GENERAL INSURANCE
Code Governance Committee

General Insurance Industry Data Report 2021–22

We acknowledge the traditional custodians of the different lands across Australia, and pay respects to elders past, present and future.

For they hold the songlines, the stories, the traditions, the culture and the hopes of First Nations Australia.

This land is, was, and always will be traditional First Nations country.

We also acknowledge and pay respects to the traditional custodians of the lands on which our Code team works: the Wurundjeri, Boonwurrung, Wathaurrung, Daungwurrung and Dja Wrung peoples of the Kulin nation and the Gadigal people of the Eora Nation.

About this report

This report provides aggregated data from the general insurance industry and analysis of compliance with the General Insurance Code of Practice (the Code) for the period 1 July 2021 to 30 June 2022.

It outlines themes and trends in the general insurance industry, as well as emerging risks that affect the industry and its stakeholders.

It is now a standalone report separated from the Annual Report that covers our activities as a Committee.

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Chair's message

As Chair of the General Insurance Code Governance Committee, I am pleased to present our new-look annual data report for the 2021–22 reporting year.

We have presented the industry data in its own report, separate to the one we publish for our activities as a Committee.

It also covers the first year that insurers that have signed up to the Code (subscribers) reported on compliance with all parts of the 2020 Code.

I hope that readers find this focused data report informative, and that it provides valuable insights into the general insurance industry.

Increase in breaches

We saw Code breaches reach record levels in 2021–22. Subscribers reported 58,104 breaches for the year, an increase of 40% on the previous year. Despite the challenges subscribers faced throughout the year, this is a disappointing result.

The floods in Queensland and New South Wales in February 2022 certainly contributed to the increase, with the dramatic increase in claims following the catastrophic events putting a strain on insurers' operations.

However, claims handling has been the top source of Code breaches in each of the past five years, and breach numbers have been rising consistently during that time.

The increase in breaches is a pertinent reminder of the importance of good systems and processes. It is in the busy times, the times of great pressure, that error and misjudgement can appear, and good systems and processes will help to prevent or mitigate mistakes.

> **"The floods in Queensland and New South Wales in February 2022 certainly contributed to the increase, with the dramatic increase in claims."**

We urge subscribers to consider their breach data from the period to identify where they can make improvements to their systems and processes, and also to the adherence of employees and third party representatives to these processes, to prevent such an increase in breaches.

> **"The frequency of the extreme weather events that have occurred over the recent past mean they can no longer be regarded as seasonal events."**

Action needed

The number of breaches has risen consistently over the past five years and it is clear that subscribers need to do more to improve.

The Committee welcomes enhancements made by Code subscribers to their compliance and breach identification frameworks, but urgent action is needed to bring down the number of breaches. The frequency of the extreme weather events that have occurred over the recent past mean they can no longer be regarded as seasonal events. The operational stresses that accompany these events must now be incorporated into business-as-usual scenarios.

The frequency of extreme weather events also means that insurance is now essential for many people. Subscribers need to ensure that consumers understand the level of cover that their insurance offers for their most important assets and that if disaster strikes, the claims journey is one that is efficient and offers proactive and compassionate support for policyholders.

Self-regulation and reporting – subscribers' obligations

This report is based on data provided by 48 of the 49 Code subscribers and all 122 Lloyd's Coverholders and Claims administrators.

We are disappointed that one subscriber did not provide a data return. This subscriber has reported between 100,000 to 150,000 policies in previous years, so its absence does not necessarily impact the industry trends as a whole. However, we are following up accordingly as we expect subscribers to have comprehensive and robust frameworks to record and report their annual data and to be able to provide it in a timely manner.

It is a requirement under paragraph 180 of the Code for subscribers to have appropriate systems and processes to enable us to monitor compliance with the Code, and for subscribers to report to us annually on their compliance with the Code.

There were other subscribers who did provide a data return but were unable to provide complete responses to all datasets. These subscribers cited system limitations as the reason for not being able to provide the data.

It is disappointing that this is still the case as we have been asking for the same data for the past two years, following a pilot program to introduce new datasets.

We encourage subscribers to make the required enhancements to enable them to record and report all requested data. This will contribute to a complete picture of the industry and consumer outcomes throughout the reporting year. It will also enable subscribers to conduct thorough root cause analysis and take appropriate action where it is needed to improve practice.

Looking ahead

We would like to thank subscribers for their input to this report and for working with us throughout the annual data collection process.

We are continuing to expand our data capabilities – including how we collect data from subscribers and how we analyse it.

This will allow us to better identify and analyse emerging risks and help us to focus our resources on the issues that affect consumers and the industry.

Our data collection for 2022–23 will include certain policy, claims, complaints and breach data broken down not only by class of insurance, but also by brand. We hope this will give us a more complete picture of operations across the industry and the consumer outcomes they produce.

We also note that we are now in a serious cost-of-living crisis across the nation. Our data indicates that the cost of home and motor insurance is on average much higher than it was a year ago. The data does not indicate that the number of home and motor policies have changed materially, however, there is a growing risk that consumers may choose to be insured at a lower level of cover as they look to cut back their expenses. We will maintain a watching brief in this space as it may eventually translate to an increase in disputes about claims going forward.

"Improving our own reporting is always a focus and we get a lot out of the feedback that we receive. We look forward to engaging with stakeholders as we look to improve how we present our insights and analysis."

Feedback

We welcome feedback on this report from stakeholders, including changes they would like to see in future reports.

Improving our own reporting is always a focus and we get a lot out of the feedback that we receive. We look forward to engaging with stakeholders as we look to improve how we present our insights and analysis.

Veronique Ingram PSM

Independent Chair
General Insurance Code Governance Committee

Industry snapshot 2021–22

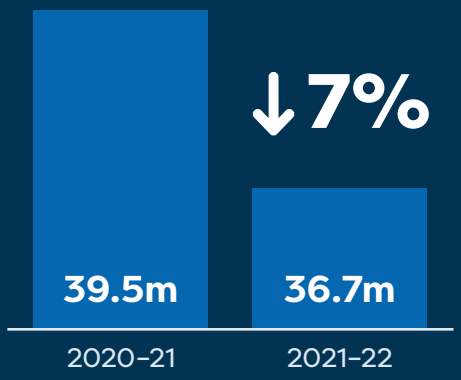
The industry we monitor

49

Code subscribers as at 30 June 2022

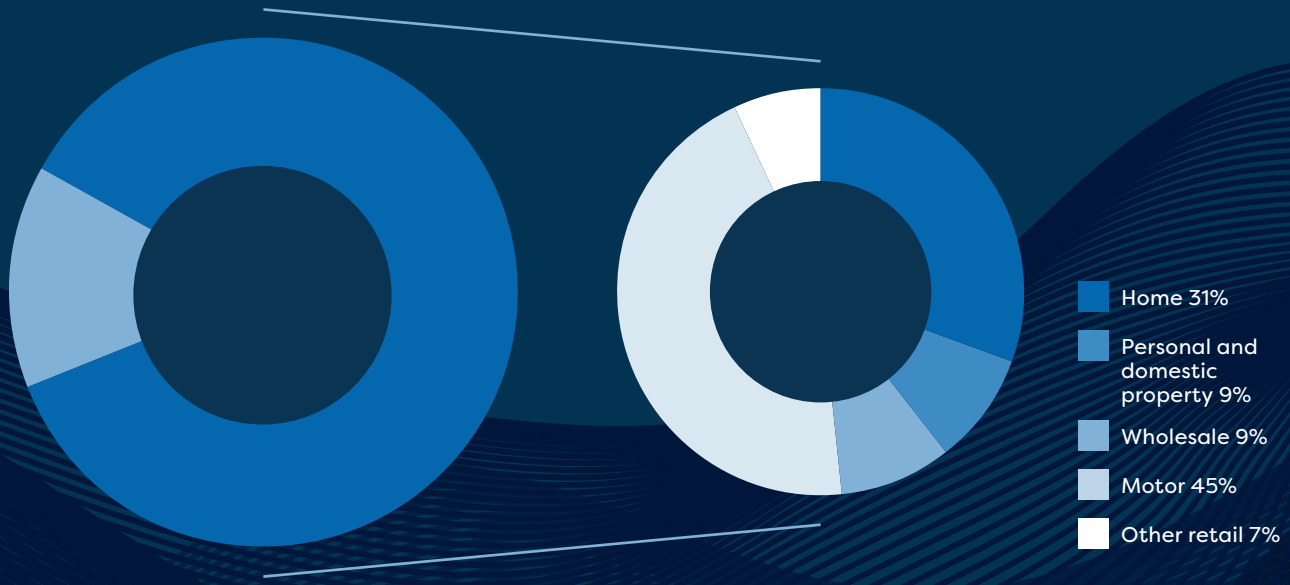
36.7m

Policies issued during the year



Majority of policies issued are retail policies

Motor has the largest market share followed by home

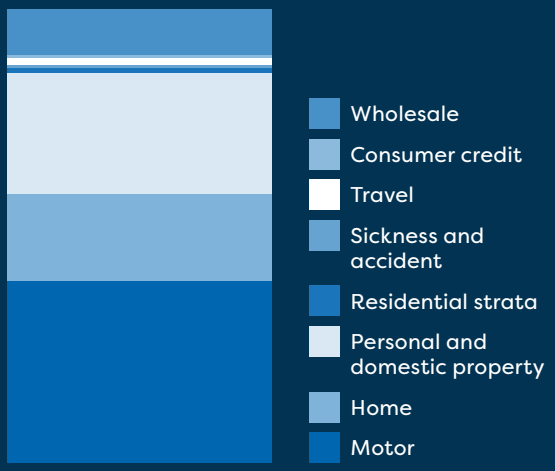


Rebound in travel spurs **growth in travel policies** but **personal & domestic property policies** fell sharply

Growth is flat for home and motor policies issued in 2021–22, but on average, **home and motor insurance costs 25% and 53% more** respectively, than in the previous year

4.9m

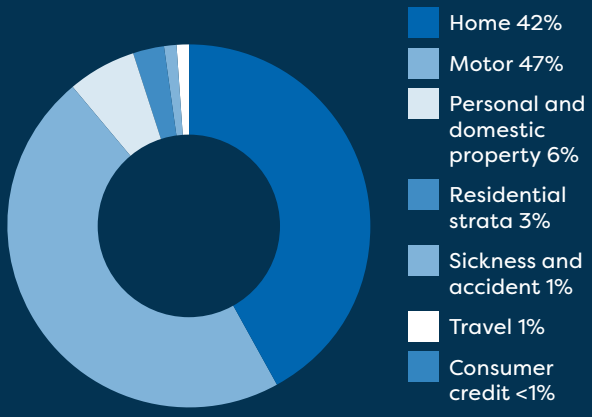
claims lodged by consumers and businesses – **up 11%** from previous year



Over

$15b

paid out in claims, **up 29%** from previous year. Home and motor claims comprise just under 90% of claim payout value.



Home claims lodged
Up 25%

Personal & domestic property
Up 13%

Residential strata
Up 10%

Travel
Up 10%

Motor
Up 7%

3.8m

claims accepted, 65% for home and motor policies

246,415

declined claims – up 9%

1 in 11

home claims **declined**

369,320

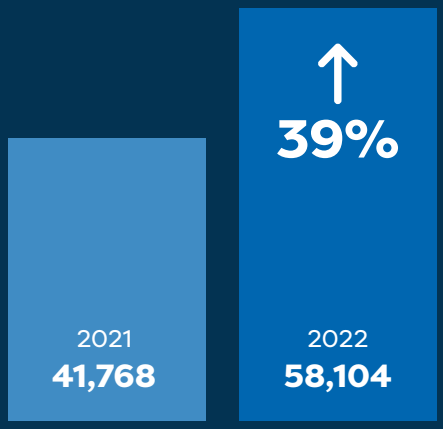
withdrawn claims – up 5%

Code compliance snapshot 2021–22

58,104

Breaches reported by subscribers, up 39% from last year

689,002 customers impacted
$1,471,985 in value



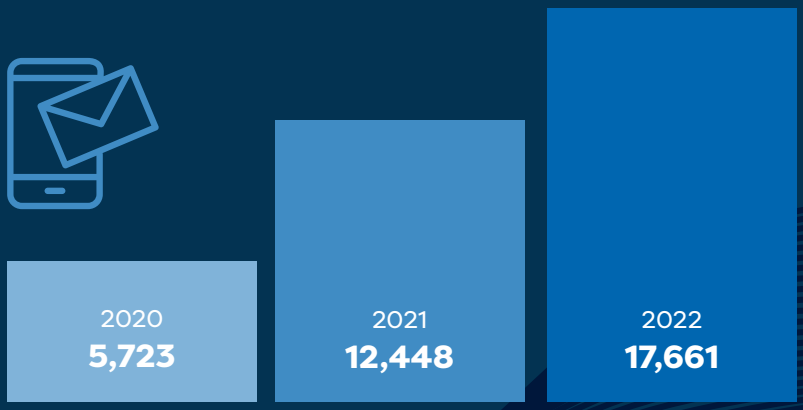
38,973

breaches (67%) relate to the claims obligations in the 2014 and 2020 Code

The most breached obligation is

"We will tell you about the progress of your claim at least every 20 business days".

