



GENERAL INSURANCE
Code Governance Committee

ANNUAL REPORT **2022-23**



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 acknowledge and pay respect to the Traditional Custodians of the lands on which we work, including the Wurundjeri, Boon Wurrung, Wathaurong, Taungurung and Dja Dja Wurrung peoples of the Kulin nation and the Gadigal people of the Eora Nation.

About this report

This annual report provides an overview of the work of the General Insurance Code Governance Committee in the 2022-23 financial year and an analysis of the insurance industry's compliance with the [2014 General Insurance Code of Practice](#) (2014 Code) and the [2020 General Insurance Code of Practice](#) (2020 Code).

This annual report presents details about our work to drive better compliance with the Code and help the insurance industry improve its service to customers. We separately publish an annual data report for 2022-23 containing aggregated industry data, including self-reported breaches. The annual data report will be available by 31 March 2024.

Contents

Chair’s message	4
Our year	6
Our activities	7
Inquiries	8
Making better claims decisions	8
Financial hardship support	8
Investigations	9
Significant breach snapshot	10
Reports and operational guidance	12
Engagement	13
Looking ahead	15
The Committee	16
The Secretariat (Code Team)	18
The Code	19
Glossary of terms	20
Appendix 1: General Insurance Code Subscribers as at 30 June 2023	21
Appendix 1(a): Lloyd’s Coverholders and Third Party Administrators as at 30 June 2023	22

Chair's message

Consumers confronted a challenging year marked by persistent inflationary pressures, a surge in natural disasters, and the ongoing transition to a post-COVID-19 world.

These challenges put pressure on the insurance industry, demanding a preparedness to manage the operational impact of increasingly dramatic weather-related disasters. Under these conditions, our work monitoring Code compliance, sharing industry best practice and protecting customer interests was more crucial than ever.

Our investigative work, and the accountability this brings, continues to have a positive impact on the industry. Our inquiry examining the rising number of claims denied on grounds of maintenance or wear and tear exclusions was a vital piece of work. The report highlighted systemic flaws in the way claims are handled and we set-out recommendations for systems improvements. The report resonated with consumer advocates, providing an evidence base to concerns they were reporting.



“Our investigative work, and the accountability this brings, continues to have a positive impact on the industry.”

The significance of our inquiry lies in the strides made in implementing our recommendations by some stakeholders and the further work the inquiry has sparked. We welcome the Insurance Council of Australia's commitment to coordinate with the industry to tackle this issue, given its magnitude. We will monitor insurers to ensure they consider and respond to our recommendations.

As we continue to recover from the devastating floods of 2022, we must now confront the prospect of another El Nino summer, bringing with it the threat of extreme heatwaves and bushfires.

To meet these challenges, the insurance industry must adopt a response that places consumer needs at the forefront and upholds community expectations. The focus on this is underscored by the recently announced Parliamentary Inquiry into insurer responses to the 2022 major floods claims.



Though we have a comprehensive workplan for the year ahead, we must acknowledge the dynamic environment in which we operate, with the upcoming Parliamentary Inquiry and the pending independent review of the Code requiring careful focus. While continuing our core work, we also recognise the need to be adaptable as we address the most critical issues and realign our priorities with the shifting landscape of consumer protection.

The Inquiry and the Code review provide an important opportunity for the industry to build on and enhance the critical consumer protections in the Code. We want to signal that the recent catastrophes have highlighted that there is much work for insurers to do to improve their responsiveness. The Code can play a key role in driving these improvements – above and beyond what is set out in the law.



“We want to signal that the recent catastrophes have highlighted that there is much work for insurers to do to improve their responsiveness.”

I must extend our gratitude to CEO Andrew Hall and former General Manager, Policy Fiona Cameron at the Insurance Council of Australia (ICA) for their ongoing engagement and support. Fiona made an extremely valued contribution to our work, and I wish her well in her future endeavours.

I also wish to acknowledge the Australian Financial Complaints Authority (AFCA) CEO, David Locke and Lead Ombudsman Insurance, Emma Curtis for their support under the AFCA shared services arrangement.

