



GENERAL INSURANCE
Code Governance Committee

ANNUAL REPORT 2023-24

We acknowledge the Traditional Custodians of the different lands across Australia and pay respects to Elders past, present and future.



About this report

This annual report provides an overview of the work of the General Insurance Code Governance Committee in the 2023-24 financial year.

It presents details about our work to drive better compliance with the General Insurance Code of Practice (the Code) and helps the insurance industry improve its service to consumers.

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Chair's message



Over the past year we made significant contributions to industry improvements leading to better outcomes for consumers.

We refined our enforcement strategy in 2023–24, becoming more efficient and effective in how we monitor industry compliance. This sharpened our approach, allowing us to focus on the most serious issues of significant consumer harm.



We now have a greater capacity for proactive investigations and are better positioned to address risks in industry practices as they emerge.



Ultimately, these changes have strengthened our oversight of compliance with the Code.

In the past 12 months, our monitoring work produced a significant milestone. Following an investigation into an insurer's alleged significant breaches of the Code, we issued sanctions against it, including a \$50,000 community payment.

The sanction was our first use of this power, and it highlights the severity of the breaches. While we reserve this action for the most serious and systemic issues, it demonstrates our willingness to act strongly when appropriate.

Our inquiry work over the past year had an important impact on industry practices and consumer outcomes.

A key inquiry examined the oversight of external experts. Our work highlighted areas that need improvement, and we are pleased to have seen some action on this front in the industry, including better guidance and standards. Having made a significant contribution to identifying the issues in this area, we look forward to seeing the practices and outcomes improve.

In October we made a submission to the parliamentary inquiry into insurers' responses to the 2022 major floods claims. Our submission, and subsequent appearance before the inquiry's committee, noted the industry's lack of preparedness for dealing with extreme weather events and outlined areas where improvement is needed.

Being called to provide evidence to the inquiry highlights our unique insights and expertise, the important role we play in encouraging better practices, and the contribution that our work makes to industry uplift.

We also made a submission to the Code review consultation. We advocated strengthening the Code, particularly in areas that have tangible impacts on consumers and called for the ability to name insurers as part of our regular reporting. We look forward to working with all key stakeholders in the industry to support the transition to the new Code once finalised.

While our role is vital, meaningful change must be driven from within the industry.



We will continue to work with insurers as they move towards better reporting, better compliance frameworks and better practices.



I would like to thank my fellow Committee members, Cheryl Chantry and Philippa Heir, for their expertise and collaboration throughout 2023-24.

I also wish to acknowledge the Australian Financial Complaints Authority Chief Ombudsman and CEO, David Locke, as well as Lead Ombudsman Insurance, Emma Curtis, for their support.

I extend my gratitude to the Insurance Council of Australia Executive Director and CEO, Andrew Hall, and General Manager of Regulatory and Consumer Policy, Alexandra Hordern, for their ongoing engagement.

Finally, I would like to thank the Code Team for their continued hard work and commitment to improving consumer outcomes.

Veronique Ingram PSM

Independent Chair

General Insurance Code Governance Committee

Our year

Industry and breaches



49

insurers subscribed to the Code as at 30 June 2024



77,886

Breaches of the Code as reported by insurers in the FY23 annual data collection, an increase of 34% from previous year



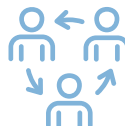
115

Significant breach reports received and reviewed from insurers (down from 123 in 2022-23)



225

Significant breaches of individual obligations (up from 220 in 2022-23)



21

Insurers engaged to ensure their significant breach remediation plans were appropriate



20

Significant breach remediation audits conducted to ensure non-compliance has been addressed

Key inquiries

- Thematic Inquiry into oversight of external experts

Key publications

- Submission to the review of the General Insurance Code of Practice
- Making better claims decisions
- Monitoring priorities consultation
- Industry Data and Compliance Report 2022-23

Key investigation data



153

Breach allegations received and reviews (down from 193 in 2022-23)



66

Investigations completed into alleged Code breaches (up from 43 in 2022-23)



47

Individual Code breaches identified from these investigations (up from 26 in 2022-23)



We sanctioned Allianz for significant non-compliance and imposed a \$50,000 community benefit payment

Website data



85,421

Visits to the CGC website in 2023-24 (up from 61,989 in 2022-23)



31,906

Visitors to the CGC website in 2023-24 (up from 26,132 in 2022-23)



30,988

New users of CGC the website (up from 24,595 in 2022-23)

- Most visitors navigated to the **2020 Code of Practice**
- **Making Better Claims Decisions** was the most viewed report published by the CGC

The background of the page is a solid blue color. On the right side, there is a large, abstract graphic consisting of several overlapping, wavy, ribbon-like shapes in various shades of blue, ranging from light to dark. These shapes flow from the top right towards the bottom right, creating a sense of movement and depth.