This has been the case since 2020



3 in 4

Breaches concern either home or motor insurance policies

Across the 2014 and 2020 Codes, the top three Code breaches relate to timeframe obligations

17,661

breaches of "We will tell you about the progress of your claim at least every 20 business days"

7,810

breaches of "Once we have all the relevant information, we will make a decision and tell you within 10 business days"

5,578

breaches of "We will respond to your routine enquiries about your claim's progress within 10 business days"

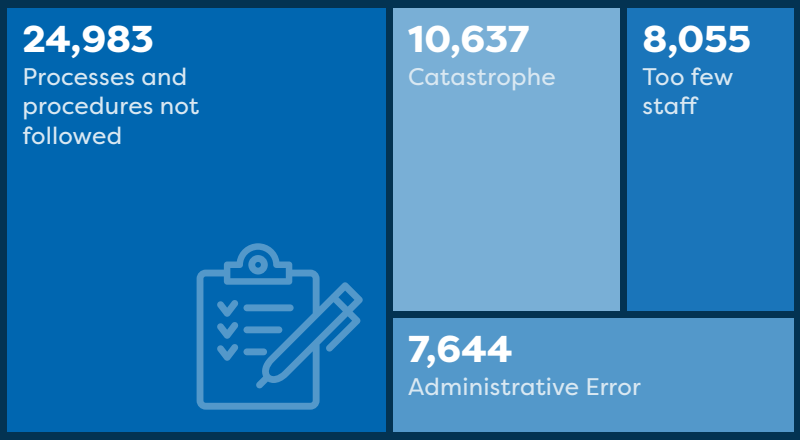
Top causes of breaches

24,983 due to "Processes and procedures not followed"

10,637 due to "Catastrophe

8,055 due to "Too few staff"

7,644 due to "Administrative error"



Top causes of breaches of obligations related to claims

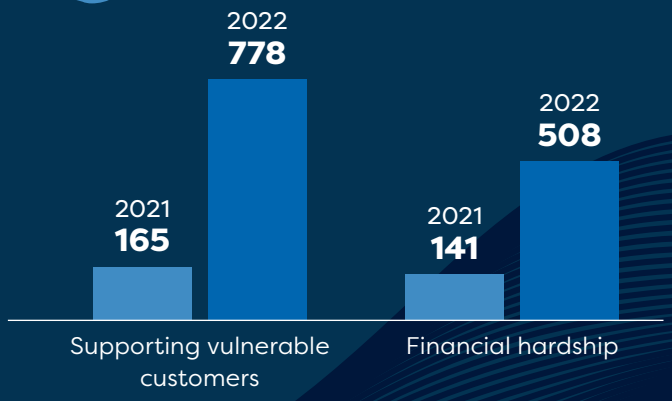
13,917 breaches due to "processes and procedures not followed"

8,267 breaches were attributable to Catastrophe

7,327 too few staff

4,760 administrative error

The vulnerability and financial hardship obligations of the Code are increasingly being breached



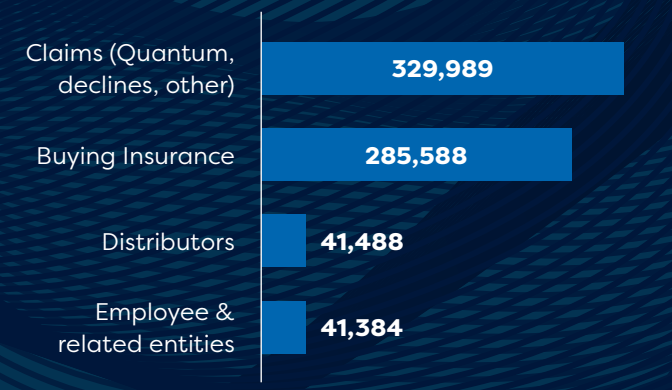
Complaints

731,769 complaints received

726,051 complaints finalised

3,158 breaches of "We will keep you informed about the progress of your Complaint at least every 10 business days."

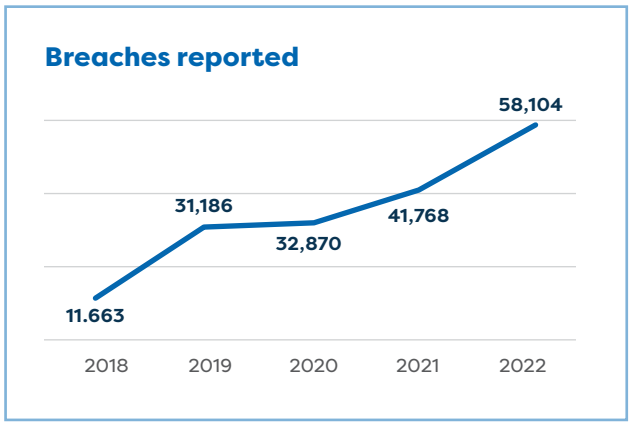
Top matters for complaints



Key observations

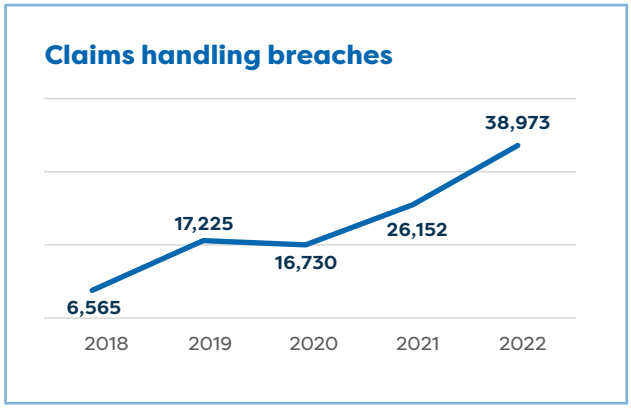
Continued increase in breaches

Subscribers reported 58,104 breaches of the Code in 2021–22 – an increase of nearly 40% on 2020-21. This continues an upward trend of breaches over the past five years.



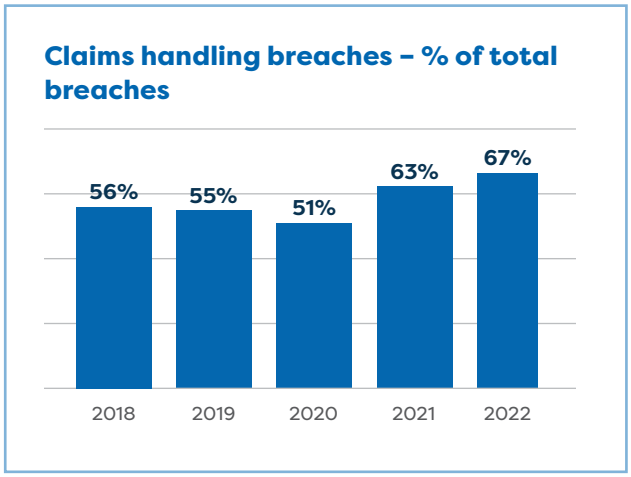
Breaches of claims handling obligations – Part 8 of the 2020 Code (Making a claim) and section 7 of the 2014 Code (Claims) – accounted for 67% of the breaches reported for the year: a total of 38,973 breaches.

This was an increase in claims handling breaches of almost 50% on the previous year.



Although catastrophes have pushed these numbers higher recently, claims handling has been the source of most breaches in each of the past five years.

This is not surprising as it is during the life cycle of a claim when there is the most interaction between insurers and their policyholders. It is concerning however, as it means that the claims experience for many consumers does not meet the standard promised.



The most common cause of breaches in 2021–22 was 'Processes and procedures not followed' (43% with 24,983 breaches). This has been the number one cause of breaches in each of the past five years. This indicates a growing need for subscribers to respond to insights from their compliance frameworks and quality assurance with more vigour.

Action needed

As the main reasons for increases in breaches, subscribers cited an increase in volume and complexity of claims in a short period of time and a subsequent increase in complaints. This was mainly due to the February 2022 storms and flooding in Queensland and New South Wales (Insurance Council CAT221).

The volume and value of claims show the devastating effect the catastrophe had on the community, and the resulting number of breaches of the Code reflects the strain that such disasters have on insurers' operations.

Despite the strain, however, subscribers have a responsibility to meet the obligations in the Code and breaches in such high numbers cannot be dismissed as an acceptable consequence.

To effectively prevent or minimise breaches, subscribers need to be able to better deal with sudden increases in demands. Subscribers now know the key areas where resources will be stretched and must invest to expand capacity. The threat of natural disasters and catastrophes is ever present in the insurance industry and businesses must factor this into their risk management and compliance frameworks.

Timeliness of claim communications and decisions

The top three Code obligations breached in 2021–22 all related to timeframes during the claims process: for providing updates to consumers and making a decision on a claim.

All three of these obligations showed notable increases in breaches.

Top 3 Code obligations breached	Paragraph (2020 Code) / subsection (2014 Code)	Breaches	
We will tell you about the progress of your claim at least every 20 business days	70 / 7.13	17,661 (30% of total)	Up 42%
Once we have all the relevant information, we will make a decision and tell you within 10 business days	76 / 7.16	7,810 (13% of total)	Up 250%
We will respond to your routine enquiries about your claim's progress within 10 business days	71 / 7.14	5,578 (10% of total)	Up 47%

As reported in the Committee's Annual Report for 2021–22, we also saw an increase of 55% in significant breaches in 2021–22, rising to 203 individual significant breaches. Sixty of these were in relation to claims handling, of which almost two-thirds involved delays in the claims process.

In addition to CAT221, subscribers reported other factors that also affected claims handling operations in 2021–22 – these included other severe weather events, labour shortages due to COVID-19, global supply chain disruptions caused by the war in Ukraine, and increased costs of resources.

Action needed

We recognise that there are many issues that continue to impact subscribers' ability to handle claims and communicate with consumers in a timely manner. These include:

- A tight labour market when looking to expand claims teams,
- Time needed to bring new claims staff up to a level of reliable competence,
- Shortages of trades for repairs and rebuilding,
- Lack of availability of materials and parts, and
- Shortages of suitable temporary accommodation.

However, we expect that subscribers will have learnt much from the past year about where the stress points are for their claims operations and how they can address these.

While external factors are likely to continue to impact claims handling for some time, we expect subscribers to fix those issues that are within their control.

The increased frequency and severity of catastrophes and other significant events appears to be a 'new normal' for the insurance industry – insurers need to adjust their business models accordingly.

As well as having the appropriate level of resourcing, it is vital that subscribers have adequate systems and processes to communicate with consumers about their claims. Subscribers need to communicate clearly at the outset of the claim to manage expectations and communicate regularly throughout the claims process to keep consumers informed.

Quality of reporting

The insights that the Committee can extract and share with subscribers are dependent upon the quality and completeness of the data that subscribers self-report to us.

Subscribers reported that improvements to their compliance frameworks enabled them to better identify and report breaches of the Code.

However, we still saw some notable gaps in the data reported:

- **10,917 breaches (19% of total) where subscribers were unable to report the insurance class that the breach applied to**
- **2,361 breaches where the reason for the breach was reported as 'unknown'**
- **39,819 partially accepted claims where the reason for the partial acceptance was listed as 'Other'**

Subscribers cited system limitations as the reason for not being able to provide the data as requested.

We acknowledge that subscribers need lead times to make system changes to record different data. However, 2021–22 was the second year that these datasets were included in the annual data questionnaire, after a previous pilot program. We expect to see an improvement in the quality of reporting in next year's data collection.

Action needed

Many subscribers improved their monitoring and reporting systems and processes during the year. We heard of a range of initiatives, such as increased and more effective quality assurance auditing, improved monitoring of third-party entities, additional staff training and increased resources for compliance functions.

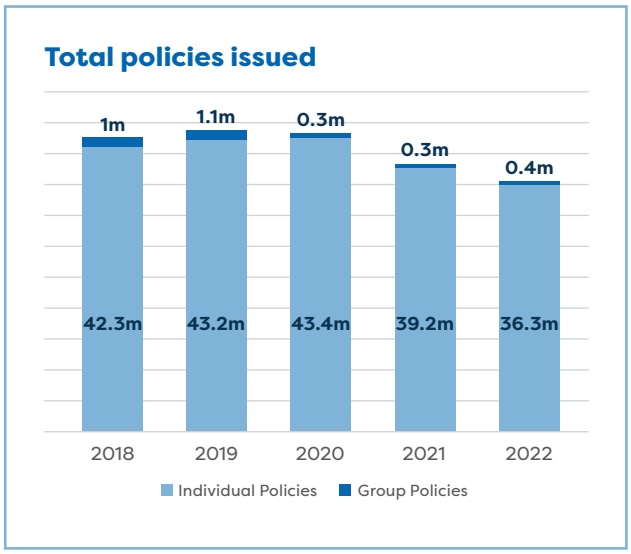
In part, these developments have contributed to the rise in numbers in 2021–22; when subscribers have better systems to identify breaches, the numbers are likely to rise.

We commend subscribers' efforts to improve their breach identification and reporting. However, as the Committee has emphasised previously, improved breach reporting alone should not be seen as the desired outcome. Subscribers must make the same effort to fix the root causes of breaches and to bring breach numbers down.

We also encourage subscribers to make the required enhancements to their systems to enable them to record and report all requested data. This will enable subscribers to conduct thorough root cause analysis and focus resources where they are needed to improve practice.

Overall decrease in policies issued

We saw some interesting developments in policy uptake in 2021–22.



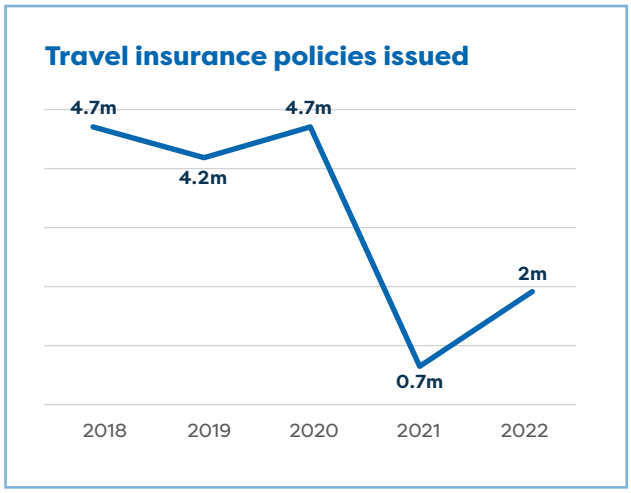
The total number of policies issued by subscribers fell by 2.8 million (7.14%). This meant that 2021–22 had the lowest number of policies issued in the past five years.

The overall decrease was driven by a decrease of 3.1 million policies (8.56%) in retail insurance classes – largely the result of a decrease of 4.2 million (56.66%) in personal and domestic property policies. These policies cover items such as jewellery, personal electronics and household goods, pet insurance and boat insurance.

The decrease was mainly caused by one subscriber amending the way it classifies and reports its policies in this insurance class. It now reports monthly mobile phone insurance policies as annual policies to allow for better comparability. Therefore, the decrease in total policies issued does not necessarily mean a decline in this market segment.

We also saw a drop in policy numbers for consumer credit insurance, and sickness and accident insurance. While a concrete explanation is not immediately clear, decreases in these insurance classes may reflect pressures from rising costs of living and a consumer choice to forego certain types of insurance. Regulatory changes have also impacted insurers' ability to cross-sell these types of policies and sell them as add-on insurance.

Despite the lower number of retail policies issued, subscribers reported total premiums received of $27.4 billion for retail insurance classes in 2021–22 – an increase of 34% from the previous year. This market is dominated by home and motor insurance. The number of home and motor policies has remained relatively stable.



We have seen a welcome pick up in the number of travel insurance policies issued, an almost three fold increase over the previous year, to 1.9 million (with total premiums of $541.8 million).

As COVID-19 lockdowns ended and border restrictions eased, people began to travel more and travel insurance picked up.

However, policy numbers are still well below pre-pandemic levels, when the industry issued over four million travel insurance policies per year.

We will continue to monitor policy trends over the next period to see what patterns emerge and what they can tell us about the industry.

Data tables and charts

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Aggregated Code breach data 2021–22

Subscribers reported on compliance with all parts of the 2020 Code for the first time in 2021–22.

Part 9 (Supporting customers experiencing vulnerability) and Part 10 (Financial Hardship) of the 2020 Code became applicable on 1 January 2021, and the remainder of the 2020 Code became applicable on 1 July 2021.

Although the 2014 Code no longer applied in 2021–22, subscribers reported breaches of the 2014 Code that had occurred in previous periods but were identified during 2021–22.