Our success is also directly linked to the hard work of our Code team. I thank the General Manager Prue Monument, Deputy General Manager René van de Rijdt and our Senior Manager Code Compliance Joanna Ifield for their guidance and efforts.

Finally, thank you to my colleagues, Industry Representative Cheryl Chantry and Consumer Representative Philippa Heir for their unwavering support and collaboration throughout the year.

Veronique Ingram PSM

Independent Chair

General Insurance Code Governance Committee

Our year

Breach data



49

Code Subscribers
as at 30 June 2023



58,104

breaches self-reported
by subscribers for the
period 1 July 2021 to
30 June 2022¹



151

concerns received
alleging **275 breaches**
of the Code



The 2020 Code defines a significant breach as a breach that is determined to be significant by reference to:

- the number and frequency of similar previous breaches;
- the impact of the breach, or likely breach, on a subscriber's ability to provide its services;
- the extent to which the breach, or likely breach, indicates that a subscriber's arrangements to ensure compliance with the Code are inadequate;
- the actual, or potential, financial loss caused by the breach; and
- the duration of the breach.



123

significant breach matters reported by
Code subscribers (up
from 116 in 2021–22)



220

individual significant breaches² (up from
203 in 2021–22)



86

significant breaches
referred to the
Australian Securities
and Investment
Commission (ASIC) since
31 December 2022

Key investigation data



193

matters assessed
for potential
investigation (23 more
than in 2021–22)



43

investigations completed



26

breaches identified
by the Committee
(up from 17 in
2021–22)

Key inquiries

- Making Better Claims Decisions
- Information about Financial Hardship support on Insurers' websites

Key publications

- Operational Guidance
- Monitoring Priorities Consultation Response Paper 2023–24
- Industry Data Report 2021–22

1. Self-reported data for 2022–23 will be reported in the Industry Data Report.

2. We record significant breaches with the same root cause under a single reference number. We describe this as a 'significant breach matter'. One significant breach matter may comprise several breaches of individual standards of the Code if those breaches have the same root cause. We refer to each breach of a Code standard or obligation as an 'individual significant breach'.

Our activities

Inquiries

Making better claims decisions

Our thematic inquiry into Making Better Claims Decisions explored the extent to which subscribers action insights from disputes about claim denials to improve compliance with Code standards. The final report was published on 18 July 2023.

Why we did this

When a decision to deny a claim is overturned at Internal Dispute Resolution (IDR), we expect insurers to identify insights from the data to improve decision-making, business processes, practices and products in a way that enhances their compliance with the Code.

The collection and analysis of data on complaints and overturned claims decisions is a rich resource for uncovering underlying systemic issues in systems and processes. The effective analysis and review of this data is fundamental in understanding what is happening and what needs to improve. Acting on these insights will deliver better outcomes for customers and reduce disputes.

What we found

The inquiry analysed data from complaints about denied claims for six subscribers. While we found some insurers were taking efforts to improve the collection and analysis of data, there is still considerable room for improvement.

Over half of the sample claim files provided by participating insurers were overturns of claims that insurers originally denied based on wear and tear or maintenance exclusions. This provided us with insights about the way that insurers are applying these exclusions.

Key outcomes

We made eight recommendations. All Code subscribers are encouraged to adopt the recommendations made in this report to improve their compliance with the Code.

We are investigating possible Code breaches and engaging directly with the six insurers involved in the inquiry to set out specific areas for improvement. Actions to address areas of concern will be carefully monitored.

Financial hardship support

We completed an inquiry examining the information published on each subscribers' website about the Financial Hardship Support they offer customers.

Why we did this

Under the Code, subscribers are required to publish information about applying for Financial Hardship support on their website. The information must set out the types of support options that may be available, and how customers can access Financial Hardship support.

In the current economic context and with increasing premiums, we wanted to ensure that all subscribers were meeting this basic obligation. For consumers confronting financial hardship it is critical that they are aware of the options and channels available for support. Making this information accessible and clear empowers customers and encourages them to engage early for assistance. We know that customers fair much worse when they seek support too late.