Our activities

Investigations and enforcement

Our Compliance and Enforcement Approach

In 2023–24, we refined our enforcement strategy to more efficiently determine which matters to investigate, and to better target those investigations to address the most serious or systemic concerns. This refined process allowed us to complete substantially more investigations with significant impact in 2023–24.

This work is part of our broader compliance, monitoring and reporting frameworks that support insurers to meet their obligations under the Code. Our focus this year centred on refining how we identify and address serious breaches of the Code.

Our strategy is framed by two key enforcement objectives: to drive insurer compliance with the Code and to provide independent assurance on the level of compliance with the Code.

We use guiding principles to focus our work and resources on higher value enforcement outcomes. In line with these principles, we have increased our capacity to conduct proactive monitoring through more efficient and effective investigations, also reducing unnecessary administrative burden on insurers.



The enforcement principles that guide our work

1. Harms-based

Concentrating efforts on areas causing the greatest consumer detriment. Our priorities, formulated after consultation with industry and stakeholders, reflect areas of highest risk.

2. Self-reporting

Promoting and encouraging insurer self-reporting of breaches under the Code.

3. Forward-looking

Focusing on reducing future risk and consumer detriment while addressing significant historical breaches.

4. Proportionality

Tailoring our response to the nature and seriousness of risk, considering consumer vulnerability and financial hardship.

5. Outcomes-focused

Operating within the self-regulatory framework to ensure relevant administrative or legislative actions maximise consumer outcomes and avoid inefficiency or duplication for insurers.

Our monitoring toolkit

We have expanded our monitoring toolkit to include a broader range of options to proactively identify and address concerns. These new measures will help us test and confirm compliance with the Code in a more effective and efficient manner. These measures are in addition to our existing approach. We will continue to investigate allegations, assess self-reported Significant Breach reports, and conduct large-scale, industry-wide thematic inquiries. In 2024–25, we will also conduct targeted reviews into high-priority Code areas and perform various targeted audits, or ‘health checks,’ and remediation audits.

More efficient identification and investigation of serious breaches enables us to focus on issues with the greatest impact, maximising our use of resources and leading to tangible improvements in the industry and better outcomes for consumers.

These **new measures** will help us test and confirm compliance with the Code in **a more effective and efficient manner**.



Our toolkit includes:

- a) **Thematic inquiry** – we perform a comprehensive analysis of an industry-wide subject or issue.
- b) **Targeted review** – we assess practices and performances against high priority sections of the Code, usually focused on a limited range of insurers. This work is more targeted than a thematic inquiry but shares the key objective of contributing to industry uplift.
- c) **Targeted audits** – we perform targeted audits to confirm insurer compliance against a specific issue. These include:
 - **‘Health checks’** – contained and efficient audits, including self-assessments, to test against emerging risk, or potential areas of under-reporting.
 - **Post-remediation audits** – to confirm completion of the remediation program committed to by an insurer following the self-reporting of a significant breach.
- d) **Publication of reports, guides and research** – we produce and publish guidance notes, data and inquiry reports, compliance reminders and benchmark reports to support best practice and drive better compliance with the Code.
- e) **Meetings and liaison** – We engage with stakeholders to discuss possible or emerging issues before higher resource audit activity is required.
- f) **Investigations** – we investigate high priority allegations and third-party referrals.
- g) **Self-reported Significant Breach assessments** – if an insurer self-reports a significant breach, and if they have provided a clear remediation plan, we give them the opportunity to repair and remediate the breach. If required, we will schedule a post remediation audit to confirm the successful completion of the remediation plan.

Investigation activities

The Code and our Charter empower us to investigate potential breaches by insurers of their obligations under the Code. Potential breaches are identified through allegations and our compliance monitoring activities. We assess whether an insurer has complied with its Code obligations and whether its practice needs to be improved to deliver better outcomes for consumers.