Breaches by Code part/section and retail insurance class

Code part (2020 Code) or section (2014 Code)	Consumer Credit	Home	Motor Retail	Personal and Domestic Property	Residential Strata	Sickness and Accident	Travel	Not provided	Total
Part 3	5	337	741	207			5	889	**2,184**
Part 4		15	38	16			2	18	**89**
Part 5		31	83					1	**115**
Part 6		197	219	49	2	1	2	683	**1,153**
Part 7	10	332	830	64			114	22	**1,372**
Part 8	225	14,200	12,991	1,297	186	327	348	3,394	**32,968**
Part 9	3	278	423	10			1	63	**778**
Part 10	1	78	193	2	2		1	231	**508**
Part 11	34	3,437	2,113	144	208	37	57	2,926	**8,956**
Part 12	2	226	313	62	1	4	11	2,073	**2,692**
Part 14			1	1				1	**3**
Part 15		62	126	1		2	5	8	**204**
Section 4	23	11	38	6				113	**191**
Section 5		1		3				1	**5**
Section 6		16							**16**
Section 7	27	5,021	754	39	4	61	10	89	**6,005**
Section 8			9					2	**11**
Section 9		56						2	**58**
Section 10	1	180	152	30		15	1	162	**541**
Section 14		1	13	1		1		239	**255**
Total	**331**	**24,479**	**19,037**	**1,932**	**403**	**448**	**557**	**10,917**	**58,104**

Breaches by retail insurance class

In 2021–22 there were fewer breaches for which subscribers could not specify a relevant insurance class. This meant that more breaches were reported against specific insurance classes which contributed to reported increases.

We have also shown the percentage change in policies in 2021–22 for each insurance class.

Insurance class	Breaches 2020-21	Breaches 2021–22	Change in breaches	% change in breaches	% change in policies
Retail					
Consumer Credit	936	331	-605	-64.64%	-35.23%
Home	5,374	24,479	19,105	355.51%	-2.02%
Motor Retail	5,986	19,037	13,051	218.03%	1.13%
Personal and Domestic Property	302	1,932	1,630	539.74%	-56.66%
Residential Strata	46	403	357	776.09%	3.47%
Sickness and Accident	410	448	38	9.27%	-10.93%
Travel	1,475	557	-918	-62.24%	191.05%
Insurance class not reported	27,239	10,917	-16,322	-59.92%	N/A
Total	**41,768**	**58,104**	**16,336**	**39.11%**	**-8.56%**

Top five areas of non-compliance in 2021–22

Code obligation	Paragraph (2020 Code) / subsection (2014 Code)	Total breaches
We will tell you about the progress of your claim at least every 20 business days	70 / 7.13	17,661
Once we have all the relevant information, we will make a decision and tell you within 10 business days	76 / 7.16	7,810
We will respond to your routine enquiries about your claim's progress within 10 business days	71 / 7.14	5,578
We will keep you informed about progress of your Complaint at least every 10 business days	146 / 10.16	3,158
We comply with Privacy Act 1988 and other requirements when we use your personal information	160 / 14.1	2,888
Total		**37,095**

Breaches by Code part and paragraph (2020 Code)/section and subsection (2014 Code)

Subscribers reported on compliance with all parts of the 2020 Code for the first time in 2021–22.

Where there was an equivalent obligation in the 2014 Code, we have included the number of breaches of that standard last year for comparison purposes.

'N/A' means that there was no equivalent obligation in the 2014 Code.

Part 3 of 2020 Code – Our obligation to you

Code paragraph	Breaches 2020-21	Breaches 2021–22
21-Subscribers, Distributors, Service Suppliers to be honest, efficient, fair, transparent, timely	N/A	2,184
Total		**2,184**

Part 4 of 2020 Code – Standards for us and our Distributors

Code paragraph	Breaches 2020-21	Breaches 2021–22
23-Policies and procedures in place for Employees and Distributors to conduct sales appropriately	N/A	31
26-Our Distributors must tell us about any complaint that you make to them within 2 business days	0	22
28(c)-Employees and Distributors to receive appropriate education and training about the Code	7	14
24-Employees and Distributors will only provide services that match their expertise	6	6
28(a)-Employees and Distributors to receive appropriate education and training to provide service	7	6
31-We will investigate concerns about the conduct of our Employees or Distributors	N/A	6
25-Our Distributors will inform you they act on our behalf and the service they are authorised for	0	2
32-If Employees'/Distributors' conduct caused harm, we will contact you to discuss remedy	N/A	1
33-If you are not satisfied with our proposed remedy, we will tell you how to make a Complaint	N/A	1
Total		**89**

Part 5 of 2020 Code – Standards for our Service Suppliers

Code paragraph	Breaches 2020-21	Breaches 2021–22
37-Our Service Suppliers will notify us within 2 business days of any Code breaches by them	N/A	65
36-Our Service Suppliers will tell us about any complaint that you make to them within 2 business days	4	41
35-Our Service Suppliers will inform you they act on our behalf and the service they are authorised for	1	7
38-We will have measures in place to ensure that we appoint only suitable Service Suppliers	7	2
Total		**115**

Part 6 of 2020 Code – Buying insurance

Code paragraph	Breaches 2020-21	Breaches 2021–22
47-Information if we cannot provide you with insurance	36	397
44-Pressure Selling of products is prohibited	N/A	270
49-Reminders at time of purchase and at each renewal	N/A	163
51-If insurance policy has No Claims Discount, we must tell you how it works	N/A	140
48-Provide access to calculator that is periodically reviewed to enable estimate of sum insured	N/A	37
47(a)-give our reasons for decision	23	34
50-If we offer to renew products bought directly from us, we will provide premium comparison and calculation	N/A	28
47(c)-Refer you to either ICA or NIBA for information about other insurance options	12	26
46-Where mistakes are identified in application or information, we will immediately correct it	7	13
47(d)-Give information about Complaints process if you are unhappy with decision	0	12
47(b)-Tell about right to ask for information and will provide to you as per Part 12 of the Code	0	10
45-We will ask for and rely on information and documents only if relevant to our decision	0	7
49(a)-Remind you about automatic renewal process	N/A	7
49(b)-Remind you that you can opt-out of that process	N/A	5
43-Policy on development and distribution of products for target markets published on website	N/A	4
Total		**1,153**

Part 7 of 2020 Code – Cancelling an insurance policy

Code paragraph	Breaches 2020-21	Breaches 2021–22
55-If you cancel your policy we will refund the amount within 15 business days unless with broker	1,327	1,324
56-We will send a notice of non-payment 14 days prior to cancellation of your instalment policy	2	41
57-If notice sent under Paragraph 56, we will send a second non-payment notice in writing	2	3
57(b)-Within 14 days after cancellation, confirming our cancellation of your instalment policy	0	3
57(a)-before cancellation, informing you that your policy is being cancelled for non-payment	0	1
Total		**1,372**

Part 8 of 2020 Code – Making a claim

Code paragraph	Breaches 2020-21	Breaches 2021–22
70-We will tell you about the progress of your claim at least every 20 business days	12,448	15,051
76-Once we have all the relevant information, we will make a decision and tell you within 10 business days	2,234	6,850
71-We will respond to your routine enquiries about your claim's progress within 10 business days	3,799	4,950
77-Decision to be made within 4 months or tell you about complaints process unless Paragraph 78 applies	641	1,063
62-We will take prompt action to correct any claim mistake that you tell us about or we identify	43	703
61-If required we will provide information about the purpose and process of a scope of works	N/A	450
59-If you make a claim, we will tell you about process, excess, waiting periods, contact details	N/A	416
68-If we need further information relating to your claim, we will tell you within 10 business days	688	415
81-If we deny your claim, or do not pay it in full, then we will tell you, in writing	505	393
79-If we cash settle on your home policy, we will provide information to help you understand our decision	N/A	332
69-We will consider relevant facts, the terms of your policy and the law when we assess your claim	110	272
82-We will give you that information or report in 10 business days, as set out in Part 12 of the Code	N/A	187
72-If we appoint Loss Assessor, within 5 business days we will tell you and explain their role	115	181
81(e)-about our Complaints process	52	179
81(a)-the aspects of your claim that we do not accept	N/A	173
81(b)-the reasons for our decision	55	160
68(a)-tell you any information we need to make a decision on your claim	18	157
81(c)-you have the right to ask for the information about you that we relied on when assessing your claim	155	149
81(d)-you have the right to ask for copies of Service Suppliers'/Experts' reports we relied on	44	148
58-We will not discourage you from making a claim and tell you we will fully assess coverage of loss	210	114
67-When assessing the claim we will only ask for and rely on information that relates to our decision	29	91
73-If we appoint an Investigator, within 5 business days we will tell you and explain their role	115	81

Code paragraph	Breaches 2020-21	Breaches 2021-22
74-We will ask Expert to provide a report in 12 weeks and tell you if they don't meet that time	11	81
59(b)-about any excess amounts you have to cover or pay in relation to your claim	N/A	63
59(a)-about our claims process	N/A	46
90-Request review of Catastrophe claim within 12 months if you think assessment was inaccurate	19	37
59(d)-how to contact us regarding your claim	N/A	36
68(c)-provide our estimate of the likely timeframe and process for us to make a decision	6	30
68(b)-if necessary, appoint a Loss Assessor or Loss Adjuster to assess your claim	3	29
59(c)-any waiting or no cover periods that need to end prior to paying you under the policy	N/A	28
78-Decision made within 12 months or tell you about complaints process	31	26
64-If you urgently need the benefits you are entitled to under the policy we will do the following	10	18
63-You may make a complaint about your claim handling through our complaints process	63	16
86-We will accept responsibility for work of our authorised repairer and handle complaints	21	11
60-If contacted by an uninsured person, we will tell them about our claims process	N/A	7
78(e)-you request a delay in the claims process	N/A	7
64(a)-fast-track both our assessment of your claim and the process we follow to make a decision	1	4
83-If we cannot agree on alternative timetable, we will inform you of our Complaints process	17	4
64(b)-Within 5 business days pay you an advance amount to help ease your urgent financial need	1	3
75-We will engage an Expert only if we believe they have the expertise to provide the opinion	N/A	3
80-When you have suffered a total loss, we will treat your claim with sensitivity	N/A	2
78(a)-your claim arises from an Extraordinary Catastrophe	N/A	1
88-We will respond to Catastrophes efficiently, professionally, practically and compassionately	6	1
Total		**32,968**

Part 9 of 2020 Code – Supporting customers experiencing vulnerability

Code paragraph	Breaches 2020-21	Breaches 2021–22
97-Work with vulnerable consumer to give timely support or assistance and protect privacy	109	330
101-Provide access to an interpreter if required, record use or reasons if unable to arrange	0	242
98-Allow for and recognise authority of vulnerable consumer's support person	6	71
91-Committed to taking extra care with customers who experience vulnerability	7	37
99-Additional support includes easier way to liaise, financial or community support services	1	25
96(d)-Help Employees engage with a consumer with sensitivity, dignity, respect and compassion	0	18
96-Have internal policies and provide appropriate training to Employees on consumer vulnerability	11	14
96(b)-Help Employees decide the best way to support a consumer	1	13
103-Provide easy-to-find links on website to language support services	1	9
96(c)-Help Employees take account of consumer's needs and vulnerability	0	8
96(a)-Help Employees understand if a consumer may be vulnerable	0	7
100-Provide support or assistance to meet identification requirements	15	3
92-A person's vulnerability may be due to a range of factors	1	1
Total		**778**

Part 10 of 2020 Code – Financial Hardship

Code paragraph	Breaches 2020-21	Breaches 2021–22
121-Give written decision on support request within 21 calendar days unless more information needed	31	100
111-Type of information given to a person in Financial Hardship	28	57
111(a)-Provide details about how to apply for Financial Hardship support	3	49
122-If more information is needed under paragraph 116	4	49
111(b)-If appropriate give contact details for the National Debt Helpline	1	45
118-Place recovery action on hold if identify Financial Hardship or person asks for support	13	40
131-Comply with ACCC & ASIC Debt collection guideline for collectors and creditors	1	31
120-Action on hold until application for support is assessed and have notified person of decision	2	20

Code paragraph	Breaches 2020-21	Breaches 2021-22
117-21 calendar days to provide information unless a different timeframe has been agreed	3	16
129-Notify person of reasons for declining financial hardship application	32	16
122(b)-If information overdue give written decision on Hardship support within 7 calendar days after due date	4	13
109-Have internal policies and train Employees to identify person in Financial Hardship	1	12
119-Contact Collection Agent or solicitor and tell them action is on hold	1	8
112-Contact person about their application using their preferred communication method	3	7
122(a)-If all information received give written decision on Financial Hardship support within 21 calendar days	0	6
125-Notify person in writing about Complaints process if unable to agree on type of support	1	5
123-If entitled to Financial Hardship support work with person to implement an arrangement	3	4
134-First communication must also include specified information	0	4
107-Individuals entitled to Financial Hardship support	0	3
127-Agreement to release, discharge or waive a debt or obligation will be confirmed in writing	0	3
136-If told of Hardship Agent/solicitor to tell subscriber and give written information of Hardship process	0	3
105-We will have information about applying for Financial Hardship support on our website	0	2
106-Consumer has right to ask for fast-tracking of claim if in urgent financial need	2	2
113-Update person's representative about request for Financial Hardship support unless told not to	0	2
114-When assessing a person's request for Financial Hardship support, consider all reasonable evidence	0	2
115-Request reasonably necessary information to assess an application for Financial Hardship support	0	2
116-When more information is needed about Financial Hardship before a decision can be made	3	2
124-Confirm the agreed arrangement in person's preferred method of communication	0	2
133-First communication about money owed must include information to show amount is fair and reasonable	0	1
133(a)-Information on the relevant loss and/or damage and the claim	0	1
133(c)-Evidence relied on when amount calculated	1	1
Total		**508**

Part 11 of 2020 Code – Complaints

Code paragraph	Breaches 2020-21	Breaches 2021–22
146-We will keep you informed about progress of your Complaint at least every 10 business days	912	3,130
147-We will make a decision about your Complaint within 30 calendar days and advise of options	1,498	1,984
142-When we receive your Complaint, we will acknowledge that we have received it	N/A	1,844
141-Our Complaints process will comply with ASIC guidelines	N/A	520
143-We will tell you contact details of person assigned to liaise with you about your Complaint	309	496
140-We will publish information about complaints process on website, digital platforms and written communications	19	210
150-Unless required, no written reply if Complaint resolved within 5 business days or no other viable action	27	194
148-When a decision is made on your Complaint we will respond in writing unless Paragraph 150 applies	425	146
149-Our written response will include reasons for decision and details about AFCA process	10	84
144-Your Complaint will be handled by person with appropriate authority, knowledge or experience	10	70
139-You may complain to us about any aspect of your relationship with us	241	66
154-You can take your Complaint to AFCA if your complaint is not resolved within 30 calendar days	21	51
151-We must give information relied on in making decision on Complaint within 10 business days	6	47
152-If we made a mistake when handling your Complaint, then we will take action to correct it	56	35
140(b)-our internal processes for dealing with Complaints	N/A	27
140(c)-our external dispute resolution provider	N/A	20
140(a)-your right to make a Complaint	N/A	12
145-We will only ask for and rely on information that is relevant to our decision	16	11
159-Requirements where we authorise another person to receive and handle Complaints under Paragraph 158	N/A	4
159(d)-we will have processes to monitor handling of Complaints and meeting Code standards	N/A	3
155-Your Complaint may be referred back to us if it has not gone through our Complaints process	N/A	1
156-AFCA's decisions are binding on us in the way set out in its Rules	5	1
Total		**8,956**