What we found

It was not easy to find information about Financial Hardship support on 27 of the 40 websites.

Only 29 of the 40 websites had a search functionality.

The vast majority of subscribers had information that was easy to understand and helpful in terms of understanding the support options available.

There is room to improve in terms of ensuring the process for seeking hardship support is not overly complicated or arduous for the consumer. This risks deterring customers from seeking assistance in the first place.

Key outcomes

We made nine recommendations to improve practice and asked all subscribers to take immediate action to address any gaps.

We are engaging directly with subscribers to provide individual feedback on our review of their websites and clarify expectation for improvement.



Investigations

Our Charter empowers us to investigate allegations of Code breaches as well as potential Code breaches identified through our monitoring activities. Our investigations examine whether an insurer has complied with its Code obligations and if it needs to change its policies or processes.

We cannot investigate every concern and breach report that we receive. We focus our attention on issues that present the greatest detriment to customers. We use the Priority Monitoring Framework to prioritise this work.

We received 193 Code breach allegations and completed 43 investigations this year.

Significant breach snapshot

We receive notifications from Code subscribers about significant breaches throughout the year. Subscribers have an obligation to report a significant breach to us within 10 business days of identifying it.

We play an important role in ensuring subscribers have sound processes in place to identify and report breaches on a timely basis. This helps subscribers better understand the root cause of code breaches, improve their systems and processes and ensure that any consumer detriment is effectively addressed.

In performing our significant breach monitoring function during 2022–23, we:

Engaged with

24 subscribers

who reported significant breaches to ensure breaches were analysed and corrected.



Through our work and Code monitoring subscribers made remediation payments totalling

\$319 million to **4.6 million** consumers.



Reported

86

significant breaches to ASIC.³

Rectifying breaches



Agreed appropriate corrective and preventative actions to address significant breaches, including:

- Removal of a minimum premium mechanism which prevented discounts to 59,000 policies.
- Updating Product Disclosure Statements (PDS) and internal systems to ensure pricing promises are honoured.
- Ensuring stamp duty and transfer fees are correctly calculated and applied.
- Ensuring staff settle claims for recovered stolen motor vehicles consistently with the terms of the PDS.
- Improved disclosures to customers when an insurer decided not to pay the claim in full.
- Improved systems for detecting, preventing and reporting breaches of the claims handling obligations of the Code.
- Recruitment of more staff, more regular monitoring of open claims and automated customer contact to improve timeliness of claims handling.

Emerging breach reporting concerns



25 subscribers did not report any significant breaches. **18** of these have not reported any significant breaches for the past five or more years.

In **67** significant breach reports, subscribers took an average of **197** days to report these incidents from incident identification.

In **92** significant breaches, subscribers reported to us on average **87** days after reporting to regulators.

27% of significant breaches involved a subscriber's Distributor or Service Supplier.

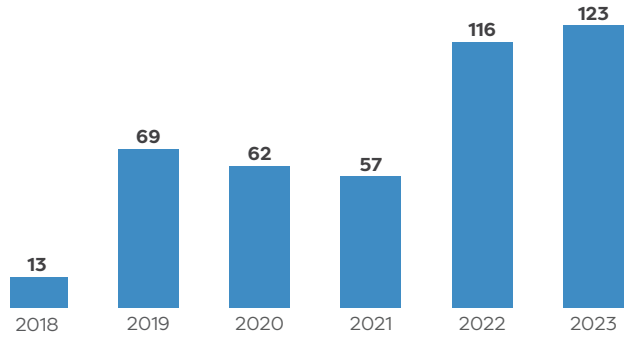
We encourage subscribers to ensure that they have a Code breach reporting Committee that meets monthly (at the minimum) so that they can review any identified incidents in a timely way. This is set out in our [Guidance Note on significant breach obligations](#). We intend to update this Guidance Note in 2023–24 and will reinforce the obligation to ensure timely reporting.

3. This reporting commenced in December 2022 in compliance with paragraph 176 of the Code. Further details on this reporting obligation are set out in our [Operational Guidance on Paragraph 176](#).