We received 153 Code breach allegations in 2023–24, down from 193 in 2022–23, and reviewed each of these carefully. Most of these allegations were referred to us directly by consumers.

We cannot investigate every concern and breach report that we receive. We focus on matters which pose the greatest risk to consumers, and those that may indicate a broader industry wide concern.



Code breach allegations

153 In 2023–24
 ↓ DOWN from
193 In 2022–23

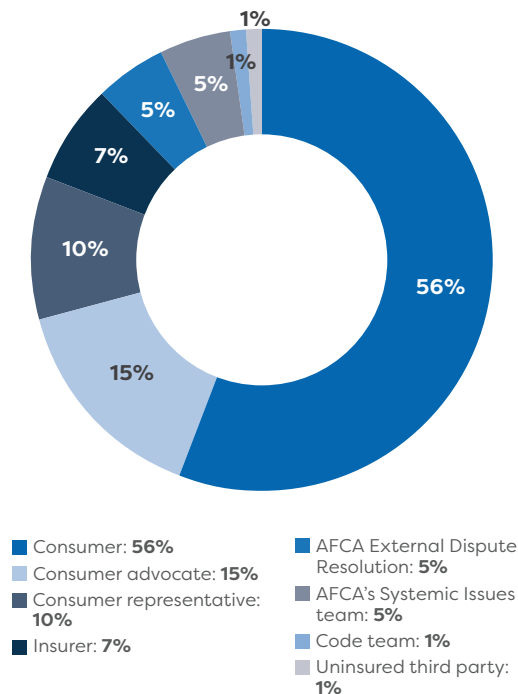
In 2023–24, we opened 45 investigations into Code breach allegations and completed 66. This includes investigations that we opened in the previous reporting period.

The investigations focused on 24 insurers and related to support for vulnerable consumers, complaints handling, claims handling and the obligation to be honest, efficient, fair, transparent and timely.

As a result of these investigations, we:

- sanctioned one insurer
- identified and confirmed 47 breaches
- agreed on the implementation of remediation plans for all investigations.

Sources of Code breach allegations 2023–24



Sanctions

We have the power to impose sanctions under paragraph 170 of the Code.

There are six types of sanctions that we may impose on an insurer.

For a breach or Significant Breach of the Code, we may require an insurer to do any one or more of the following:

- a. take particular rectification steps within a set timeframe;
- b. audit its compliance with the Code at its own cost; or
- c. advertise to correct something that we decide needs correcting.

For a Significant Breach of the Code, we may also require an insurer to do any one or more of the following:

- a. compensate an individual for any direct financial loss, or damage, it caused them arising from a Significant Breach;
- b. publish the fact that it has committed a Significant Breach of the Code; or
- c. pay a community benefit payment for a Significant Breach up to a maximum of \$100,000.

We use our sanction powers judiciously to drive improvement and hold insurers accountable, leading to greater community confidence.



Paragraph 170 of the Code

The Code Governance Committee may impose sanctions on us for a breach of the Code. When determining any sanctions to be imposed, the Code Governance Committee will consider:

- a. the appropriateness of the sanction;
- b. if we have not acted on – or have taken too long to act on – a request from the Code Governance Committee to remedy a breach;
- c. if we have breached an undertaking we gave to the Code Governance Committee;
- d. if we have not taken adequate steps to prevent a Significant Breach from reoccurring;
- e. if we have not acted with the utmost good faith.

In June 2024, we issued two sanctions against Allianz Australia Insurance Limited (Allianz).

This followed our investigation into claims related to the February 2022 NSW and Southeast Queensland Floods (CAT221). After careful consideration, we found that Allianz had significantly breached its obligations under the Code. We imposed the following sanctions:

- A \$50,000 community payment to a registered charity.
- A requirement to publish details of the determination and sanction on its website.

In response to our investigation and findings, Allianz paid out \$216,807.44 for the overturned claims and implemented improvements to its claims-handling processes.

This case serves as a reminder to all insurers operating under the Code that we will not hesitate to apply sanctions for the most serious and systemic failures.

We are currently progressing several investigations where sanctions are under serious consideration.