Part 12 of 2020 Code – Your access to information

Code paragraph	Breaches 2020-21	Breaches 2021–22
160-We comply with Privacy Act 1988 and other requirements when we use your personal information	4,308	2,635
161-On request, we will give you information we relied upon within 30 calendar days free of charge	6	40
162-The information you may access	4	6
163-If we refuse to give information, will not do so unreasonably, give reasons and complaints process	18	6
162(b)-copies of your product disclosure statement and insurance	N/A	5
Total		**2,692**

Part 14 of 2020 Code – Promoting, reviewing and improving the Code

Code paragraph	Breaches 2020-21	Breaches 2021–22
186(a)-We will have Information about the CGC on our websites, in product information and other places	1	3
Total		**3**

Part 15 of 2020 Code – Claims investigation standards

Code paragraph	Breaches 2020-21	Breaches 2021–22
204-We will update you about the investigations process at least every 20 business days	N/A	39
202(a)-Before investigation we will tell you verbally and in writing of our investigation process	N/A	38
196-We will independently review investigations longer than four months and you will be notified	N/A	17
222-We will offer you a free transcript of the formal interview or a recording, or at your request	N/A	16
198-If our review exceeds 30 calendar days we will advise in writing about our Complaints process	N/A	9
201-We will train our Employees to communicate to you the reason your claim is being investigated	N/A	9
205(a)-If we need to interview you we will tell you in writing of the purpose of the interview	N/A	9
219-There will be a 5 minute break every 30 minutes offered or mandated for vulnerable customers	N/A	6
221-The Investigator or Employee must record all offers of breaks and the interviewee's responses	N/A	5
202(b)-Before investigation we will tell you verbally and in writing of primary contact details	N/A	4
202(c)-Before investigation we will tell you verbally and in writing of the roles of our staff	N/A	4
202(d)-Before investigation we will tell you verbally and in writing of expected response times	N/A	4
202(e)-Before investigation we will tell you that decisions will be made in 10 business days	N/A	4
202(g)-Before investigation we will tell you verbally and in writing about our Complaints process	N/A	4
194(a)-We have a QA program to regularly review recordings, statements, affidavits or transcripts	N/A	3
202(f)-Before investigation we will tell you verbally and in writing of your rights and duties	N/A	3
193(a)-We will ensure our appointed Investigators or Employees only investigate necessary matters	N/A	2
197-Our review will determine if the investigation continues or the claim is referred for decision	N/A	2
200(a)-We will ensure that we tell you why we need to request more information or documents	N/A	2
200(b)-We will carefully define the scope of the information requested and the period covered	N/A	2

Code paragraph	Breaches 2020-21	Breaches 2021-22
214-A single interview sitting may only last for up to 90 minutes	N/A	2
223-If we need to interview you more than once we will give you a record of the previous interview	N/A	2
200(a)(i)-We will aim to ensure requests for more information or documents are made in one request	N/A	1
200(b)(i)-We will advise Investigators and Employees that investigations are limited to the claim	N/A	1
205(b)-If we need to interview you we will tell you in writing of your rights and responsibilities	N/A	1
205(c)-If we need to interview you we will tell you in writing of your right to a free interpreter	N/A	1
205(d)-If we need to interview you we will tell you in writing of the interviewer's details	N/A	1
205(e)-If we need to interview you we will tell you in writing that Investigators act for us	N/A	1
205(f)-If we need to interview you we will tell you in writing of the expected interview duration	N/A	1
205(g)-If we need to interview you we will provide our contact details in writing for any queries	N/A	1
205(h)-If we need to interview you we will tell you of your right to a lawyer or support person	N/A	1
205(i)-If we need to interview you we will tell you in writing how the interview will be recorded	N/A	1
206-If you have asked for us to communicate via a representative we will try to contact them first	N/A	1
207-If you or we need an independent interpreter we will arrange this at our cost	N/A	1
208-If you need support or have unique needs the interviewer will have apt training and experience	N/A	1
212-At interview the Investigator or Employee will ask you questions about your consent form	N/A	1
217(a)-If an interpreter is needed the Investigator or Employee will pause the interview	N/A	1
217(b)-If an interpreter is needed the Investigator or Employee will reschedule the interview	N/A	1
218(a)-If additional support is needed the Investigator or Employee will pause the interview	N/A	1
225(a)-If we appoint an Investigator we will provide written instructions about each investigation	N/A	1
Total		**204**

Section 4 of 2014 Code – Buying insurance

Code subsection	Breaches 2020-21	Breaches 2021–22
4.9-Entitled to cancel policy, refund within 15 business days	1,327	118
4.4-Sales process/services of employees/Authorised Representatives efficient, honest, fair, transparent	2,281	63
4.8-Cannot provide insurance	36	5
4.8(c)-ICA/NIBA referral for alternative insurance options	12	2
4.6-Ask for/rely on relevant information/documents only in assessing application	0	1
4.7-Correct error/mistake in application or assessing application	7	1
4.8(a)-Reasons why insurance cannot be provided	23	1
Total		**191**

Section 5 of 2014 Code – Standards for our employees and authorised representatives

Code subsection	Breaches 2020-21	Breaches 2021–22
5.1(a)-Education/training of employees/Authorised Representatives to provide competent/professional service	7	2
5.3-Authorised Representatives to inform of insurer's identity and services provided on their behalf	0	2
5.1(c)-Monitoring performance of employees/Authorised Representatives to measure training effectiveness	2	1
Total		**5**

Section 6 of 2014 Code – Standards for our Service Suppliers

Code subsection	Breaches 2020-21	Breaches 2021–22
6.5-Service Supplier approval before subcontracting	0	16
Total		**16**

Section 7 of 2014 Code – Claims

Code subsection	Breaches 2020-21	Breaches 2021–22
7.13-Inform on claim progress every 20 business days	12,448	2,610
7.2-Conduct claims handling in an honest, fair, transparent and timely manner	4,072	1,391
7.16-Decision made once all information/enquiries received/completed and notification within 10 business days of decision	2,234	960
7.14-Respond to routine requests within 10 business days	3,799	628
7.19(b)-Inform of right to ask for information relied on in assessing claim, to be supplied within 10 business days	155	77
7.19-Denial of claim	505	61
7.6-Complaints process available to policy holders	63	58
7.17-Decision made within 4 months of receiving claim unless exceptional circumstances, if no decision provide details of complaints process	641	51
7.3-Ask for/rely on relevant information only in deciding claim	29	40
7.11-Claim assessed on facts/policy terms/law	110	29
7.10-Notify within 10 business days of further information/assessment required	688	19
7.4-Correct error/mistake in dealing with claim	43	18
7.9-Notify within 10 business days of claim acceptance/denial	749	15
7.19(a)-Reasons for decision to be in writing	55	10
7.8-Prior to lodging claim can ask if policy covers the loss – will not discourage lodging claim and coverage fully assessed	210	7
7.12-Notify within 5 business days of loss assessor/adjuster/investigator appointment	115	7
7.18-Decision made within 12 months if exceptional circumstances, if no decision provide details of complaints process	31	6
7.15-External Expert report provided within 12 weeks of engagement or inform of report progress/delay	11	5
7.10(a)-Notify of any information required to make decision	18	4
7.10(c)-Provide initial estimate of timetable and decision making process	6	4
7.10(b)-Appointment of loss assessor/adjuster	3	3
7.7-Urgent financial need of insurance policy benefit	10	1
7.19(c)-Inform of right to request copies of service suppliers/external expert reports, to be supplied within 10 business days	44	1
Total		**6,005**

Section 8 of 2014 Code – Financial Hardship

Code subsection	Breaches 2020-21	Breaches 2021–22
8.6-Notify as soon as reasonably practicable of financial hardship assessment. If not entitled, provide reasons for decision and information on complaints process	61	6
8.4-Upon informing of financial hardship, must supply financial hardship application and counselling hotline	76	5
Total		**11**

Section 9 of 2014 Code – Catastrophes

Code subsection	Breaches 2020-21	Breaches 2021–22
9.3(b)-Inform of complaints process when claim finalised	0	30
9.3(a)-Inform of entitlement to review decision when claim finalised	0	28
Total		**58**

Section 10 of 2014 Code – Complaints and Disputes

Code subsection	Breaches 2020-21	Breaches 2021–22
10.10-Stage One and Two of complaints process will not exceed 45 calendar days – otherwise will inform of reasons for delay and right to go to AFCA	1,498	213
10.11-Respond to complaint within 15 business days if have all necessary information/completed investigation	883	81
10.4-Conduct complaints handling in a fair, transparent, timely manner	769	74
10.17-Respond within 15 business days after advised of move to Stage Two, provided have all necessary information/completed investigation	538	32
10.3-Entitled to make complaint about any aspect of relationship	241	29
10.16-Inform of progress every 10 business days	912	28
10.13-Respond to complaint in writing	404	26
10.12-Cannot respond within 15 business days because not all necessary information/completed investigation	343	12
10.8-Notify name/contact details of assigned complaint handling employee	309	10
10.18-Notify as soon as reasonably practicable within 15 business days of delay and agree to reasonable timeframe. If no agreement, advise of right to go to AFCA	388	8
10.12(a)-Notify as reasonably practicable within 15 business days of delay and agree to reasonable timeframe. If no agreement, advise of right to move to Stage Two	49	6
10.12(b)-Inform of progress every 10 business days unless otherwise agreed	109	6
10.9-Complaints process does not apply if complaint resolved within 5 business days and response not requested in writing, except declined claim/claim value/financial hardship complaints	27	5
10.19-Response to complaint to be in writing	21	5
10.7-Correct error or mistake in complaint handling	56	3
10.6-Only ask for/rely on relevant information in dealing with complaints. If requested, supply information relied on within 10 business days	16	1
10.14-If not satisfied with Stage One decision, may advise to move to Stage Two	14	1
10.22-If not satisfied with decision at Stage Two or complaint not resolved within 45 days, may refer complaint to AFCA	21	1
Total		**541**

Section 14 of 2014 Code – Access to Information

Code subsection	Breaches 2020-21	Breaches 2021–22
14.1-Abide by privacy laws when collect/store/use/disclose personal information	4,308	253
14.4(a)-Information protected by privacy laws	14	1
14.5-Decline to provide access/disclose information	3	1
Total		**255**

Breaches per 10,000 policies sold

There were 13 subscribers that reported no breaches – largely due to their businesses being predominantly or entirely concerned with wholesale insurance. Large parts of the Code, including parts related to claims handling and complaints handling, do not apply to wholesale insurance.

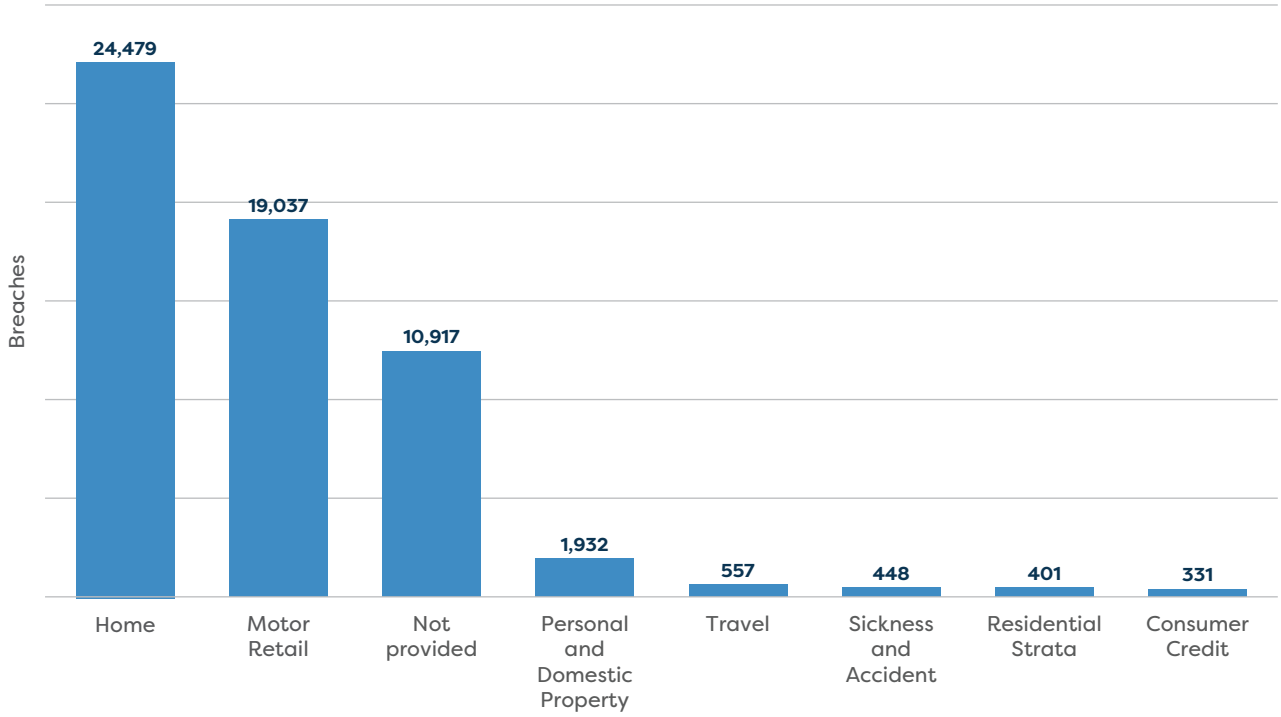
We have not included the peer group comparisons in this report. Carrying over this analysis was made difficult by changes to the numbers of policies issued by some subscribers, takeovers or mergers between subscriber organisations, and changes in the list of current subscribers. We plan to develop meaningful benchmarks for comparing breach reporting in future.

Note: the aliases used to de-identify subscribers in this data are different to the ones used in the previous report.