Significant breach matters

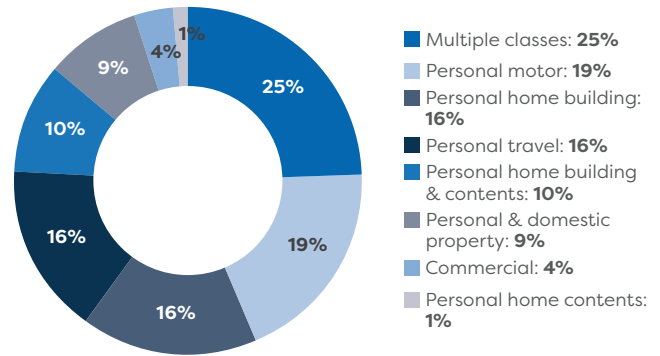
Significant breach matters reported by subscribers – six-year trend

- Significant breach reports increased for the second year in a row.
- We received 123 significant breach reports from 24 subscribers. These reports detailed 220 individual significant breaches.
- Approximately 4.6 million consumers were impacted by these significant breaches (up from 1.7 million in 2021-22)



Distribution of individual significant breaches by insurance class

- Most significant breaches affected multiple insurance classes while 16% of significant breaches related to travel insurance. We attributed this to the aviation industry and airports struggling to keep up with faster than expected post-COVID travel recovery.



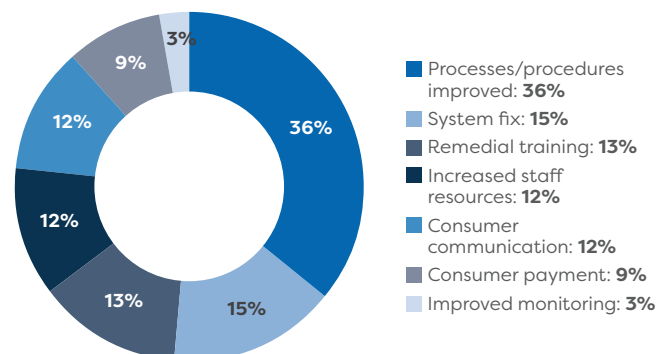
Top five significant breach issues

- Claims handling obligations were breached 46 times, impacting 159,677 consumers.
- 1 in 5 individual obligations breached in significant breach reports concerned a failure to honour pricing promises. 60% of these came from only four subscribers.
- Discounts not being honoured had the greatest consumer impact, with 2.8 million consumers affected by these breaches.



Remediation activities

- We are monitoring the implementation of remedial actions.
- We will take further action where we see serious and systemic failures due to inaction by subscribers. This may include applying sanctions.



Reports and operational guidance

Annual Data Report 2021–22

Our compliance monitoring work includes annual breach data collection, analysis and publication of an Annual Breach Data Report.

This breach data analysis and reporting is an important element of our monitoring work and serves several benefits for the industry and customers. This report provides transparency to both the sector and community on how subscribers to the Code are meeting their Code commitments to consumers.

Publication of the data, and the accountability this brings for subscribers, is another way we incentivise industry improvement.

The reports:

- show whether insurers have systems and processes to monitor compliance with the Code
- support our monitoring work by presenting essential information about compliance with the Code, identifying new concerns or areas of improvement
- provide meaningful insights that help insurers improve practices and deliver better outcomes for customers
- bring transparency for the community about insurers' compliance with the Code.

The Data Report is also critical to the work we do in terms of making data-driven decisions. Our analysis of the data helps identify emerging issues and trends that may require our attention. This helps inform our resource allocations, compliance priorities and need for interventions.



Operational Guidance

In October we published our [Operational Guidance on Paragraph 176 of the 2020 Code](#). The guidance explained our responsibility to report significant breaches and serious misconduct to ASIC as laid out under paragraph 176 of the Code. The Guidance helps ensure subscribers to the Code are clear on the process and how they will be notified of these reports.

Following publication of the Operational Guidance, significant breach reporting to ASIC commenced.

