

Experience of Insurance Claimants

Consumer Research Report

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Authorised Contact Persons

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Introduction

Background & Objectives Harris Interactive was commissioned to undertake a programme of consumer research to inform the Financial Conduct Authority's (FCA) thematic review of insurers' management of claims. This research aimed to understand the expectations of consumers when making a claim, and measure experience and satisfaction with claims handling across the insurers involved in the thematic review.

Methodology The research was conducted in three stages:

Stage 1: this initial stage comprised three workshops, including both claimants and non-claimants, in order to understand consumers' expectations of the claims process and what constitutes an excellent, satisfactory and poor claims experience from the customer viewpoint. The findings from this qualitative research fed into the structure and content of the quantitative survey

Stage 2: this was a quantitative telephone survey of over 1,500 respondents to measure claimants' satisfaction with the claims process, the main drivers of satisfaction and any improvement areas. This research covered home and travel claimants and included those who said they had made a successful or partially successful claim, had their claim rejected or had withdrawn their claim. Customer details were obtained from those insurers taking part in the wider review (further detail relating to the sample selection can be found in the Technical Appendix). The final sample structure is shown in the table below:

Claim Outcome	Home	Travel	TOTAL
Successful	645	383	1028
Rejected	281	148	429
Withdrawn *	50	50	100
TOTAL	976	581	1557

* Withdrawn interviews were defined as those who:

- Decided not to proceed with the claim so withdrew it
- Called up to enquire about making a claim, but in the end didn't make one

Stage 3: this stage comprised twenty follow-up interviews with respondents selected from the quantitative research. The purpose was to understand experiences in depth, add colour and explanation to the survey data and to develop case studies to illustrate key themes. A selection of case studies can be found in the Technical Appendix. These have been included with the respondents' permission

Introduction *(continued)*

Stage 1 was conducted in June 2013 and Stages 2 and 3 in November and December 2013. This report contains the findings from the quantitative research, pulling key insights and verbatim from the qualitative elements (stages 1 and 3) where appropriate.

A few points to note:

-  highlights significantly higher results between groups at the 95% level of confidence
- Where figures are significant against one group of claimants only, this is referenced in the tables. Where no group is identified, the figure is significant against all groups
- Responses to rating scale questions are shown based on all those who gave a response, i.e. excluding not sure to any question/attribute
 - Due to the varying number of respondents stating not sure, the base size in tables 5 to 12 show the range of the number of respondents answering across all attributes

Summary

Overall Measures Overall, almost two-thirds of all claimants were satisfied with the handling of their claim. **Satisfaction was strongly linked to the outcome of the claim with 82% of successful claimants satisfied (85% of those who were fully successful) compared with 23% of those whose claim was rejected and 56% of respondents who had withdrawn their claim.**

Conversely 41% of rejected claimants were very dissatisfied compared with just 6% of successful claimants.

Successful claimants were significantly more likely than those whose claim was rejected or who decided to withdraw their claim to:

- Recommend the insurer because of their claims experience (73% for successful vs. 13% for rejected and 38% for respondents who withdrew)
- Renew with their insurer (71% for successful vs. 17% for rejected and 45% for those who withdrew)

There were differences between insurers with regards to overall satisfaction. Amongst successful home insurance claimants, satisfaction by insurer ranged from 90% to 74%. The range of satisfaction for each insurer for successful travel insurance claimants ranged from 86% to 77%.

Self-reported reasons for satisfaction were similar for both successful claimants and those whose claim was rejected and included:

- The claim was handled well/no problems/good service
- The claim was dealt with quickly
- The claim was dealt with efficiently
- Helpful/understanding/polite/competent staff

Perhaps unsurprisingly the main reason for dissatisfaction amongst those whose claim was rejected was the rejection itself. This was cited as a reason for dissatisfaction by a third of rejected claimants and was followed by poor service.

Amongst successful claimants, dissatisfaction was also due to poor service, the length of time taken to settle the claim and poor communication.

