



The Claims Process

UNDERSTANDING THE UNIMUTUAL CLAIMS PROCESS

WHAT IS A CLAIM?

A claim is a request from a Member, for Unimutual to pay for an incident that has occurred which is protected by the discretionary protection listed on the Member's Protection Schedule. Claims are defined in the various Protections contained in the **Unimutual Product Disclosure Statement (PDS)**. The PDS outlines the terms and conditions of Protections and sets out the basis for claims settlements.

OUR COMMITMENT TO YOU

We are committed to providing our Members with high quality service and support during the claims process. We strive to make the claims process as straightforward and stress-free as possible, while ensuring all claims are handled with integrity and transparency.

CLAIMS NOTIFICATION¹

We encourage our Members to notify us promptly of any potential claims. Our claims team will endeavour to provide acknowledgement of your claim within one business day.

Throughout the life of the claim, we will keep your nominated representative informed. If Members wish to include additional persons in claim communications, let us know that you wish for them to receive claim information. Rule 15 of the PDS outlines your obligations in respect of your claim.

CLAIMS ASSESSMENT²

We will conduct a fair and thorough assessment of the notified claim, based on the information provided, and in accordance with the Rules and Protection Wordings contained in the PDS. Rule 16 explains Unimutual's obligations and powers for handling or settlement of claims for protection. We will work with the Member's nominated representative to gather all necessary information and evidence to support the claim.

We will endeavour to respond to your nominated representative's requests for information within five business days.

We may, if necessary, appoint a loss adjuster to investigate or provide an assessment of your claim or appoint a legal service provider to handle the claim and act on behalf of the Member. We will appoint these third parties from our panel of firms, unless you seek prior approval to appoint a particular legal service provider of your choosing.



If we decide to appoint a loss adjuster, investigator, and/or legal service provider, we will notify your nominated representative within five business days of appointing them.

What is a loss adjuster?

A loss adjuster is an independent professional claims specialist appointed and paid by Unimutual to investigate a claim on behalf of Unimutual and the Member. The loss adjuster will be responsible for establishing the cause of a loss. They will visit the site of the loss in order to gather evidence and assess damage as required. Following this, the loss adjuster will prepare a report, recommending coverage and costs for protection. Overall, the loss adjuster will assist in the progress, organisation and documentation of the claim.

What is the role of the Legal Service Provider?

A legal service provider is a law firm contracted to provide legal services on behalf of the Member and Unimutual. They will be engaged by the Unimutual claims manager to assist in establishing the extent of the Member's liability towards a third party claimant.

CLAIMS DECISION³

Upon receipt of all necessary information required to assess your claim, including all investigations being completed and reported, we will decide to accept or refuse your claim. Rule 17 of the PDS outlines the approach to Claims Decisions. We will notify the Member's nominated representative promptly of our decision within 10 business days, including any reasons for our decision.

^{1,2,3} See Claims Process on page 5

CLAIMS CO-ORDINATION AND COMMUNICATION

What can Members do to assist in the process?

Firstly, notify the claim and encourage others within your organisation to promptly do the same.

Help your team and other key staff to be aware of the claims process and who / how to notify in the event of a claim.

Assist by promptly responding to requests for information and documentation, and encourage others within your organisation to do the same.

When providing large amounts of evidence or materials to the loss adjuster, be mindful of doing so in an organised manner.

For circumstances when authority is provided for work to proceed, or for replacement items to be ordered, this should be done promptly, so the claim can be resolved efficiently.

For liability claims, assist by encouraging witnesses and other relevant people to co-operate with the investigation.

Property Claims

Most Property claims involve a loss adjuster (assessor). Once appointed, the loss adjuster will be the primary point of contact for Members in respect to the claim.

The loss adjuster will provide reports to Unimutual, identify contractors, and organise quotations. The nominated representative of the Member will be the primary contact for this process in relation to the site.

Once building works are approved, the Member will be asked to enter into a contract for the works to proceed.

Depending on the type of claim, either the Member will pay for the works and seek reimbursement from Unimutual or Unimutual can make arrangements for the contractor to invoice Unimutual directly.

Replacement and upgrades to current codes

When an item of protected property is damaged, the lesser of the repair and replacement costs is covered.

If an item is to be replaced as part of a claim, the cost of the new item, as close as possible in specification to the damaged item, is covered. This is commonly referred to as "new for old" cover.

