal review.

There was an internal review but I still don't agree with the decision

If you still don't agree with the decision you can make a complaint to the the Financial

Ombudsman Service (FOS). This is called **External Dispute Resolution** (or EDR).

You must do this no later than 2 years from the date the insurer made their final decision.

FOS provides a fair and independent dispute resolution service for consumers and insurers.

You can:

- visit their website at fos.org.au
- email them at info@fos.org.au
- call **1800 367 287** and ask to speak with a FOS Code's Investigations Manager.

How can the Financial Ombudsman Service help me?

FOS can suggest what should happen. This is called a recommendation. For example:

- if the insurer has not processed your application within a reasonable timeframe, FOS can recommend that the insurer pays you money to compensate you.

- FOS can also recommend that your insurance claim should be covered by the insurance company.

What happens after I lodge a complaint with FOS?

FOS will ask the insurer to respond to your complaint no later than 21 days after you lodge your complaint. The insurer may contact you in this time and try to resolve the dispute with you. If you can't sort it out, the insurer will send their response to you and FOS.

If you don't agree with the insurer's response FOS may try to help resolve your dispute by:

- holding a conciliation conference
- contacting you and the insurer and trying to negotiate a resolution, or
- giving their opinion about how strong your complaint is (called a 'preliminary view').

(continued overleaf)

TIP If you make a complaint to FOS before the insurer has finished its internal review the insurer will still have 45 days to complete the review.

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What is a conciliation conference?

This is a joint telephone call between you and the insurer. It is arranged by FOS. An independent person called a conciliator helps you and the insurer to:

- put forward your points of view
- get a better understanding of the issues, and
- come up with options to resolve the dispute.

You can find more information in the FOS Guide to Conciliation Conferences at: www.fos.org.au or by calling FOS on **1800 367 287**.

What if I can't resolve the dispute through conciliation or negotiation?

If conciliation or negotiation doesn't work, FOS can:

- ask for more information if they think that this would help sort out your dispute, or
- give you their preliminary view about how strong each side's case is. If FOS gives you their preliminary view over the

phone, ask them to send it to you in writing.

If you and the insurer still can't agree, FOS will decide what will happen. This is called a determination.

What happens when FOS makes a determination?

FOS will look at what the law says and also what is fair. A determination is final. You cannot ask FOS to review it again.

You have 30 days to either accept or reject the determination. If you accept it, you and the insurer will have to follow the decision.

If you don't accept it, the insurer won't have to follow it and you may be able to take other action against the insurer, including going to court. You should get legal advice before you go to court.

The insurer cannot accept or reject the determination.

FOS can also recommend that your insurance claim should be covered by the insurance company.

Fact sheets in this series

1. What to do straight away
2. What should I expect from my insurance company?
3. Has the insurer offered you a cash settlement?
4. I don't agree with the insurer's decision
5. Where can I get more help?
6. Standard letters you can use to write to your insurer