Summary *(continued)*

Policy Purchase & Policy Understanding

There appeared to be a **link between the level of understanding of cover at the time of policy purchase and the chances of making a successful claim.**

Successful claimants were more likely than rejected claimants and those who withdrew their claim to state that they understood their cover at the time of policy purchase as well as more likely to state they read their documentation at the time of policy purchase.

Although respondents in the quantitative research claimed to have a good understanding of their cover, these figures were somewhat undermined by the qualitative research which suggested that, whilst some may have had an understanding of the basics of their policy, few were aware of the details such as exclusions before they came to claim.

This was often blamed on the volume of documentation and the amount of small print and this appears to be an area where there is more to do to meet policy holders' needs.

In terms of awareness of specific features, travel claimants were less aware of their excess than home claimants at the time they bought their policy (73% for travel vs. 88% for home).

Travel claimants were more aware of the need to tell the insurers about their own medical conditions (88%) than those with whom they were travelling (82%) and, particularly, of those on whom their travel depended (74%).

Impact of a Claim

The **emotional impact of a claim was higher than the financial impact and this was particularly true of travel claims** where the incident that triggers the claim is more likely to take place in unfamiliar surroundings (46% of travel claimants stated the emotional impact of the claim was high vs. 39% of home claimants).

Of home claims, fire and smoke had the greatest emotional impact followed by flood and theft/lost contents. Of travel claims, trip delays and cancellation had the highest emotional impact followed by medical emergency and lost/stolen personal belongings and documentation.

First Notification of Loss (FNOL)

The research highlighted notification of a claim is a very important part of the process and what happened at this point had an impact on how the claims process is viewed overall. Claimants approached the notification of a claim with mixed emotions and whilst many of these were positive (confident they would be believed, confident that they understood the process), significant minorities expressed negative emotions such as stress (46%), anxiety (39%) and even anger (27%).

Claimants' experiences of the notification process were on the whole very good and there were favourable comments on the attitude, understanding and knowledge of the claims staff at this stage.

Summary *(continued)*

As a result of these experiences at notification, positive feelings were maintained and some negative feelings (stress and anxiety) alleviated. This was particularly true for successful claimants who felt significantly more confident they understood the claims process and less stressed after FNOL than before.

However there were noticeable differences based on outcome of claim with those whose claim was rejected feeling angrier and less in control after than before the initial notification.

Those whose claim was rejected also recorded a significant drop in confidence that they had understood the cover and that they would be believed, with withdrawn claimants also experiencing a drop in confidence in the latter.

Rejected Claimants In the customers' view, their claim was rejected because the incident was not covered by the policy (significantly more so for home (70%) than travel (58%)) or it was covered but not in the specific circumstances in which it occurred (19% for home and 18% for travel).

Travel claimants were significantly more likely than home claimants to state their claim was rejected because they could not provide the proof required or did not notify the company within the time limit specified in the policy (11% of travel claimants mentioned not being able to provide the proof vs. 4% of home claimants and 5% of travel claimants mentioned falling outside the time limit vs. 1% of home).

Rejected claimants feelings after the claim was rejected were overwhelmingly negative and they were particularly likely to feel let down (90%) and frustrated (88%) and unlikely to have felt helped (19%).

Claimants who Withdrew their Claim **Home claimants were more likely to withdraw their claim because they did not want their premiums to increase** (22% for home vs. 4% for travel) or the value of the claim fell within the policy excess (16% of home vs. no travel).

Travel claimants were more likely to withdraw their claim because it seemed to be too much trouble given the amount of information and documentation required (36% of travel claimants vs. 12% of home) or they were not able to provide the proof or documents needed (10% of travel vs. 2% of home).

This mix of different reasons for withdrawal had an impact on the emotions of claimants after they had withdrawn their claim. Claimants who withdrew their claim felt frustrated and let down, however these feelings were less strong than amongst those whose claim was rejected and withdrawn claimants were more likely to have felt helped.

Travel claimants felt more frustrated and let down compared to home insurance claimants. This is possibly due to the fact that travel claimants were more likely to have withdrawn their claim because of issues with the claims process (e.g. the amount of proof they had to

Summary *(continued)*

provide) rather than having made the decision to withdraw because it was in their best interests to do so e.g. their premium would go up or the payout would be small.