Engagement

Number of meetings



Regulators	10
Consumer groups	11
AFCA	21
ICA/NCC	22
Subscribers	22

We maintained an active stakeholder engagement program throughout 2022–23, meeting regularly with stakeholders including consumer groups, Code subscribers, regulators and AFCA.

Our stakeholder engagement efforts have had a positive impact on our work and have fostered a more collaborative approach to protecting the interests of consumers.

Consultation – compliance monitoring priorities

The breach data we collect provides key insights on emerging issues and areas of risk. However, we recognise that breach data alone does not provide the full picture. Insights from other key stakeholders, including consumer advocates, is an important way for us to stay on top of new issues and prioritise those matters that are most likely to deliver the greatest benefit to consumers.

In December 2022, we conducted our first open consultation on our compliance priorities for the 2023–24 financial year. We were pleased to receive 10 detailed submissions from a wide range of stakeholders. All of the submissions provided valuable insights and recommendations. This helped inform our workplan and will remain a core part of our engagement moving forward.

Regulators and AFCA

We worked closely with regulators and other consumer protections organisations to avoid duplication and improve outcomes for customers. Throughout the year we engaged regularly with ASIC, the Australian Prudential Regulation Authority (APRA) and AFCA. This engagement is an important way for us to monitor insurance trends, emerging areas of risks and work priorities, data collection and industry training needs.

We continued to maintain a close working relationship with AFCA during 2022–23. We met regularly with the Systemic Issues team at AFCA and the Lead Ombudsman General Insurance to discuss industry issues, trends and updates on our work.

We enjoy a strong working relationship with ASIC and APRA. With ASIC we exchanged high-level updates on our ongoing work and priorities, and regulatory matters relevant to the general insurance industry. We have also actively reported significant breaches and serious misconduct to ASIC. This practice aligns with our commitment to transparency and sharing of information.

It is important that the most serious matters are shared with ASIC for their consideration. We play a significant role in the broader consumer context but we also recognise that at times, it may be appropriate for a Regulator to take further action. We will coordinate closely with ASIC to ensure the referrals process continues to function as intended.

Code subscribers

Our regular engagement with insurers continued throughout 2022–23. This is a crucial element in our monitoring role as it helps us foster collaborative relationships, address emerging issues, and understand compliance challenges.

We engage regularly with individual subscribers as part of our investigations, breach reporting and thematic inquiry work. This direct engagement gives us a richer insight into specific areas of practice, operations and compliance frameworks. Often, this engagement supports more efficient and effective outcomes.

The ICA convenes a National Code Committee (NCC) forum. This group is made up of subscribers and meets with the Code Team on a quarterly basis. This forum provides a fantastic opportunity to discuss new issues, understand challenges confronting subscribers, clarify compliance obligations and discuss our priorities.



Consumer groups

Our primary role is to protect the interests of consumers against the promises set out in the Code. Engaging with consumer advocates and consumer groups ensures that we have access to the perspectives, concerns and insights of those representing the interests of consumers, often the most vulnerable consumers.

We value the insights and expertise consumer advocates bring to our work. Working at the frontline, they are often the first to identify new and emerging areas of risk. They also play an important role in holding us accountable for our actions.

We attended conferences and held presentations to raise awareness of our work. We also facilitated professional development sessions for financial counsellors in understanding how the Code operates and raising concerns with us on behalf of consumers. The Code General Manager also sits on AFCA's Consumer Advisory Panel which meets quarterly.

Conferences and events

We also attended several conferences and events to stay across industry developments.



Conferences and events we attended

- AFCA Member Forum in August 2022
- South Australian Financial Counsellors Association Conference 2022
- ASIC Annual Forum 2022
- 2023 Financial Counselling Australia Conference
- ICA 2023 Consumer Day
- AFCA Member Forum in March 2023

Looking ahead

We maintain an agile risk-based approach to our operations and will assess priorities for the year on an ongoing basis. This ensures that we apply our resources towards activities that are most useful and impactful for subscribers and consumers. Recent developments such as the Federal Parliamentary Inquiry into insurer responses to the 2022 major floods claims could impact our planned activities.