Remediation audits

We conduct remediation audits to confirm that, following significant breaches, insurers rectify the issue and complete their remediation plans. The audits allow us to evaluate the success of remediation plans in addressing the root cause of a significant breach and improving compliance.

In the 2023-24 period, we refined our process for identifying which matters require a remediation audit, by focusing on high-risk matters that have the greatest impact on consumers.

This refined approach allows us to conduct more audits annually and be more selective on the matters we choose to audit.

Referrals to ASIC

We report all Significant Breaches and serious misconduct to the Australian Securities and Investment Commission (ASIC), as required under paragraph 176 of the Code. For Significant Breaches, we provide ASIC all reports in the format that they are provided to us on a quarterly basis.

This allows ASIC to have a complete view of the significant breaches we receive.



Remediation audits 2023-24

20
Total

16
Closed matters

4
Ongoing assessments

In the 16 closed cases, we found that insurers demonstrated timely and successful completion of remediation plans. Our remediation work confirms that insurers that conduct post-implementation reviews, or establish ongoing monitoring, achieve more effective and sustainable remediation.

Code review

The Code sets the standard for best practice in the industry and educates consumers on their rights and reasonable expectations when dealing with their insurer.



The current consumer protections in the Code should not be weakened but further enhanced.



In [our submission](#) to the independent Code review panel we highlighted the need to:

- Maintain robust timeliness and communication obligations within the Code – this remains crucial, despite recent challenges faced by the industry. We have been strongly advocating for the removal of discretion allowing the industry to avoid reporting breaches of claims handling timeframes under certain circumstances.
- Strengthen and clarify obligations around supporting vulnerable consumers, cash settlements, external experts, and addressing financial hardship.
- Develop obligations around claims denied on the basis of wear and tear or lack of maintenance.
- Give us the power to publicly name insurers in our reports.
- Seek ASIC approval for the Code.

An initial report outlining the findings and recommendations of the first phase of the Code Review is expected to be released in mid-2024.

External experts

We launched a thematic inquiry into the use of external experts by insurers. This inquiry explores the effectiveness of the systems, processes, and policies insurers use to ensure external experts have the appropriate expertise for the opinions they provide, as required by paragraph 75 of the Code.

The inquiry comes off the back of our [Making Better Claims Decisions](#) report, which investigated how insurers use complaints data to gain insights into decisions to deny claims. In that report, we found potential issues with how insurers monitor and work with external experts, as claims decision-making appeared to often rely heavily on expert reports which we deemed to be of poor quality.

We have examined how general insurers train and monitor experts who provide opinions about the likely cause of loss or damage in home insurance claims. These external experts could be builders, roofers, hydrologists, or other tradespeople whose expertise is relevant to assessing the nature of the loss or damage.

This [inquiry report](#), published on 28 August 2024, provides important insights into:

- The risks associated with experts providing opinion outside the scope of their expertise
- The training insurers require experts to undertake and how this is monitored by insurers
- How insurers manage performance of external experts, including quality assurance and feedback mechanisms
- What actions insurers take to address poor performance.

As part of the inquiry, we conducted meetings with selected participants to better understand how they monitor external experts.

We also ran a consumer survey, inviting consumers and consumer representatives, to share their experiences with home insurance claims involving expert assessments of loss or damage. This survey aimed to identify what insurers were doing well and where they could improve.



Our inquiry report presents a clearer picture of how external experts are trained and monitored by insurers and outlines a set of recommendations to improve industry practice.



We received 61 responses to our survey: 27 from consumers and 34 from consumer representatives. While we understand that respondents to the survey were more likely to have had a negative experience with an insurer, we feel their responses provided useful context and case studies for our broader analysis.

We anticipate that this work will uplift insurer practice across the industry in relation to expert training, quality assurance, oversight and continual improvement, which will result in a better claims experience for consumers.



Paragraph 75 of the Code

We will engage an External Expert only if we believe they have the appropriate expertise to provide the opinion we ask them for and that they comply with the rules and regulations relevant to their area of expertise.

Making Better Claims Decisions – update

Our Making Better Claims Decisions report, published in July 2023, generated a significant amount of consumer, industry and media interest. It resulted from our inquiry into how insurers use their complaints data to improve business processes, practices and compliance with the Code.

The findings **highlighted concerns** with the way insurers apply wear and tear exclusions when **assessing home insurance claims**.