Relative Strengths & Improvement Areas Important drivers of satisfaction with claims handling were determined using a statistical technique called Derived Importance. This was then overlaid with satisfaction with individual parts of the claims process in order to identify:

- **Relative strengths:** those parts of the claims process which are important to customers and on which insurers perform well
- **Improvement areas:** those parts of the claims process which are important to customers but on which insurers perform relatively less well
- **Attributes on which performance should be maintained:** these are parts of the claims process which are relatively less important and have less impact on satisfaction but where performance is good
- **Secondary improvement areas:** relatively less important parts of the claims process on which performance is also not as good. These areas should be watched in case they increase in importance over time

Whilst the themes emerging from the relative strengths are similar by product (home and travel) and between successful, rejected and withdrawn claimants, there is some variation.

Successful

Areas identified as relative strengths amongst successful claimants are:

- Communication – clarity of the information provided around the next steps, ease of contacting the main contact who was handling the claim
- FNOL – length of time the initial process took to report the claim and the helpfulness of the person the claimant first spoke to
- Settlement – outcome of the claim itself and the extent to which the claimant was covered for what they thought they were

Improvement areas amongst successful claimants centre around:

- Communication – being kept informed without having to chase, explanation around how long the claimant should expect their claim to take and the settlement
- Timeliness – time taken for the claim to be settled from notification, length of time for replacement to be received or repairs to be made

Summary *(continued)*

- Third parties – the extent to which the provider effectively managed the involvement of any third parties, the extent to which different people all knew what was going on and the fairness of the loss adjuster (home claimants only)
- Staff – helping to make things easier, follow up after the claim is settled and choice around cash or repairs/replacements

Rejected

Attributes identified as areas of relative strength amongst rejected claimants include:

- Communication – being kept informed without having to chase
- Management of third parties – the extent to which the provider effectively managed the involvement of any third parties and the extent to which different people knew what was going on

Improvement areas amongst rejected claimants included:

- Explanations around why the claim was rejected and the impact upon renewal premium
- Time taken for claim to be rejected from notification
- The fairness of the loss adjuster (home claimants only)
- Claims staff helping to make things easier and follow up after the claim

Withdrawn

Areas of relative strength amongst withdrawn claimants include:

- Claims staff helping to make things easier
- Clarity of the information given around next steps
- FNOL – helpfulness of the person first spoken to and empathy and understanding of your situation by the first person spoken to

Areas for improvement highlighted amongst withdrawn claimants included:

- Explanation around why the claim may be rejected/not covered and speed of claims handling
- The fairness of the loss adjuster (home claimants only)
- Extent to which the claimant was covered for everything they thought they were

Summary *(continued)*

Complaints Overall a **fifth felt like complaining at some point in the process**, however this varied between outcome of claim (successful 15%, rejected 34%, withdrawn 10%). Of these, **between a third and a half went on to complain**.

Amongst those who did not go on to complain, the main reasons were the effort involved in complaining and, amongst rejected claimants, the perception that it wouldn't make any difference.

Rejected claimants were significantly more likely than successful and withdrawn claimants to have felt like complaining. The main reason for complaining was the rejection itself.

For successful claimants reasons for complaining were the time taken to resolve their claim, poor service, the contractors/workmen/quality of repair and poor communications.

Overall satisfaction with the complaints process was low – over half of successful claimants and three-quarters of rejected claimants who complained were dissatisfied with the process.

The main reasons for dissatisfaction with the complaints process were the length of time taken to deal with their complaint, poor service and poor communication.

Main Findings

Overall Measures Overall, almost two-thirds of all claimants were satisfied with the handling of their claim. However, satisfaction was strongly linked to the outcome of the claim with 82% of successful claimants satisfied (85% of those who were fully successful) compared with 23% of those whose claim was rejected and 56% of respondents who had withdrawn their claim. Conversely 41% of rejected claimants were very dissatisfied compared with 6% of successful claimants.