Code review

An independent review of the Code is due to commence in 2023–24. This is an important opportunity for the ICA and the industry to demonstrate and reinforce its commitment to protecting consumers. We look forward to contributing to the review.

The Code currently sets a benchmark for standards relating to issues such as mental health, financial hardship and family violence. It is important that the obligations in the Code continue to reflect high aspirations in relation to consumer protection, that address emerging consumer issues and provide confidence to consumers that they will be treated with fairness, respect and compassion.

This is essential if the Code is to continue to be seen as a progressive conduct model and a benchmark for self-regulation in the financial services sector.

Benchmarking reports

We will share benchmarking reports with selected subscribers in 2023–24. We will consider a broader roll-out in future.

These reports will measure subscriber performance across several key criteria including breaches, claims, complaints and engagement with, and response to, our feedback. The reports will highlight what subscribers are doing well, which will allow us to share industry best practice across subscribers.

After we release the reports, we will meet with subscribers to discuss the findings, provide additional insights and receive subscriber feedback.

Ultimately, this work will lead to improvements in systems and processes across the industry and contribute to better outcomes for clients.



Remediation audits

Remediation audits are an important part of our monitoring toolkit, and this will be a key focus area in 2023–24. We conduct remediation audits to review whether rectification actions have been successful in preventing the significant breach from reoccurring. If we find that the remediation actions of the subscriber have not delivered sustained improvement, we will consider taking further action.

2023–24 Thematic inquiry

We are in the early stages of scoping our thematic inquiry for 2023–24.

Our Thematic Inquiry into Making Better Claims Decision uncovered some very serious concerns with over 50% of claim denials being overturned following IDR. We are now keen to explore these issues further and gain a better understanding of the quality controls and oversight insurers have in place to manage their External Experts.

The Committee

Our role

We are an independent Committee established to monitor compliance with the Code to help encourage best practice and improve customer outcomes.

Our Charter provides for us to undertake the following functions:

- Monitor compliance with the Code
- Collect and analyse data
- Identify areas for improvement
- Provide guidance
- Publish findings of inquiries
- Engage with stakeholders

We also have the power to issue determinations and impose sanctions when fair and appropriate in the circumstances.



In addressing issues, our first step is to work with the subscriber to rectify what has gone wrong, support their compliance with the Code, and pursue better outcomes for customers.

Our work is supported by the Code Team which provides monitoring, operational and administrative services.

The Code Team is an independent and separately funded business unit within AFCA alongside four other code compliance committee teams.

This arrangement allows the Code Team to learn from other code committees and teams, share insights and information about compliance, and develop ways to help shape a compliance culture in the financial services industry.

We have complied with the terms of the Charter in 2022-23.

We convened for six Committee meetings in 2022-23 and all members were in attendance for each of these meetings.



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.

Veronique's role as Chair will continue for a further three years from 1 July 2023.



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 seven 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 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 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.

The 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 relating to 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 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 led the strategic direction and operational management of our work, ensuring delivery of our compliance and monitoring obligations.

René has worked in the AFCA 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 Senior Manager, Code Compliance

Joanna Ifield joined AFCA in January 2022. She previously headed up the office that supported the NSW Emergency Services Levy (ESL) Insurance Monitor with reforms to the ESL 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 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.

The Code

About the Code

The 2020 General Insurance Code of Practice (the Code) sets out the promises and commitments to customers made by the 49 institutions that subscribe to it.



Subscribing to the Code commits a subscriber to good practices, informed decision-making, and service delivery that is fair and reasonable.

The Code is owned and published by the Insurance Council of Australia – the industry association for Australia’s insurance sector – and is an important part of the national consumer protection framework and financial services regulatory system.

All Insurance Council of Australia members offering products covered by the Code must adopt it. A subscriber will be in breach of the Code if its Employees, Distributors or Service Suppliers do not comply with the Code when acting on the subscriber’s behalf.

An independent review of the Code is due to commence in 2023–24.