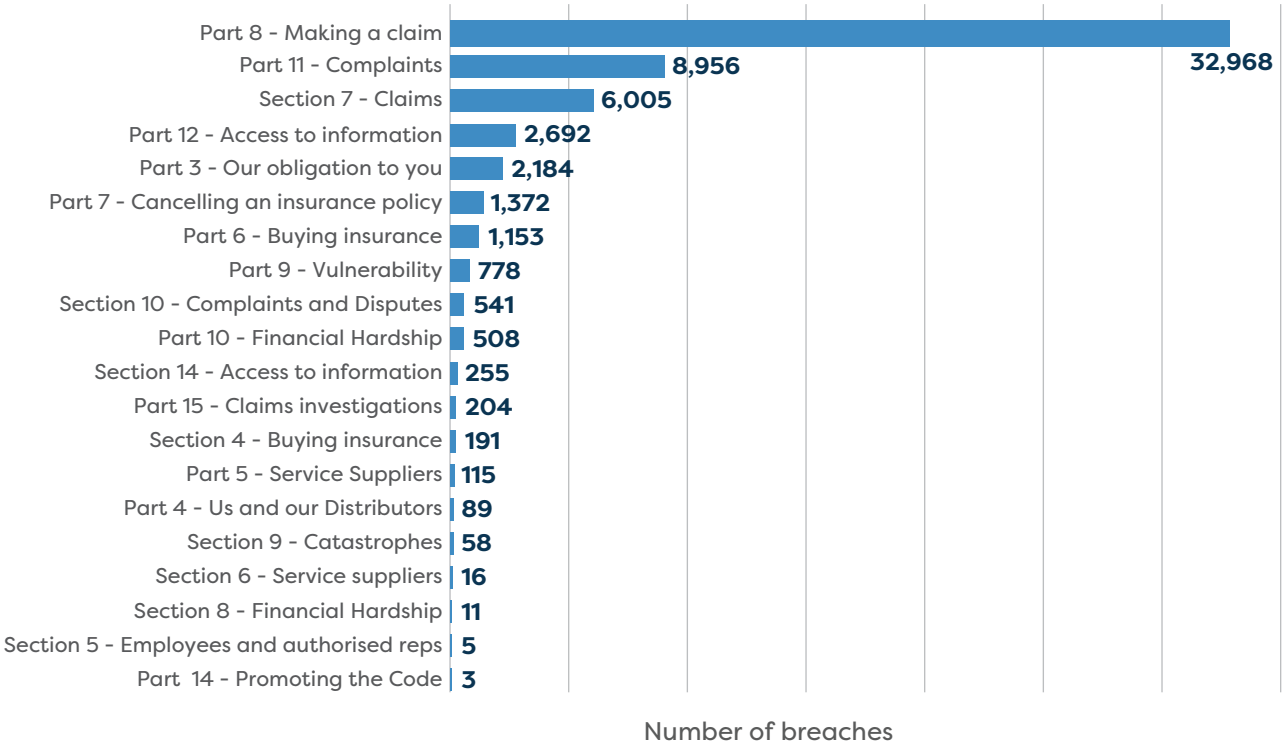
Subscriber	Breaches	% of total breaches	Breaches per 10,000 policies
Subscriber U95	11,944	20.6%	128
Subscriber W45	9,912	17.1%	16
Subscriber D61	7,887	13.6%	19
Subscriber O88	6,258	10.8%	42
Subscriber I72	5,468	9.4%	88
Subscriber N36	5,410	9.3%	8
Subscriber H23	2,485	4.3%	13
Subscriber S92	1,674	2.9%	10
Subscriber T93	1,626	2.8%	8
Subscriber Z48	1,396	2.4%	6
Subscriber A49	838	1.4%	6
Subscriber V98	496	0.9%	102
Subscriber Y47	386	0.7%	9
Subscriber M76	334	0.6%	4
Subscriber J25	273	0.5%	8
Subscriber H71	256	0.4%	2
Subscriber M29	240	0.4%	4
Subscriber V44	204	0.4%	32
Subscriber N84	184	0.3%	20
Subscriber F69	127	0.2%	14
Subscriber C56	112	0.2%	4
Subscriber Q39	102	0.2%	7
Subscriber K74	80	0.1%	1
Subscriber C16	61	0.1%	2
Subscriber S41	49	0.1%	1

Subscriber	Breaches	% of total breaches	Breaches per 10,000 policies
Subscriber X46	46	0.1%	3
Subscriber G70	28	<0.1%	11
Subscriber G21	26	<0.1%	15
Subscriber E68	14	<0.1%	7
Subscriber J73	13	<0.1%	15
Subscriber K26	11	<0.1%	<1
Subscriber L75	6	<0.1%	1
Subscriber Q90	4	<0.1%	<1
Subscriber I24	3	<0.1%	<1

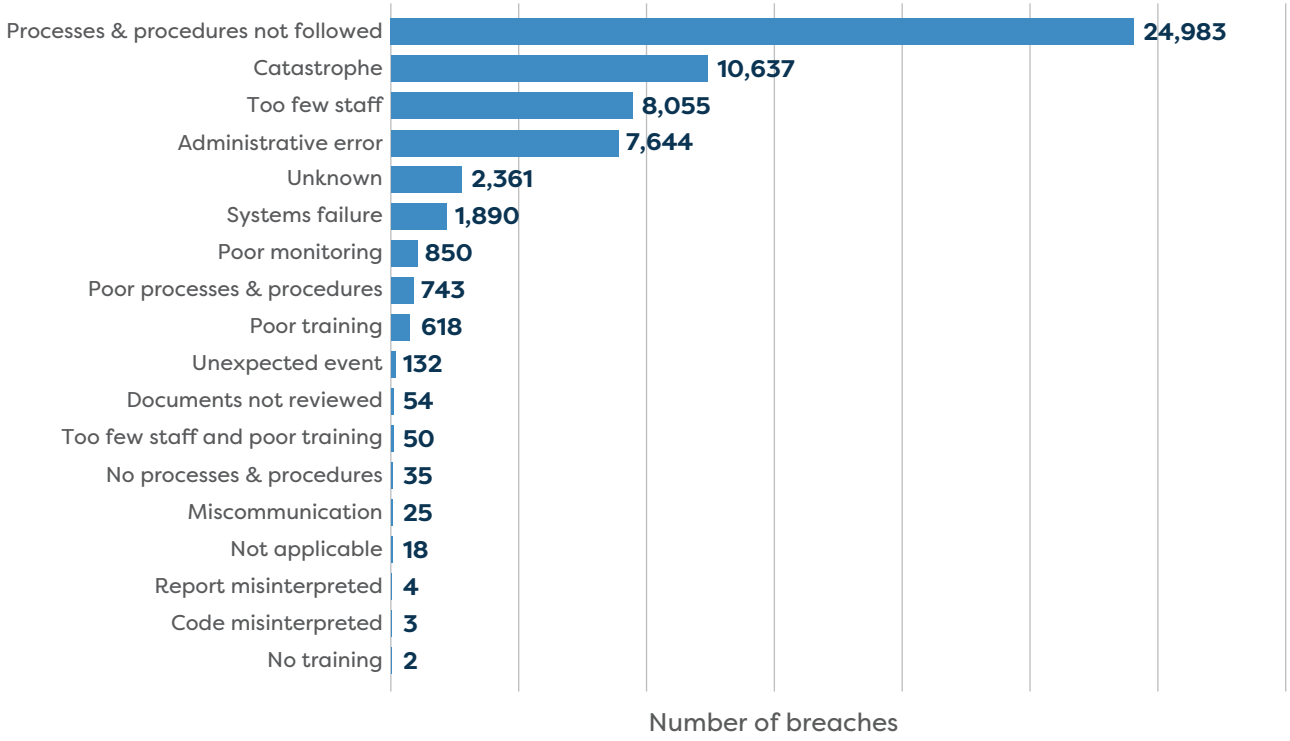
Breaches by retail insurance class



Breaches by Code part (2020 Code) or section (2014 Code)



Root cause of breaches



Corrective actions taken

Aggregated industry data 2021–22

Policies and claims

Insurance Class	Individual Policies	Group Policies	Total policies	Lodged Claims	Declined Claims	Withdrawn Claims
Retail	33,236,946	95,042	33,331,988	4,375,045	240,016	332,648
Wholesale	3,058,359	278,892	3,337,251	491,284	6,399	36,672
Total	**36,295,305**	**373,934**	**36,669,239**	**4,866,329**	**246,415**	**369,320**
Retail						
Consumer Credit	179,186	32	179,218	41,100	1,530	457
Home	11,201,567	26	11,201,593	943,893	87,487	121,335
Motor Retail	16,407,709	23	16,407,732	1,951,741	8,951	158,821
Personal and Domestic Property	3,227,721	725	3,228,446	1,287,976	126,015	39,726
Residential Strata	239,219	0	239,219	56,578	5,313	5,313
Sickness and Accident	137,092	24,067	161,159	24,454	1,243	1,307
Travel	1,844,452	70,169	1,914,621	69,303	9,477	5,689
Retail Total	**33,236,946**	**95,042**	**33,331,988**	**4,375,045**	**240,016**	**332,648**
Wholesale						
Business	161,670	3,873	165,543	28,333	770	2,683
Business Pack	1,224,321	83,549	1,307,870	83,230	2,642	8,873
Contractors All Risks	39,121	153	39,274	3,219	47	120
Industrial Special Risks	51,265	5,508	56,773	22,574	332	2,062
Liability	648,690	86,507	735,197	40,325	997	3,598
Motor Wholesale	251,610	95,012	346,622	230,708	329	14,385
Other	342,060	284	342,344	10,737	36	467
Primary Industries	41,852	824	42,676	13,884	21	365
Primary Industries Pack	297,770	3,182	300,952	58,274	1,225	4,119
Wholesale Total	**3,058,359**	**278,892**	**3,337,251**	**491,284**	**6,399**	**36,672**

Group policies/people and assets covered by group policies

A group policy is a master general insurance policy held by an insured that provides cover for numerous people or assets within a defined group.

Insurance class	Group policies	People and assets covered
Retail	95,042	19,600,752
Wholesale	278,892	11,881,032
Total	**373,934**	**31,481,784**
Retail		
Consumer Credit	32	0
Home	26	4,879
Motor Retail	23	1,461
Personal and Domestic Property	725	3,568,448
Residential Strata	0	0
Sickness and Accident	24,067	7,945,415
Travel	70,169	8,080,549
Retail Total	**95,042**	**19,600,752**
Wholesale		
Business	3,873	108,641
Business Pack	83,549	259,638
Contractors All Risks	153	160
Industrial Special Risks	5,508	3,517
Liability	86,507	10,208,743
Motor Wholesale	95,012	1,194,630
Other	284	64,756
Primary Industries	824	40,947
Primary Industries Pack	3,182	0
Wholesale Total	**278,892**	**11,881,032**

Premiums received

Insurance class	Policies issued	Premiums received ($AUD)
Retail		
Consumer Credit	179,218	$41,359,144
Home	11,201,593	$11,669,698,925
Motor Retail	16,407,732	$12,041,860,829
Personal and Domestic Property	3,228,446	$1,704,824,727
Residential Strata	239,219	$1,041,909,013
Sickness and Accident	161,159	$380,263,393
Travel	1,914,621	$541,837,016
Retail Total	**33,331,988**	**$27,421,753,047**

Accepted claims and value of paid claims

An accepted claim is one for which a Code subscriber has accepted responsibility for all aspects of a claim for coverage. This does not include partially accepted claims or claims paid on an ex-gratia basis.

Insurance class	Number of claims accepted	Value of claims paid ($AUD)	Premiums received ($AUD)	Ratio – claims paid to premiums received
Retail				
Consumer Credit	38,652	$22,025,132	$41,359,144	0.53
Home	637,501	$6,380,574,435	$11,669,698,925	0.55
Motor Retail	1,839,498	$7,018,403,088	$12,041,860,829	0.58
Personal and Domestic Property	1,043,916	$903,179,769	$1,704,824,727	0.53
Residential Strata	41,896	$420,440,159	$1,041,909,013	0.40
Sickness and Accident	166,112	$215,207,149	$380,263,393	0.57
Travel	47,141	$78,938,093	$541,837,016	0.15
Retail Total	**3,814,716**	**$15,038,767,825**	**$27,421,753,047**	**0.55**

Partially accepted claims

A partially accepted claim is one for which a Code subscriber determines that part falls within the terms and conditions of the policy and part is not accepted. It does not include an accepted claim, a declined claim or an ex-gratia claim. It does not include caps and limits within the policy. Claims paid to the limits and sub-limits of the policy are not deemed partially accepted and are not included as part of this data; they are recorded under accepted claims.

Insurance class	Partially accepted due to 'No Cover'	Partially accepted due to standard policy exclusion	Partially accepted – 'Other'	Total
Retail				
Consumer Credit	0	1	0	1
Home	389	5,068	28,431	33,888
Motor Retail	121	304	2,416	2,841
Personal and Domestic Property	14,531	38,185	7,214	59,930
Residential Strata	70	653	217	940
Sickness and Accident	56	267	685	1,008
Travel	839	509	856	2,204
Retail Total	**16,006**	**44,987**	**39,819**	**100,812**

Workforce and training

Workforce type	Total staff	Staff that received Code training	Staff that did not receive Code training
Claims Management Services	3,945	3,688	253
Collection Agents	465	448	17
Corporate Distributors	7,491	6,185	803
Employees including employees of related entities	51,302	39,719	11,537
Independent Contractors	12,922	9,372	3,685
Individual Distributors	17,934	11,693	6,241
Investigators	1,268	1,177	89
Loss Assessors or Adjusters	8,802	7,141	1,612
Other external sellers	25,426	9,920	15,506
Total	**129,555**	**89,343**	**39,743**

Complaints data

The figures reported for complaints this year establish a new baseline for comparisons in future years.

In the data collection for 2021–22, we asked Code subscribers to report all complaints received and finalised. In previous years we only asked for complaints that had progressed to 'stage two' of the complaints handling process.

This change was to align the data collection with the new complaints handling standards in the 2020 Code, which does not split the process into two stages.