Since publication, we have been working with insurers to benchmark their performance against their peers and embed our recommendations into their businesses.

Following the publication of our report, we have seen some progress made by the Insurance Council of Australia (ICA) to develop improved guidance for industry around claims denied based on wear and tear or lack of maintenance.

The Making Better Claims Decisions report has featured prominently in contributions to the Parliamentary inquiry into insurers' responses to 2022 major floods claims, with consumer advocates, AFCA, and ASIC all referencing our findings in their submissions.

Industry Data and Compliance Report

Every year, we collect data from insurers on breaches, policies, claims, complaints, and workforce. We analyse this data and publish our findings in our Industry Data and Compliance Report, which is an important component of our monitoring work that benefits both the industry and consumers.

Through the Industry Data and Compliance Report, we provide insights on how insurers are meeting their commitments to consumers. We publish this data to hold insurers accountable, incentivise industry improvement and shine a spotlight on overall compliance with the Code.

Additionally, the report calls out themes and trends that should act as prompts for insurers to review their business operations and get ahead of emerging issues as early as possible.

Our analysis of industry data also contributes to our strategic decision making. The data helps identify emerging issues and trends that may require our attention, informs our resource allocations, compliance priorities, and the need for interventions.

All 49 insurers that subscribe to the Code provided data for the 2022–23 Industry Data and Compliance Report. In analysing this data, we found:

- Increases in the number of breaches recorded, complaints and claims lodged, and policies issued.
- Breaches of complaints handling obligations increased by 82%.
- Breaches of claims handling obligations increased by 16%.
- The most common breach continues to be a failure to tell consumers about the progress of their claim at least every 20 business days, as required by paragraph 70 of the Code.

There is work for insurers to do in reviewing and improving their practices, as highlighted by the findings of our data report, the Deloitte report: '[The new benchmark for catastrophe preparedness in Australia](#)', ASIC's '[Navigating the storm](#)' report and the ongoing Parliamentary Inquiry. We know from our monitoring work and industry engagement that some insurers are making good progress. Pleasingly, we are seeing some areas of breaches come down, including certain breaches of claims handling timeframes. However, some insurers have a lot more work to do. We will continue to focus our compliance efforts on those insurers where we do not see breaches being adequately addressed over time, as this suggests that a problem has not been fully understood and effectively resolved.



Paragraph 70 of the Code

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

Parliamentary inquiry

The Parliamentary inquiry into insurers' responses to 2022 major floods claims (Parliamentary Inquiry) was launched in August 2023. It was prompted by the major floods which occurred in 2022 throughout Australia and focused on the claims handling issues that occurred after the floods and the ongoing challenges caused by more frequent severe weather events.

We provided the House of Representatives Standing Committee (Standing Committee) with a comprehensive submission and appeared before it as part of the public hearings.

The Standing Committee also sought a variety of additional data and insights from us throughout the course of the Parliamentary Inquiry.

Throughout our contributions to the inquiry, we highlighted the need for insurers to improve their preparedness for, and capacity to deal with, extreme weather events. We also raised the following areas as key concerns:

- increase in breaches of claims handling timeframes
- recruitment and training challenges
- over-reliance on manual processes
- poor oversight of external experts
- the appropriateness and limited consideration of cash settlements, and
- areas for improvement in the Code.

In our submission to the Code review panel, we advocated for the removal of insurer discretion around reporting breaches and the naming of insurers in breach reports to improve transparency and accountability.

The Parliamentary Inquiry provides a pivotal opportunity to drive longer term improvement within the industry. Increasingly frequent extreme weather events are now the norm.



Learning from the mistakes and challenges of the past is essential to achieving more sustainable and effective responses in the future.



Our data and insights provided important context for the Standing Committee's considerations as it formulates recommendations and changes.

We expect that the findings and recommendations from the inquiry will significantly influence industry practice. Insurers will need to develop new systems, processes, and procedures based on the outcomes of the inquiry.

The Standing Committee will also likely assess the effectiveness of the Code, its standards, and monitoring mechanisms. Key areas expected to be addressed include cash settlement practices, oversight of external expert conduct, support for vulnerable consumers, minimising claim delays, improving claims decisions, enhancing complaints handling, flexibility regarding temporary accommodation benefits, and preparedness for future severe weather events.

We look forward to the Committee's final report later this year.

