

Insurance after a Disaster - Lodging a Claim

Insurers must adhere to the General Insurance Code of Practice ('Code of Practice').
You can read the Code of Practice here: [Code of Practice \(COP\) - Insurance Council of Australia](#)

I have lodged an application to claim insurance, what now ...

After you have lodged your application, your insurer will begin assessing your claim. When assessing your claim, insurers have the following obligations:

1. If the insurer needs more information, they should request it from you no more than 10 business days from when you lodged your claim.
2. The insurer should give you an update on the progress of your claim at least every 20 business days.
3. You have the right to ask for your claim to be 'fast-tracked' if you are experiencing financial hardship (see our 'Financial Hardship' factsheet).
4. The insurer may need to gather expert reports, including building, engineer, hydrologists and hygienists reports to assess the damage and prove what caused the damage, for example was the damage caused by flood water or storm water runoff (see our 'Case study: Stormwater vs Floodwater'). The insurer has 12 weeks to obtain these expert reports.
5. You should ask your insurer for copies of all the reports obtained. Your insurer must provide these reports to you within 10 business days of your request.
6. Once your insurer has all of the information and reports that they need, they should, make a decision, about your claim within 10 business days or 4 months of receiving your claim unless an exceptional circumstance applies, such as suspected fraud or a disaster. In the case of a declared disaster, they have 12 months to provide their decision in writing.

The Northern Rivers Community Legal Centre provides free legal advice relating to insurance after a disaster.