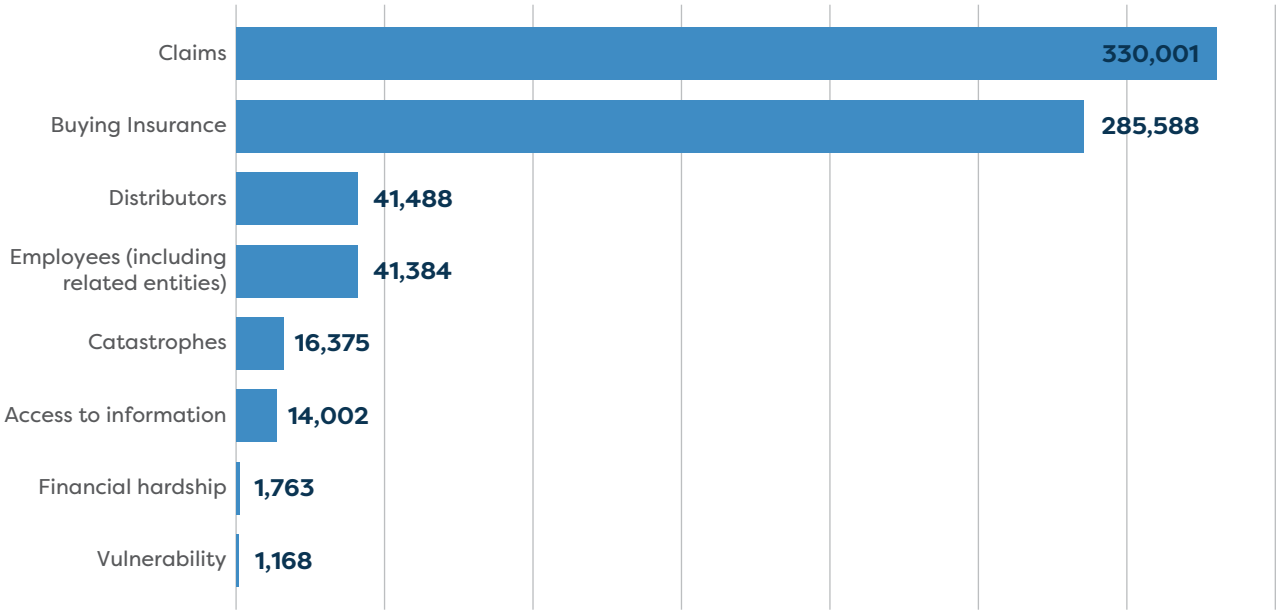
Due to an issue with the online data collection portal, we were unable to report on the number of complaints for 'Business Pack' and 'Contractors All Risks' wholesale insurance classes for 2021–22.

Complaints received

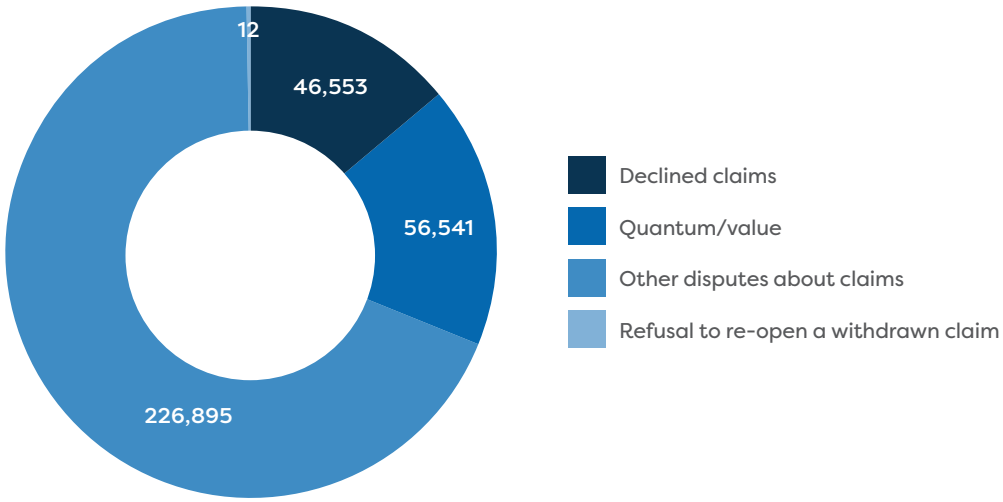
The 'Claims' category in this table comprises complaints about 'declined claims', 'quantum/value of claim', 'refusal to re-open a withdrawn claim' and 'other complaints about claims'.

Insurance class	Access to information	Buying Insurance	Catastrophes	Claims	Distribution	Employees (incl. related entities)	Financial hardship	Vulnerability	Total
Retail	13,767	282,346	15,762	323,514	41,474	40,626	1,728	1,146	720,363
Wholesale	235	3,242	613	6,487	14	758	35	22	11,406
Total	**14,002**	**285,588**	**16,375**	**330,001**	**41,488**	**41,384**	**1,763**	**1,168**	**731,769**
Retail									
Consumer Credit	2	4,854	0	198	0	494	0	12	5,560
Home	4,522	108,204	11,442	146,754	11,319	15,242	268	97	297,848
Motor Retail	8,414	148,912	3,341	144,395	30,095	22,282	1,056	111	358,606
Personal and Domestic Property	686	17,188	502	24,036	21	1,115	341	7	43,896
Residential Strata	87	1,882	108	3,860	5	304	3	0	6,249
Sickness and Accident	6	227	0	442	20	3	0	0	698
Travel	50	1,079	369	3,829	14	1,186	60	919	7,506
Retail Total	**13,767**	**282,346**	**15,762**	**323,514**	**41,474**	**40,626**	**1,728**	**1,146**	**720,363**
Wholesale									
Business	22	260	173	1,361	2	71	1	0	1,890
Industrial Special Risks	2	4	19	236	0	12	0	0	273
Liability	50	374	1	468	1	250	0	0	1,144
Motor Wholesale	151	2,118	145	3,189	11	317	23	7	5,961
Other	9	122	48	265	0	21	6	15	486
Primary Industries	0	133	62	278	0	14	1	0	488
Primary Industries Pack	1	231	165	690	0	73	4	0	1,164
Wholesale Total	**235**	**3,242**	**613**	**6,487**	**14**	**758**	**35**	**22**	**11,406**

Complaints received by reason



Complaints about claims



Complaints received by subscriber

Note: the aliases used to de-identify subscribers in this data are different to the ones used in the previous report.

Subscriber	Complaints received
Subscriber N36	394,832
Subscriber W45	59,033
Subscriber D61	49,425
Subscriber A49	48,795
Subscriber U95	36,232
Subscriber K74	29,793
Subscriber Z48	24,190
Subscriber O88	22,368
Subscriber H71	16,765
Subscriber H23	12,099
Subscriber T93	10,403
Subscriber I72	6,572
Subscriber M76	4,448
Subscriber U43	3,889
Subscriber S92	3,821
Subscriber C16	1,562
Subscriber X46	1,217
Subscriber M29	1,106
Subscriber V44	944
Subscriber Y47	798
Subscriber C56	668
Subscriber Q39	502
Subscriber N84	457
Subscriber V98	281
Subscriber S41	272
Subscriber F69	259
Subscriber J25	210
Subscriber Q90	160
Subscriber I24	100
Subscriber L75	98
Subscriber E68	89

Subscriber	Complaints received
Subscriber T42	82
Subscriber R91	65
Subscriber G21	63
Subscriber G70	43
Subscriber J73	27
Subscriber E19	26
Subscriber R40	25
Subscriber K26	20
Subscriber P38	10
Subscriber F20	9
Subscriber B15	8
Subscriber B51	1
Subscriber O37	1
Subscriber P89	1
Total	**731,769**

Finalised complaints

Insurance class/Complaint category	Complaints resolved in consumer favour	% resolved in consumer favour	Complaints resolved in subscriber favour	% resolved in subscriber favour	Total complaints finalised
Retail	201,137	28.14%	513,744	71.86%	714,881
Wholesale	4,372	39.14%	6,798	60.86%	11,170
Total	**205,509**	**28.31%**	**520,542**	**71.69%**	**726,051**
Retail					
Access to information	765	5.48%	13,189	94.52%	13,954
Buying Insurance	56,094	19.88%	226,036	80.12%	282,130
Catastrophes	9,628	64.08%	5,398	35.92%	15,026
Declined claims	17,475	40.47%	25,708	59.53%	43,183
Quantum/value	17,408	31.67%	37,563	68.33%	54,971
Refusal to re-open a withdrawn claim	3	25%	9	75%	12
Other complaints about claims	72,407	32.8%	148,343	67.2%	220,750
Distributors	18,265	44.04%	23,212	55.96%	41,477
Employees (including related entities)	7,676	18.92%	32,895	81.08%	40,571
Financial hardship	1,150	67.53%	553	32.47%	1,703
Vulnerability	266	24.09%	838	75.91%	1,104
Retail Total	**201,137**	**28.14%**	**513,744**	**71.86%**	**714,881**
Wholesale					
Access to information	18	7.5%	222	92.5%	240
Buying Insurance	690	21.16%	2,571	78.84%	3,261
Catastrophes	358	61.41%	225	38.59%	583
Declined claims	465	30.88%	1,041	69.12%	1,506
Quantum/value	390	43.82%	500	56.18%	890
Refusal to re-open a withdrawn claim	0	N/A	0	N/A	0
Other complaints about claims	2,233	57.75%	1,634	42.25%	3,867
Distributors	7	50%	7	50%	14
Employees (including related entities)	187	24.51%	576	75.49%	763
Financial hardship	20	51.28%	19	48.72%	39
Vulnerability	4	57.14%	3	42.86%	7
Wholesale Total	**4,372**	**39.14%**	**6,798**	**60.86%**	**11,170**

Comparative data

Some figures in this report that relate to a previous year may differ from the figures reported in that year's report. This is due to improvements in data reporting capabilities or amendments to data after a report was published.

Total policies (individual and group combined)

Insurance class	2017-18	2018-19	2019-20	2020-21	2021-22
Retail					
Consumer Credit	669,791	551,960	347,056	276,714	179,218
Home	11,671,384	11,345,303	11,188,464	11,432,651	11,201,593
Motor Retail	15,293,803	16,146,138	16,080,905	16,223,902	16,407,732
Personal and Domestic Property	7,573,806	8,070,046	8,111,637	7,449,277	3,228,446
Residential Strata	230,090	210,642	233,861	231,197	239,219
Sickness and Accident	276,774	269,566	252,434	180,934	161,159
Travel	4,720,533	4,247,412	4,721,031	657,830	1,914,621
Retail Total	**40,436,181**	**40,841,067**	**40,935,388**	**36,452,505**	**33,331,988**
Wholesale					
Business	271,774	945,599	162,184	159,406	165,543
Business Pack	1,086,716	1,001,658	1,144,823	1,206,122	1,307,870
Contractors All Risks	32,444	149,532	92,972	105,949	39,274
Industrial Special Risks	49,388	47,230	55,814	53,921	56,773
Liability	515,090	606,090	606,046	685,527	735,197
Motor Wholesale	247,031	247,034	236,332	245,444	346,622
Other	205,490	180,153	237,981	258,340	342,344
Primary Industries	131,731	29,232	26,182	36,148	42,676
Primary Industries Pack	230,085	278,693	286,785	284,271	300,952
Wholesale Total	**2,770,649**	**3,485,221**	**2,849,119**	**3,035,128**	**3,337,251**
Total	**43,206,830**	**44,326,288**	**43,784,507**	**39,487,633**	**36,669,239**

Individual policies only

Insurance class	2017-18	2018-19	2019-20	2020-21	2021-22
Retail					
Consumer Credit	669,786	551,960	347,045	276,695	179,186
Home	11,671,384	11,341,106	11,186,304	11,430,392	11,201,567
Motor Retail	15,293,777	16,146,112	16,080,761	16,223,813	16,407,709
Personal and Domestic Property	7,573,371	8,069,994	8,110,370	7,448,743	3,227,721
Residential Strata	230,090	210,227	233,349	230,556	239,219
Sickness and Accident	252,167	241,072	229,422	160,627	137,092
Travel	3,986,544	4,106,658	4,594,108	637,497	1,844,452
Retail Total	**39,677,119**	**40,667,129**	**40,781,359**	**36,408,323**	**33,236,946**
Wholesale					
Business	262,282	209,878	154,762	153,139	161,670
Business Pack	974,212	983,718	1,127,346	1,185,906	1,224,321
Contractors All Risks	32,412	45,895	38,880	41,569	39,121
Industrial Special Risks	45,616	44,508	52,567	51,126	51,265
Liability	489,872	578,969	570,737	621,677	648,690
Motor Wholesale	210,449	211,670	200,436	210,407	251,610
Other	203,579	174,990	176,801	193,509	342,060
Primary Industries	131,358	29,195	26,127	35,330	41,852
Primary Industries Pack	230,085	274,304	282,826	280,761	297,770
Wholesale Total	**2,579,865**	**2,553,127**	**2,630,482**	**2,773,424**	**3,058,359**
Total	**42,256,984**	**43,220,256**	**43,411,841**	**39,181,747**	**36,295,305**

Group policies only

Insurance class	2017-18	2018-19	2019-20	2020-21	2021-22
Retail					
Consumer Credit	5	0	11	19	32
Home	0	4,197	2,160	2,259	26
Motor Retail	26	26	144	89	23
Personal and Domestic Property	435	52	1,267	534	725
Residential Strata	0	415	512	641	0
Sickness and Accident	24,607	28,494	23,012	20,307	24,067
Travel	733,989	140,754	126,923	20,333	70,169
Retail Total	**759,062**	**173,938**	**154,029**	**44,182**	**95,042**
Wholesale					
Business	9,492	735,721	7,422	6,267	3,873
Business Pack	112,504	17,940	17,477	20,216	83,549
Contractors All Risks	32	103,637	54,092	64,380	153
Industrial Special Risks	3,772	2,722	3,247	2,795	5,508
Liability	26,118	27,121	35,309	63,850	86,507
Motor Wholesale	36,582	35,364	35,896	35,037	95,012
Other	1,911	5,163	61,180	64,831	284
Primary Industries	373	37	55	818	824
Primary Industries Pack	0	4,389	3,959	3,510	3,182
Wholesale Total	**190,784**	**932,094**	**218,637**	**261,704**	**278,892**
Total	**949,846**	**1,106,032**	**372,666**	**305,886**	**373,934**

People and assets covered by group policies

Insurance class	2017-18	2018-19	2019-20	2020-21	2021–22
Retail					
Consumer Credit	0	0	0	0	0
Home	0	215,821	23,192	5,932	4,879
Motor Retail	5,227	7,235	17,615	8,808	1,461
Personal and Domestic Property	566,226	696,276	1,045,340	1,722,444	3,568,448
Residential Strata	0	659	589	718	0
Sickness and Accident	6,499,910	7,759,347	8,242,418	7,574,508	7,945,415
Travel	16,860,956	11,651,706	7,998,934	2,545,748	8,080,549
Retail Total	**23,932,319**	**20,331,044**	**17,328,088**	**11,858,158**	**19,600,752**
Wholesale					
Business	75,539	1,882,688	78,639	67,885	108,641
Business Pack	232,995	33,806	34,839	51,142	259,638
Contractors All Risks	0	226,212	213,688	215,493	160
Industrial Special Risks	6,810	1,434	1,804	1,215	3,517
Liability	4,627,516	5,440,388	5,666,461	8,977,757	10,208,743
Motor Wholesale	783,972	582,259	1,390,716	359,118	1,194,630
Other	2,365	11,901	563,495	507,933	64,756
Primary Industries	3,228	2,505	2,311	1,127	40,947
Primary Industries Pack	0	7,770	7,015	0	0
Wholesale Total	**5,732,425**	**8,188,963**	**7,958,968**	**10,181,670**	**11,881,032**
Total	**29,664,744**	**28,520, 007**	**25,287,056**	**22,039,828**	**31,481,784**