If a building is damaged but is repairable, it is sometimes the case that improvements to the building are needed before an occupation certificate will be issued by the relevant authority. Within certain guidelines, these improvements are covered as part of the claim. Examples include the installation of safety glass or improvements to access via ramps, etc. This aspect of the cover is called Extra Cost of Reinstatement. Note this is an outline only. For full details of how claims are settled, refer to the PDS.

CLAIMS DECISION REVIEWS

If you disagree with our decision, we have a claims decision review process. We will inform your nominated representative in writing of the Member's right to access the review process.

If we refuse the claim, we will provide written reasons for our decision.

Rule 29 of the PDS sets out how Unimutual will deal with claim decision reviews, and any review of a claim decision will be solely dealt with by the Board in its absolute discretion or as set out below.

Adjudication 29(1)

If any Member disagrees with a decision relating to any loss, claim or demand, such disagreement shall, in the first instance, be referred to the Mutual's Corporate Legal Counsel.

Internal Review 29(2)

Subject to Rule 29(1) of the PDS, a disagreement between a Member and the Mutual may at the Member's request, be referred to and adjudicated by the Unimutual Board for a review of a claim decision.

This will take place even if the Unimutual Board has already considered the matter before any such disagreement arose. An application to have the Board review a claim decision and adjudicate a matter must be in writing. The Board will deliver its decision in writing. The Board has absolute discretion in relation to any claim decision.

Sole remedy 29(3)

No Member is entitled to maintain any action, suit or other legal proceedings against the Mutual unless in accordance with the procedures laid down in this Rule 29. In the case of a disagreement in relation to the outcome of any review of a claim decisions which proceeds to legal proceedings, the Mutual's only obligation to a Member under these Rules and any Certificate of Entry issued will be to pay such sum as may be directed by an award or judgment.

CONFIDENTIALITY

We respect our Members' privacy and will handle personal information in accordance with our privacy policy. We will only disclose information to third parties where necessary to process and assess a claim or where required by law.

If you believe that we have not handled personal information correctly and may have breached our privacy policy, please notify our Privacy Officer immediately via email privacy@unimutual.com.au. The Privacy Officer will contact you within one business day.

FEEDBACK

We welcome feedback from our Members on our claims process and will use this feedback to continually improve our services.

For all enquiries, questions or concerns or to provide feedback regarding your claim, please contact our claims team. We are here to support you and will do our best to resolve any issues promptly and fairly.

Contact Claims Management (02) 9160 6607 or email claims@unimutual.com.au.

INTERNAL COMPLAINTS PROCESS

A Member is entitled to lodge a complaint for non-claims related issues and seek assistance in resolving the complaint.

If the Member remains dissatisfied with the outcome, the Member can ask for the complaint to be referred to Unimutual's Compliance Manager. Call (02) 9160 6600 or email complianceteam@unimutual.com.au for further review.

For further information on complaints or disputes, please refer to the Complaints and Dispute Resolution guide.



Claims Process

Claims Notification Acknowledgement¹

1 business day

Claims Investigation²

Appointment of the Loss Adjuster or Legal Services Provider

Claims Decision³

(Is this claim protected?)

10 business days

Yes

Advise Member/Broker

Quantification, documentation and payment of claim

May take several years, depending on various factors

Close file

No

Advise Member/Broker

Discretion Exercised

Claim Protected

Does the Member ask for the matter to be referred to the Claims Committee?

YES

Claims Committee review and recommendation

Board Decision

Final

NO

Close file

Not Protected

Notify Member/Broker and close file

ACCESSIBILITY SERVICES

We take our commitment to provide accessible services to Members seriously.

If you are deaf or have a hearing or speech impairment, you can contact us on the [National Relay Service](#), a government initiative offering an Australia-wide phone service for people who are deaf or have a hearing or speech impairment. It is available at no additional charge.

- For talk to text users, please call 13 36 77 and ask for (02) 9169 6600
- For speak to listen users, please call 1300 555 727 and ask for (02) 9169 6600
- Internet relay users, please [connect to the NRS](#) and then ask for (02) 9169 6600.

If you require any information outlined in this fact sheet in another language, please contact our compliance team via email to complianceteam@unimutual.com.au or phone 1800 286 704.