Engagement

We engage with stakeholders to better understand issues confronting consumers and the general insurance industry, share knowledge and best practices, and deliver better outcomes for the industry and consumers. Engaging with stakeholders has been vital to our work and success over the past year.

Consultation – Guidance Note 2: Significant Breach obligations

In November 2023, we identified areas for improvement with [Guidance Note 2](#), which outlines our expectations in relation to insurers' breach reporting obligations.

As we published Guidance Note 2 before the 2020 General Insurance Code of Practice (2020 Code) came into full effect, it included outdated information in relation to sanctions and did not refer to our obligation to report significant breaches to ASIC. In addition, it did not refer to key aspects of our monitoring toolkit, including remediation audits. We also determined there was an opportunity to improve the significant breach reporting template included in the appendix of the Guidance Note.

We consulted with insurers on the proposed revisions and are currently incorporating the feedback provided.

We appreciate stakeholders' active engagement during this consultation. We expect to publish the revised Guidance Note in 2024–25 and hope that it will enhance transparency for insurers, assisting them to better understand their obligations. Additionally, it will improve our efficiency in assessing significant breach reports.

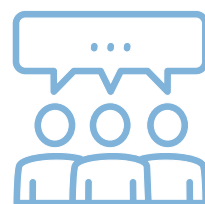
Industry engagement

We have continued to foster collaborative relationships with industry, address emerging issues, and understand compliance challenges through our engagement with insurers and the ICA.

We meet with the ICA's General Insurance Code Working Group (formerly the National Code Committee), comprised of representatives from subscribing insurers, on a triannual basis. This forum provides an opportunity to engage early with industry to understand the issues they are facing, share insights from our own work and explore how practice can be improved.

We provide quarterly updates to the ICA Board on our work and set out key matters that require industry-wide attention. In March 2024 we met with the ICA Board and discussed the need for further improvement from industry to reduce breaches and consumer complaints.

We also engage regularly with individual insurers as part of our investigations, breach reporting, and thematic inquiry work. This direct engagement provides rich insights into specific areas of practice, operations, and compliance frameworks, supporting more efficient and effective outcomes.



Consumer engagement

Protecting consumer interests is core to our role, upholding the promises set out in the Code. Engaging with consumer advocates and consumer groups ensures we understand the perspectives, concerns, and insights of those representing consumers, especially the most vulnerable.



We value the insights and expertise that consumer advocates bring to our work. Through their direct engagement with consumers, advocates are often the first to identify new and emerging areas of risk.



They also play a crucial role by providing feedback on the impact of our work, allowing us to better hold insurers to account with their obligations under the Code.

In July 2023, we presented at the Financial Counsellors Association of Queensland Conference, held in Cairns. This was a great opportunity to educate financial counsellors on our role and provide insights into our focus areas and current projects.

We also conducted professional development sessions with both Financial Counselling Victoria and Financial Counselling Australia on what we do and how financial counsellors can best engage with us.

Additionally, the Code General Manager sits on AFCA's Consumer Advisory Panel, which meets quarterly. This panel comprises consumer advocates and provides insight into the current and emerging issues impacting consumers.

These engagements raise awareness of our work and allow us to obtain insights into issues impacting consumers.

Regulator and AFCA engagement

We work closely with regulators and AFCA to avoid duplication of work and improve outcomes for consumers. This engagement is crucial for monitoring insurance trends, emerging areas of risk, work priorities, data collection, and industry training needs.

We maintain a close working relationship with AFCA. Throughout the year we met regularly with its Systemic Issues team.

We enjoy a strong working relationship with ASIC, holding quarterly meetings. We also engage with ASIC on a more regular basis to exchange high-level updates on our ongoing work, priorities, and regulatory matters relevant to the general insurance industry.

Looking ahead

Compliance priorities

The breach data we collect provides key insights into 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, are essential for us to stay on top of new issues and prioritise matters most likely to benefit consumers.

In November 2023, we conducted our second open consultation on our compliance priorities for the 2024–25 financial year. We received and reviewed nine detailed submissions from a wide range of stakeholders. These submissions provided valuable insights and recommendations, helping to inform our workplan and guide our engagement strategy for the coming year.

Code review

The ongoing Code review presents an opportunity to strengthen and enhance industry practice and consumer protections.