Claims lodged

Insurance class	2017-18	2018-19	2019-20	2020-21	2021–22
Retail					
Consumer Credit	35,853	37,548	50,337	49,712	41,100
Home	827,785	775,041	847,972	753,055	943,893
Motor Retail	2,076,123	2,081,731	1,870,573	1,818,692	1,951,741
Personal and Domestic Property	750,205	884,731	993,531	1,137,534	1,287,976
Residential Strata	58,460	49,623	56,100	51,518	56,578
Sickness and Accident	32,233	34,343	30,362	28,255	24,454
Travel	313,172	219,961	270,255	63,491	69,303
Retail Total	**4,093,831**	**4,082,978**	**4,119,130**	**3,902,257**	**4,375,045**
Wholesale					
Business	50,002	108,394	125,743	44,955	28,333
Business Pack	113,484	93,479	94,366	77,175	83,230
Contractors All Risks	8,922	22,286	7,141	5,714	3,219
Industrial Special Risks	21,690	21,172	25,736	20,224	22,574
Liability	32,673	36,613	33,317	34,634	40,325
Motor Wholesale	269,084	258,318	204,976	189,849	230,708
Other	12,764	41,765	50,700	46,924	10,737
Primary Industries	20,812	2,566	1,539	4,346	13,884
Primary Industries Pack	37,881	43,336	58,076	52,211	58,274
Wholesale Total	**567,312**	**627,929**	**601,594**	**476,032**	**491,284**
Total	**4,661,143**	**4,710,907**	**4,720,724**	**4,378,289**	**4,866,329**

Declined claims

Insurance Class	2017-18	2018-19	2019-20	2020-21	2021-22
Retail					
Consumer Credit	3,237	2,681	3,182	2,172	1,530
Home	59,602	50,417	67,610	84,215	87,487
Motor Retail	9,125	9,779	8,001	8,345	8,951
Personal and Domestic Property	60,922	79,541	84,610	101,948	126,015
Residential Strata	1,398	1,493	1,723	4,914	5,313
Sickness and Accident	1,194	1,153	1,524	1,104	1,243
Travel	28,999	21,840	41,441	12,350	9,477
Retail Total	**164,477**	**166,904**	**208,091**	**215,048**	**240,016**
Wholesale					
Business	1,168	14,074	18,522	6,249	770
Business Pack	2,012	2,083	2,649	2,645	2,642
Contractors All Risks	87	108	85	74	47
Industrial Special Risks	354	329	290	406	332
Liability	839	1,099	682	756	997
Motor Wholesale	190	318	325	252	329
Other	211	192	85	127	36
Primary Industries	78	22	15	21	21
Primary Industries Pack	598	660	736	880	1,225
Wholesale Total	**5,537**	**18,885**	**23,389**	**11,410**	**6,399**
Total	**170,014**	**185,789**	**231,480**	**226,458**	**246,415**

Withdrawn claims

Insurance Class	2017-18	2018-19	2019-20	2020-21	2021–22
Retail					
Consumer Credit	1,015	923	1,086	1,029	457
Home	107,191	113,810	114,736	109,652	121,335
Motor Retail	140,238	157,221	154,156	152,448	158,821
Personal and Domestic Property	28,760	34,333	37,027	41,703	39,726
Residential Strata	1,404	1,914	2,674	4,785	5,313
Sickness and Accident	1,271	1,699	1,399	1,717	1,307
Travel	18,164	17,291	26,831	9,508	5,689
Retail Total	**298,043**	**327,191**	**337,909**	**320,842**	**332,648**
Wholesale					
Business	2,195	1,941	2,370	2,764	2,683
Business Pack	4,967	6,204	6,394	7,418	8,873
Contractors All Risks	320	276	197	68	120
Industrial Special Risks	1,017	1,206	1,622	1,790	2,062
Liability	1,313	2,246	2,887	2,905	3,598
Motor Wholesale	9,558	11,802	12,576	10,752	14,385
Other	140	224	212	701	467
Primary Industries	96	135	129	205	365
Primary Industries Pack	2,128	2,036	2,285	3,019	4,119
Wholesale Total	**21,734**	**26,070**	**28,672**	**29,622**	**36,672**
Total	**319,777**	**353,261**	**366,581**	**350,464**	**369,320**

Premiums received ($AUD)

Insurance Class	2019-20	2020-21	2021-22
Retail			
Consumer Credit	$71,185,641	$65,741,164	$41,359,144
Home	$8,506,682,076	$7,803,956,675	$11,669,698,925
Motor Retail	$10,438,070,458	$9,511,653,010	$12,041,860,829
Personal and Domestic Property	$1,541,880,080	$1,637,515,931	$1,704,824,727
Residential Strata	$804,559,062	$870,256,764	$1,041,909,013
Sickness and Accident	$308,780,840	$384,850,665	$380,263,393
Travel	$612,264,113	$133,254,173	$541,837,016
Retail Total	**$22,283,422,270**	**$20,407,228,382**	**$27,421,753,047**

Claims accepted

Insurance Class	2019-20	2020-21	2021-22
Retail			
Consumer Credit	5,474	46,397	38,652
Home	470,188	478,130	637,501
Motor Retail	1,483,483	1,417,050	1,839,498
Personal and Domestic Property	166,812	915,383	1,043,916
Residential Strata	40,235	35,514	41,896
Sickness and Accident	8,389	25,321	166,112
Travel	146,857	72,086	47,141
Retail Total	**2,321,438**	**2,989,881**	**3,814,716**

Value of claims paid ($AUD)

Insurance Class	2019-20	2020-21	2021-22
Retail			
Consumer Credit	$38,331,182	$44,859,130	$22,025,132
Home	$5,295,442,690	$4,805,013,976	$6,380,574,435
Motor Retail	$6,031,966,098	$5,166,952,072	$7,018,403,088
Personal and Domestic Property	$476,119,787	$808,392,383	$903,179,769
Residential Strata	$292,035,193	$429,129,221	$420,440,159
Sickness and Accident	$99,647,732	$250,076,905	$215,207,149
Travel	$292,501,626	$196,719,749	$78,938,093
Retail Total	**$12,526,044,308**	**$11,701,143,436**	**$15,038,767,825**

Partially accepted claims

Insurance Class	2019-20	2020-21	2021-22
Retail			
Consumer Credit	0	15	1
Home	20,252	11,992	33,888
Motor Retail	3,240	760	2,841
Personal and Domestic Property	132	50,582	59,930
Residential Strata	288	642	940
Sickness and Accident	39	1,017	1,008
Travel	5,792	3,778	2,204
Retail Total	**29,743**	**68,786**	**100,812**

Industry-Reported Data

Under the Code and its Charter, we are required to collect and report on aggregated industry data each year and provide a consolidated analysis of compliance with the Code.

We collect data from the industry using an online questionnaire that was developed through stakeholder consultation.

This report presents the aggregated industry data in a series of tables and charts, including year on year comparisons and five-year trend analyses. The data is de-identified in line with clause 11.2 of the Committee's Charter.

We welcome feedback on the data we collect and present in this report, as well as the information stakeholders consider to be most useful.

About the Code

The Code was created by the industry and is owned by the industry peak body, the Insurance Council of Australia (ICA). It commits subscribers to high standards of service that promote better and more informed relationships between insurers and their customers.

The ICA first introduced a code of practice for the general insurance industry in 1994, and it has been updated periodically since then. The current version of the Code (2020 Code) was published on 1 January 2020.

The 2020 Code

Subscribers have been required to comply with the full 2020 Code since 1 July 2021.

Part 9 (Supporting customers experiencing vulnerability) and Part 10 (Financial Hardship) of the 2020 Code came into effect on 1 January 2021. Subscribers were required to comply with the remainder of the 2020 Code from 1 July 2021 for:

- all new policies or renewed policies entered into on or after that date
- all new claims received on or after that date, and
- all new complaints received on or after that date.

Updating the Code

The ICA introduced amendments to the 2020 Code after 1 July 2021, with those amendments coming into effect on 5 October 2021.

These changes aligned the Code with ASIC's 'Regulatory Guide 271 Internal Dispute Resolution' which provides an updated definition of 'complaint' and reduces the timeframe to resolve a complaint from 45 to 30 days. The changes also included a new requirement for subscribers to have information about applying for financial hardship support on their websites.

The next full review of the Code is due to begin in 2023.

> **"The Code was created by the industry and is owned by the industry peak body, the ICA. It commits subscribers to high standards of service that promote better and more informed relationships between insurers and their customers."**

Who the Code applies to

The Code applies to all entities that subscribe to it. Each subscriber enters a deed of adoption with the ICA and the Code Governance Committee Association Inc (CGCA), a committee of the ICA.

All ICA members offering products covered by the Code must subscribe to it. Any other general insurers, and such other entities as are approved by the ICA, may subscribe to the Code. The Code also extends to subscribers' distributors and service suppliers.

At 30 June 2022 there were 171 entities bound by the Code, comprising:

- 49 Code subscribers; and
- 112 Coverholders and 10 Claims Administrators bound by the Code through Lloyd's Deed of Adoption and individual binder agreements with Lloyd's Australia Limited for the sale of insurance and/or the handling of claims.

Subscribers range from large insurance companies offering products in a range of different insurance classes to smaller specialist insurers with a more limited product range.

A full list of subscribers is in Appendix 1 and Lloyd's Coverholders and Claims Administrators are listed in Appendix 1(a).

About the Code Governance Committee

As the Committee, we are the independent body that monitors and enforces compliance with the Code.

We support the general insurance industry by assessing subscribers' compliance with the Code and helping subscribers improve their compliance by highlighting best practice and identifying risks. In doing so, we support insurers to deliver a customer service that lives up to both the letter and the spirit of the Code.

Our functions, responsibilities and processes are set out in our Charter and we are supported by the Code Team.

Committee members

As a Committee, we comprise three members: an Independent Chair, an Industry Member and a Consumer Member.

Veronique Ingram PSM
Independent Chair

With degrees in law and politics, Veronique Ingram has extensive experience across corporate governance and financial regulation both in Australia and internationally.

She has held a number of senior positions in the Commonwealth Attorney-General's Department and the Commonwealth Treasury (Treasury). Veronique was the Chief Executive and Inspector-General in Bankruptcy at the Australian Financial Security Authority from 2009 to 2017. Prior to this she was General Manager, Finance System Division at the Treasury, providing advice to the Treasurer on regulatory policy issues relating to banking, insurance, and superannuation. This included advising the government on financial system issues during the Global Financial Crisis in 2008, as well as the collapse of both Ansett Australia and HIH Insurance. She also held the position of Chief Adviser, International, in the Treasury with responsibility for advising the government on international economic developments and financial policy issues as well as Australia's participation in the International Monetary Fund, World Bank, Asian Development Bank, Organisation for Economic Co-operation and Development (OECD), Asia-Pacific Economic Cooperation and G20 meetings of finance ministers.

Veronique was also the Australian Ambassador to the OECD in Paris from 2005 to 2008, serving as Chair of its Audit Committee and Committee on Corporate Governance. Veronique was recognised in the 2016 Australia Day Honours List for her outstanding public service to the financial sector, in the areas of public policy, administrative initiatives, and service delivery.

Philippa Heir
Consumer Member

Philippa Heir is currently the Managing Lawyer – Insurance at the Consumer Action Law Centre in Melbourne.

After starting her career in private practice representing insurers, Philippa has spent the past eight years advising and advocating for consumers experiencing issues with insurance. She is also involved in insurance campaigns at Consumer Action, including the Stop Selling Junk campaign, which involved the development of a self-help web tool, DemandARefund.com, that enables people to seek refunds for add-on insurance.

In 2018, Philippa represented and supported two clients who gave evidence at the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry (Royal Commission) about their experience with the insurance industry.

Cheryl Chantry
Industry Member

Cheryl Chantry is an experienced senior executive with significant capability in Board engagement, governance, and management committees, as well as not-for-profit director experience. She has a long career background in the General Insurance industry.

She established her own business in early 2019, focused on executive coaching, leadership development and consulting. Prior to this Cheryl was the Executive General Manager, Customer Development, at IAG.

Having worked at the senior executive level for large, complex organisations such as IAG and Suncorp, Cheryl understands and appreciates the importance of the insurance industry to the Australian economy.

Cheryl is a passionate advocate for the development of engaging organisational cultures that put employee and consumer well-being at their centre.

Committee Secretariat (Code Team)

Under an outsourcing agreement, the Code Team acts as Code Administrator, with responsibility for monitoring Code compliance on our behalf.

Prue Monument – General Manager

Prue Monument commenced as General Manager of the AFCA Code Compliance and Monitoring team in November 2021.

Previously, Prue worked at The Education Quality and Standards Agency where she was the Executive Director of Quality Assurance and Regulatory Operations. Prior to this, she was Director of Compliance at the Australian Charities and Not-for-profit Commission where she was responsible for compliance, investigations, and intelligence work for Australia's 56,000 charities.

Prue has also held senior roles in the Department of Immigration and Border Protection, including as National Manager of the Allegations Assessment Team, and enjoyed postings in Beirut and Shanghai.

René van de Rijdt – Deputy General Manager

In November 2021, René van de Rijdt was appointed Deputy General Manager of the Code team. Prior to this, from March 2021, René was the acting General Manager. In this role, René lead the strategic direction and operational management of our work, ensuring delivery of our compliance and monitoring obligations.

René has worked in the Code Team since 2017, and at AFCA and its predecessor schemes since 2011.

René has a background in law and external dispute resolution and holds a Bachelor of Law from Monash University and a Bachelor of Planning and Design from the University of Melbourne.

Joanna Ifield – Code Compliance and Operations Manager

Joanna Ifield joined the Code Team in January 2022 as the General Insurance Code Compliance and Operations Manager. She previously headed up the office that supported the NSW Emergency Services Levy Insurance Monitor between 2016 and 2020. Her work there included monitoring insurance premiums, conducting investigations into suspected breaches of applicable legislation, and advocating for policy and regulatory reform.

Joanna worked with the Insurance Policy team at the Australian Prudential Regulation Authority (APRA) immediately prior to joining the Code Team. Her early career was spent in consulting for Ernst & Young and KPMG in the areas of economics, regulation and policy.

Joanna holds a Bachelor of Commerce (Hons) (Finance) from the University of Melbourne. She is a qualified Chartered Accountant, a member of the Australian Institute of Company Directors and a graduate of the 2019 ANZSOG Executive Fellows Program.

Glossary of terms

The following is a list of the key terms used in this report.

2014 Code means the 2014 General Insurance Code of Practice.

2020 Code means the 2020 General Insurance Code of Practice.

Accepted claim means that a Code subscriber has accepted responsibility for all aspects of a claim for coverage. This does not include partially accepted claims or claims paid on an ex-gratia basis.