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 (and revisions thereto)

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.

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, previously the Financial Ombudsman Service Limited) appointed as Code Administrator to monitor Code compliance on behalf of the CGC.

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.

Dispute means a complaint that is at a Code Subscriber's internal complaints process.

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

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

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

Policy means a contract of insurance.

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

Service Supplier means an Investigator, Loss Assessor or Loss Adjuster, Collection Agent, or a person, company or entity who is not an Employee but is contracted by the Code Subscriber to manage the claim on its behalf (including a broker who manages claims for the 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.

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 2023

- 1 AAI Limited
- 2 AIG Australia Pty Ltd
- 3 AIOI Nissay Dowa Insurance Company Australia Ltd
- 4 Allianz Australia Insurance Ltd
- 5 Allianz Australia General Insurance Limited
- 6 Ansvr Insurance Ltd
- 7 ANZ Lenders Mortgage Insurance Pty Ltd
- 8 Arch LMI Pty Ltd
- 9 Assetinsure Pty Ltd
- 10 Auto & General Insurance Company Ltd
- 11 Berkshire Hathaway Specialty Insurance Company
- 12 Catholic Church Insurance Limited
- 13 Chubb Insurance Australia Limited
- 14 Credicorp Insurance Limited
- 15 Defence Services Home Insurance Scheme
- 16 Eric Insurance Ltd
- 17 Factory Mutual Insurance Company
- 18 Great Lakes Insurance SE
- 19 Guild Insurance Limited
- 20 Hallmark General Insurance Company Limited
- 21 HDI Global Specialty SE – Australia
- 22 Helia Insurance Pty Limited
- 23 Hollard Insurance Partners Limited
- 24 Insurance Australia Limited
- 25 Insurance Manufacturers of Australia Pty Ltd
- 26 LawCover Insurance Pty Limited
- 27 LFI Group Pty Ltd
- 28 Lloyd's Australia Limited
- 29 Mitsui Sumitomo Insurance Co Ltd
- 30 NIB Travel Insurance (Australia) Pty Ltd
- 31 NTI Limited
- 32 Open Insurance Pty Ltd
- 33 Pacific International Insurance Pty Limited
- 34 Petsure (Australia) Pty Ltd
- 35 QBE Insurance (Australia) Ltd
- 36 RAA Insurance Limited
- 37 RAC Insurance Pty Limited
- 38 RACQ Insurance Limited
- 39 RACT Insurance Pty Limited
- 40 Sampo Japan Nipponkoa 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 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

*See [the current list of General Insurance Code Subscribers](#).

Appendix 1(a): Lloyd's Coverholders and Third Party Administrators as at 30 June 2023