The independent review panel is expected to release a report in mid-2024, outlining the findings and recommendations of its initial consultation with stakeholders.

The Code review will be a priority for us in the year ahead. This will include how recommendations from the initial consultation, and the findings of the parliamentary inquiry, are considered and applied to the next proposed version of the Code.

We welcome the fact that the ICA is committed to obtaining ASIC approval of its Code. We believe that this will introduce further rigour into the self-regulatory model and enhance consumer trust and confidence.

Once the new Code is finalised, we look forward to working with insurers, the ICA and consumer groups to understand and address any challenges as we transition to the new Code.

Following our compliance priorities consultation, we set annual priorities to guide our monitoring and enforcement activities in the year ahead, including:

- **Cash settlements** – focus on deficient cash settlement offers, consumers being pressured into cash settlements, and cash settling vulnerable consumers.
- **Claims handling delays** – focus on response and decision timeframes being extended outside the requirements of the Code.
- **Poor claims handling practices** – focus on poor communication during the claims handling process, as well as poor quality assessments and repairs.
- **Insurer under-reporting** – focus on the insurers that do not report any, or consistently report a low number of breaches and significant breaches.
- **Acceptance of authorised representatives and support persons** – focus on insurers that aren't accepting the consumers delegated authority and refusing to engage with consumer advocates.

In addition, we have a set of enduring priorities that includes:

- **Code breaches that lead to significant consumer detriment**
- **Code breaches that cause disproportionate harm to vulnerable or disadvantaged consumers**
- **New or emerging compliance risks**
- **Insurer breach reporting**

Thematic inquiry into external experts

The publication of the [inquiry report](#) and subsequent follow-up work is a major focus area in 2024–25.

Our report contains significant recommendations regarding the oversight and training of external experts and highlights examples of best practices as well as areas needing improvement.



We expect insurers to adopt these recommendations to enhance their claims handling processes and ensure greater consistency and quality in assessments.



Claims handling timeframes

Delays in claims handling can profoundly impact consumers' health and wellbeing, particularly vulnerable individuals. The 2022–23 Industry Data and Compliance Report highlighted concerns regarding several insurers' adherence to the Code's stipulated claims handling timeframes. We have communicated these concerns directly to the insurers involved and expect them to review their processes and make improvements.

Given the importance of this issue, in 2024–25, we will conduct a targeted review into compliance with claims handling communication and timeliness obligations.

The Data Roadmap

In 2023–24, we developed a Data Roadmap that outlines the projects required to enhance our collection and use of data and analytics to achieve our strategic goals.

It is a multi-year plan that will transform how we collate, curate, and share data, and expand our analytics capabilities.

Developing the Data Roadmap was a collaborative effort involving staff from five Code Compliance Committees and AFCA.

Between September 2023 and February 2024, we participated in five workshops to scope, develop, and refine the Data Roadmap. In collaboration with other Code Compliance Committees, we reviewed the draft Data Roadmap at our strategy meetings between February to April 2024 and finalised it in May 2024.

The Data Roadmap will help us:

1. Become sophisticated in how we collect, manage, analyse, and share data
2. Improve our skills in data literacy and analytics to support evidence-based insights and decisions
3. Foster a 'test and learn' culture, sharing insights and applying lessons.

The improvement to our data collection and use required significant upgrades to our processes, technology, skills, capacity, and controls.

The Data Roadmap will enhance the way we monitor compliance with the Code, help us drive better practices in the industry, and improve industry standards and consumer protection.

Additionally, the Data Roadmap supports our goals of providing exceptional service, establishing a clear and strong identity, and sustaining growth in impact and reputation.

We are planning the first stage of the Data Roadmap by implementing its projects into our 2024–25 work programme.

The Committee

Our role

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

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 2023-24.

We convened for six Committee meetings in 2023-24 and all members were in attendance for each of these meetings.

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





**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 six 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 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 Code Team

Under an agreement, the Code Team is responsible for monitoring Code compliance.



Prue Monument
General Manager

Prue Monument commenced as General Manager of the 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.

The Code

The Code sets out the promises and commitments to consumers made by the 49 institutions that subscribe to it.



Subscribing to the Code commits an insurer 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 general 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. An insurer must also ensure its Employees, Distributors or Service Suppliers comply with the Code when acting on the insurer’s behalf.

An independent review of the Code commenced in 2023-24.