Breach means a failure to comply with a Code standard.

CGC, the Committee or Code Governance Committee means the independent body responsible for monitoring, reporting and enforcing Code compliance.

Claim means a formal request from an insured or third party beneficiary for coverage of loss or damage under a general insurance policy.

Claims Management Service means a person, company or entity who is not a Code subscriber's employee that is contracted by a Code subscriber to manage claims on its behalf.

Claims paid means the same as the definition of "gross claim payments" used by the Australian Prudential and Regulatory Authority (APRA). "Gross claim payments" is defined by APRA as "the value of insurance claims payments up to the relevant date. This item is to be reported gross of any associated reinsurance recoveries, but net of any associated non-reinsurance recoveries."

Code means the General Insurance Code of Practice, either the 2014 Code or the 2020 Code, as applicable.

Code subscriber means an organisation that has adopted the Code.

Code Team means the Code Compliance and Monitoring Team at the Australian Financial Complaints Authority (AFCA), appointed as Code administrator to monitor Code compliance on behalf of the CGC.

Collection Agent means a person, company or entity who is not a Code subscriber's employee that is contracted by a Code subscriber to recover money owing to it.

Complaint means an expression of dissatisfaction made to a Code subscriber, related to its products or services, or its complaints handling process, where a response or resolution is explicitly or implicitly expected.

Complaints process means a Code subscriber's internal process for dealing with complaints, broadly defined by Part 11 of the 2020 Code or by Section 10 of the 2014 Code.

Corporate Distributor means a company or entity acting on behalf of a Code subscriber, that is not an employee, and;

a) is authorised to provide financial services, other than a claims handling and settling service, under the Code subscriber's Australian Financial Services Licence, in accordance with the Corporations Act 2001; or

b) has authority to issue, vary or dispose of, a general insurance product covered by the Code under a binder with the Code subscriber (excluding an interim contract).

Dataset means a collection of related sets of information.

Declined claim means a claim on a general insurance policy that a Code subscriber has declined or not accepted.

Employee means a person employed by a Code subscriber or by a related entity that provides services to which the Code applies.

Group policy means a master general insurance policy held by an insured that provides cover for numerous people or assets within a defined group.

Independent contractor means a person, company or other entity engaged by a Code subscriber to provide insurance-related services, excluding the distribution of general insurance products, and excluding Claims Management Services, Collection Agents, Investigators, Loss Assessors and Loss Adjusters.

Individual Distributor means a person acting on behalf of a Code subscriber, that is not an employee, and;

a) is authorised to provide financial services, other than a claims handling and settling service, under the Code subscriber's Australian Financial Services Licence, in accordance with the Corporations Act 2001; or

b) has authority to issue, vary or dispose of, a general insurance product covered by the Code under a binder with the Code subscriber (excluding an interim contract).

Individual policy means a general insurance policy held by an insured that is not a group policy.

Industry data means data about:

1. Workforce
2. Compliance
3. Policies
4. Claims
5. Declined claims
6. Withdrawn claims
7. Complaints
8. Brands.

Insurance class means a category used to aggregate data about similar types of general insurance products.

Insured means a person, company or entity holding, or seeking to hold, a general insurance product covered by the Code, but excludes a third party beneficiary.

Investigator means a person, company or entity who is not a Code subscriber's employee that is contracted by a Code subscriber to verify the circumstances relating to a claim.

Lodged claim means a claim made on a general insurance policy.

Loss Assessor or Loss Adjuster means a person, company or entity who is not a Code subscriber's employee that is contracted by a Code subscriber to examine the circumstances of a claim, assess the damage or loss, determine whether the claim is covered under the policy, and assist in obtaining repair or replacement quotes to help settle the claim.

Other external seller means a person, company or other entity that is not an individual distributor or a corporate distributor of a Code subscriber but is engaged in the distribution of its general insurance products.

Policy means a contract of insurance.

Partially accepted claim is a claim where a Code subscriber determines that part falls within the terms and conditions of the policy and part is not accepted. It does not include an accepted claim, a declined claim or an ex-gratia claim. It does not include caps and limits within the policy. Claims paid to the limits and sub-limits of the policy are not deemed partially accepted and are not included as part of this data set. They are recorded under accepted claims.

Premiums received means the same as the definition of "gross written premium" used by APRA. "Gross written premium" is defined by APRA as "the premium required by the insurer to cover the risk for the full term of a policy and is recognised fully when the business is written. This is measured in accordance with AASB 1023." Mid-term cancellations and endorsement premium can be included in the total GWP reported.

Retail Insurance means a general insurance product that is provided to, or to be provided to, an individual or for use in connection with a Small Business, and is one of the following types:

a) a motor vehicle insurance product (Regulation 7.1.11);

b) a home building insurance product (Regulation 7.1.12);

c) a home contents insurance product (Regulation 7.1.13);

d) a sickness and accident insurance product (Regulation 7.1.14);

e) a consumer credit insurance product (Regulation 7.1.15);

f) a travel insurance product (Regulation 7.1.16); or

g) a personal and domestic property insurance product (Regulation 7.1.17), as defined in the Corporations Act 2001 and the relevant Regulations.

Service Supplier means an Investigator, Loss Assessor or Loss Adjuster, Collection Agent, Claims Management Service (including a broker who manages claims on behalf of a Code subscriber) and any of their sub-contractors who the Code subscriber has approved and who are also acting on its behalf.

Significant breach means a breach that is determined to be significant by reference to:

a) the number and frequency of similar previous breaches;

b) the impact of the breach, or likely breach, on our ability to provide our services;

c) the extent to which the breach, or likely breach, indicates that our arrangements to ensure compliance with the Code are inadequate;

d) the actual, or potential, financial loss caused by the breach; and

e) the duration of the breach.

Small Business means a business that employs:

a) less than 100 people, if the business is or includes the manufacture of goods, or

b) otherwise, less than 20 people.

Subscriber means a Code subscriber.

Third party beneficiary means a person, company or entity who is not an insured but is seeking to be or is specified or referred to in a general insurance policy covered by the Code, whether by name or otherwise, as a person to whom the benefit of the insurance cover provided by the policy extends.

Withdrawn claim means a claim that does not proceed to a decision to accept or deny it, and includes a claim that may be described as 'cancelled', 'closed', 'discontinued' or 'withdrawn'.

Wholesale Insurance means a general insurance product covered by the Code which is not Retail Insurance.

Appendix 1: General Insurance Code Subscribers as at 30 June 2022

1 AAI Limited
2 AIG Australia Pty Ltd
3 AIOI Nissay Dowa Insurance Company Australia Ltd
4 Allianz Australia Insurance Ltd
5 Ansvar Insurance Ltd
6 ANZ Lenders Mortgage Insurance Pty Ltd
7 Arch LMI Pty Ltd
8 Assetinsure Pty Ltd
9 Auto & General Insurance Company Ltd
10 Berkshire Hathaway Specialty Insurance Company
11 Catholic Church Insurance Limited
12 Chubb Insurance Australia Limited
13 Commonwealth Insurance Limited
14 Credicorp Insurance Limited
15 Defence Services Home Insurance Scheme
16 Eric Insurance Ltd
17 Factory Mutual Insurance Company
18 Genworth Financial Mortgage Insurance Pty Ltd
19 Great Lakes Insurance SE
20 Guild Insurance Limited
21 Hallmark General Insurance Company Limited
22 HDI Global Specialty SE – Australia
23 Insurance Australia Limited
24 Insurance Manufacturers of Australia Pty Ltd
25 LawCover Insurance Pty Limited
26 LFI Group Pty Ltd
27 Lloyd's Australia Limited
28 Mitsui Sumitomo Insurance Co Ltd
29 NIB Travel Insurance (Australia) Pty Ltd
30 NTI Limited
31 Open Insurance Pty Ltd
32 Pacific International Insurance Pty Limited
33 Petsure (Australia) Pty Ltd
34 QBE Insurance (Australia) Ltd
35 QBE Lenders Mortgage Insurance Limited
36 RAA Insurance Limited
37 RAC Insurance Pty Limited
38 RACQ Insurance Limited
39 RACT Insurance Pty Limited
40 Sompo Japan Insurance Inc.
41 Southern Cross Benefits Limited
42 Swiss Re International SE
43 The Hollard Insurance Company Pty Ltd
44 The North of England Protecting and Indemnity Association Ltd t/a Sunderland Marine
45 The Tokio Marine & Nichido Fire Insurance Co Ltd
46 Virginia Surety Company Inc
47 XL Insurance Company SE
48 Youi Pty Ltd
49 Zurich Australian Insurance Ltd

Appendix 1(a): Lloyd's Coverholders and Claims Administrators as at 30 June 2022

1. 1 Cover Pty Ltd
2. 360 Accident and Health Pty Ltd
3. 360 Farm and Regional Pty Ltd
4. 360 Financial Lines Pty Ltd
5. 360 Quick Construct Pty Ltd (previously known as Ensurance Underwriting)
6. 360 Underwriting Solutions Pty Ltd
7. A.I.S. Insurance Brokers Pty Limited
8. About Underwriting Pty Ltd
9. Affinity Risk Partners (Brokers) Pty Ltd
10. Agile Underwriting Services Pty Ltd
11. Amazon Underwriting Pty Ltd
12. Aon Risk Services Australia Limited
13. Arch Underwriting at Lloyd's (Australia) Pty Ltd & Arch Underwriting Agency (Australia) Pty Ltd
14. Argenta Underwriting Asia Pte Ltd
15. Arthur J. Gallagher & Co (Aus) Limited
16. ASG Insurances Pty Ltd
17. Aspect Underwriting (MJW Langston Pty Ltd (t/as Aspect Underwriting) and McLardy McShane Partners Pty Ltd)
18. ASR Underwriting Agencies Pty Ltd
19. Aster Underwriting Pty Ltd
20. At (@) Risk Underwriting Pty Ltd
21. ATC Insurance Solutions Pty. Ltd
22. Australian Warranty Network Pty Ltd
23. AWIB Pty Ltd
24. Axis Underwriting Services Pty Ltd
25. Blue Zebra Insurance Pty Ltd
26. BMS Risk Solutions Pty Ltd
27. Canopius Australia & Pacific
28. Catalyst Aviation Insurance (Catalyst Consulting) (Aust) Pty Ltd
29. Catlin Australia Pty Ltd
30. Cerberos Brokers Pty Ltd
31. Chase Underwriting Group
32. Coffre-Fort Pty Ltd
33. Community Broker Network Pty Limited
34. Coverlink Pty Ltd
35. Downunder Insurance
36. DUAL Australia Pty Limited
37. EastWest Insurance Brokers Pty Ltd (rebranded as ShieldCover)
38. Eclipse Business Insurance Pty Ltd
39. Edge Underwriting Pty Ltd
40. Edgewise Insurance Brokers Pty Ltd
41. Emergence Pty Ltd
42. Epsilon Insurance Broking Services Pty Ltd
43. Fitton Insurance Brokers Australia Pty Ltd
44. Frontier Global UW (Australia) Pty Ltd
45. FTA Insurance Pty Ltd
46. Fusion Specialty Insurance Pty Ltd
47. Gard Insurance Pty Ltd
48. Genesis Underwriting Pty Ltd
49. Glenowar Pty Ltd t/as Fenton Green & Co
50. Gow-Gates Pty Ltd
51. H W Wood Australia Pty Ltd
52. High Street Underwriting Agency Pty Ltd
53. Honan Insurance Group Pty Ltd
54. Hostsure Underwriting Agency Pty Ltd
55. HQ Insurance Pty Ltd
56. IBL Limited (t/as Focus Underwriting)

57 Imalia Pty Ltd

58 Insurance Geeks (t/as Zoom Travel Insurance)

59 Insurance Investment Solutions Pty Ltd

60 Intuitive Insurance Solutions (an AR of Community Broker Network)

61 iTrek Pty Ltd

62 JUA Underwriting Agency Pty Ltd

63 Keystone Underwriting Australia Pty Ltd

64 Lancashire Underwriting Australia Pty Ltd

65 Lion Underwriting Pty Ltd

66 Logan Livestock Insurance Agency Pty Ltd

67 London Australia Underwriting Pty Ltd

68 Mainstay Underwriting Pty Ltd

69 Manufactured Homes Insurance Agency Limited

70 Market Lane Insurance Group (previously known as The Barn Underwriting Agency)

71 Marsh & McLennan Agency Pty Ltd

72 Millennium Underwriting Agencies Pty Ltd

73 Miramar Underwriting Agency Pty Ltd

74 Newline Australia Insurance Pty Ltd

75 Nova Underwriting Pty Limited

76 One Underwriting Pty Ltd

77 Parametric Insurance Solutions Pty Ltd

78 Pen Underwriting Pty Ltd

79 Petcover (run off data only, binder ended February 2020)

80 Petplan (run off data only, binder ended February 2020)

81 Point Underwriting Agency Pty Ltd

82 Precision Underwriting Pty Limited

83 Procover Underwriting Agency Pty Ltd

84 Professional Risk Underwriting Pty Ltd

85 Quanta Insurance Group Pty Ltd

86 Quantum Underwriting Agencies Pty Ltd

87 RedSky Insurance Pty Ltd

88 RM Specialty Pty Limited

89 Rural Affinity Insurance Agency Pty Ltd

90 SLE Worldwide Australia Pty Limited

91 Solution Underwriting Agency Pty Ltd

92 Specialist Underwriting Agencies Pty Ltd

93 Sportscover Australia Pty Ltd

94 Starr International Company Inc

95 Sterling Insurance Pty Limited

96 SURA Construction Pty Ltd

97 SURA Film and Entertainment Pty Ltd

98 SURA Hospitality Pty Ltd

99 SURA Labour Hire Pty Ltd

100 SURA Professional Risks

101 SURA Pty Ltd

102 SURA Speciality Pty Ltd

103 Tego Insurance Pty Ltd

104 Timark Casualty Solutions Pty Ltd

105 Topsail Insurance Pty Ltd.

106 Trident Insurance Group Pty Ltd

107 Victor Insurance Australia Pty Ltd

108 Wellington Underwriting Agencies Pty Ltd

109 William Inglis & Son Limited

110 Windsor Income Protection Pty Ltd

111 Woodina Underwriting Agency Pty Ltd

112 YourCover Pty Ltd

113 *Broadspire (Crawford & Company (Australia) Pty Ltd)

114 *Claims Management Australasia

115 *Corporate Services Network Pty Ltd

116 *DWF Claims (Australia) Pty Ltd

117 *Employers Mutual Management Pty Ltd

118 *Gallagher Bassett Services Pty Ltd

119 *Insurance Service Holdings Pty Ltd (ISH) trading as Claims Services

120 *InsurX Pty Ltd

121 *Proclaim Management Solutions

122 *Sedgwick

*Claims Administrators