1	1Cover Pty Ltd	31	Chase Underwriting Group
2	360 Accident and Health Pty Ltd	32	Coast Insurance Pty Ltd
3	360 Complex Risks Pty Ltd	33	Coffre Fort Pty Ltd
4	360 Financial Lines Pty Ltd	34	Coverlink Pty Ltd
5	360 Quick Construct Pty Ltd	35	Delta Insurance Australia Pty Ltd
6	360 Underwriting Solutions Pty Ltd	36	DUAL Australia Pty Limited
7	A.I.S. Insurance Brokers Limited	37	East West Insurance Brokers Pty Ltd
8	About Underwriting Pty Ltd	38	Eclipse Business Insurance Pty Ltd
9	Affinity Risk Partners (Brokers) Pty Ltd	39	Edge Underwriting Pty Ltd
10	Agile Underwriting Services Pty Ltd	40	Edgewise Insurance Brokers Pty Ltd
11	Allstate Underwriting Agencies Pty Ltd	41	Emergence Insurance Group Pty Ltd
12	Amazon Underwriting Pty Ltd	42	Epsilon Insurance Broking Services Pty Ltd
13	Aon Risk Services Australia Ltd	43	Everest Global Markets Australia
14	Arch Underwriting at Lloyd's (Australia) Pty Ltd & Arch Underwriting Agency (Australia) Pty Ltd	44	Fast Cover Pty Ltd
15	Argenta Underwriting Asia Pte Ltd	45	Fitton Insurance (Brokers) Australia Pty Ltd
16	Arthur J. Gallagher & Co (Aus) Limited	46	Frontier Global Underwriting (Australia) Pty Ltd
17	ASG Insurances Pty Ltd	47	FTA Insurance Pty Ltd
18	Aspect Underwriting (MJW Langston Pty Ltd (t/as Aspect Underwriting) and McLardy McShane Partners Pty Ltd)	48	Fusion Specialty Insurance Pty Ltd
19	ASR Underwriting Agencies Pty Ltd	49	Gard Insurance Pty Ltd
20	Aster Underwriting Pty Ltd	50	Genesis Underwriting Pty Ltd
21	At (@) Risk Underwriting Pty Ltd	51	Gow-Gates Insurance Brokers (Australiasia) Pty Ltd
22	ATC Insurance Solutions Pty Ltd	52	H W Wood Australia Pty Ltd
23	Australian Warranty Network Pty Ltd	53	Harlock Investment Services Pty Ltd
24	AWIB Pty Ltd	54	High Street Underwriting Agency Pty Ltd
25	Axis Underwriting Services Pty Ltd	55	Honan Insurance Group Pty Ltd
26	Blue Zebra Insurance Pty Ltd	56	HQ Insurance Pty Ltd
27	BMS Risk Solutions Pty Ltd	57	Hutch Underwriting Pty Ltd
28	Canopus Australia & Pacific	58	IBL limited
29	Catalyst Aviation Insurance (Catalyst Consulting) (Aust) Pty Ltd	59	Imalia Pty Ltd
30	Cerberos Brokers Pty Ltd	60	Insurance Investment Solutions Pty Ltd
		61	JUA Underwriting Agency Pty Ltd
		62	Keystone Underwriting Australia Pty Ltd

- 63 Lancashire Underwriting Australia Pty Ltd
- 64 Lion Underwriting Pty Ltd
- 65 Logan Livestock Insurance Agency Pty Ltd
- 66 London Australia Underwriting Pty Ltd
- 67 Magic Millions Insurance Brokers Pty Limited
- 68 Mainstay Underwriting Pty Ltd
- 69 Manufactured Homes Insurance Agency Limited
- 70 Market Lane Insurance Group Pty Ltd
- 71 Millennium Underwriting Agencies Pty Ltd
- 72 Miramar Underwriting Agency Pty Ltd
- 73 Newline Australia Insurance Pty Ltd
- 74 Niche Insurance Pty Ltd
- 75 Nova Underwriting Pty Limited
- 76 One Underwriting Pty Ltd
- 77 Pacific Indemnity Underwriting Solutions Pty Ltd
- 78 Parametric Insurance Solutions Pty Ltd
- 79 Pen Underwriting Pty Ltd
- 80 Point Underwriting Agency Pty Ltd
- 81 Precision Underwriting Pty Ltd
- 82 Probitas 1492 (Pacific) Pty Ltd
- 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 QUS Pty Ltd
- 88 RedSky Insurance Pty Ltd
- 89 RM Specialty Pty Limited
- 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 Pty Ltd
- 101 SURA Pty Ltd
- 102 SURA Speciality Pty Ltd
- 103 Tego Insurance Pty Ltd
- 104 Timark Casualty Solutions
- 105 Topsail Insurance Pty Ltd
- 106 Victor Insurance Australia Pty Ltd
- 107 Victor Insurance Pty Ltd
- 108 Wellington Underwriting Agencies Pty Ltd
- 109 William Inglis & Son Ltd
- 110 Windsor Income Protection Pty Ltd
- 111 Woodina Underwriting Agency Pty Ltd
- 112 YourCover Pty Ltd
- 113 *Claims Management Australasia Pty Ltd
- 114 *Corporate Services Network Pty Ltd
- 115 *Crawford & Company (Australia) 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 Pty Ltd
- 122 *Sedgwick Australia Pty Ltd

*Claims Administrators.