Table 1 – Overall satisfaction with claims handling by product and claim outcome

	Home	Travel	Successful	Rejected	Withdrawn
Base:	All claimants excluding not sure				
	964	574	1021	418	99
	%	%	%	%	%
Very satisfied	40	40	55	6	25 Rejected
Satisfied	25	25	28 Rejected	17	30 Rejected
Neither satisfied nor dissatisfied	8	10	6	13 Successful	13 Successful
Dissatisfied	11	10	6	23	9
Very dissatisfied	16	17	6	41	22 Successful
Top 2 box (very satisfied / satisfied)	65	64	82	23	56 Rejected



Significant at 95% level
Significance testing within product and claim outcome

Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups

Main Findings *(continued)*

Amongst home claimants whose claim was successful, satisfaction by insurer ranged from 90% to 74%. The range of satisfaction by insurer for travel claimants whose claim was successful ranged from 86% to 77%.

Table 2 – Overall satisfaction with claims handling by insurer

% very satisfied/satisfied	Insurer 1	Insurer 2	Insurer 3	Insurer 4	Insurer 5	Insurer 6	Insurer 7	Insurer 8
	All claimants excluding not sure							
Base	99/96	97/85	98/96	79	69	93	83	92
	%	%	%	%	%	%	%	%
Home successful	87 Insurer 2 & 8	75	87 Insurer 2 & 8	-	88 Insurer 2 & 8	90 Insurer 2, 7 & 8	78	74
Travel successful	77	85	86	77	-	-	-	-



Significant at 95% level

Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups

Main Findings *(continued)*

Respondents were also asked whether their claims experience had made them more or less likely to recommend the insurer than before they made the claim. Overall just over half were more likely to recommend as a result of making their claim. There is again a strong link between likelihood to recommend and claim outcome, with 73% of successful claimants more likely to recommend compared with 13% of rejected and 38% of withdrawn.

Table 3 – Likelihood to recommend by product and claim outcome

	Home	Travel	Successful	Rejected	Withdrawn
Base:	All claimants excluding not sure				
	941	559	989	413	98
	%	%	%	%	%
Much more likely	26	26	36	5	15 Rejected
More likely	27	28	36	8	22 Rejected
Neither more nor less likely	15	17	14	17	31
Less likely	10	9	5	19	8
Much less likely	22	20	8	51	23 Successful
Top 2 box (much more likely / more likely)	54	55	73	13	38 Rejected
	Significant at 95% level Significance testing within product and claim outcome				
Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups					

Main Findings *(continued)*

In terms of likelihood to renew, just over a half of claimants overall were likely to stay with the same insurer at renewal. The figure was significantly higher for successful than rejected and withdrawn (71% vs. 17% vs. 45%). Respondents who withdrew their claim were significantly more likely to renew than those who had their claim rejected.

Table 4 – Likelihood to renew by product and claim outcome

	Home	Travel	Successful	Rejected	Withdrawn
Base:	All claimants excluding not sure				
	907	525	942	396	94
	%	%	%	%	%
Very likely	30	30	40	8	27 Rejected
Likely	24	26	32	9	18 Rejected
Neither likely nor unlikely	15	17	14	16	27
Unlikely	9	8	5	17	7
Very unlikely	23	19	10	49	21 Successful
Top 2 box (very likely / likely)	54	56	71	17	45 Rejected
	<p>Significant at 95% level</p> <p>Significance testing within product and claim outcome</p> <p>Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups</p>				

Satisfaction with Stages of Claims Handling

The claims process was broken down into three main stages – notification, during the claim and settlement – with a number of individual attributes used to describe the different activities/parts of the process at each stage.

Claimants were asked how satisfied they were with each individual element at each of the three main stages.

Main Findings *(continued)*

Table 5 shows satisfaction for each attribute when initially reporting the claim. There is no significant difference in satisfaction between household and travel insurance, although travel claimants are significantly more likely to be dissatisfied with the options for reporting their claim.

Main Findings (continued)

Table 5 – Satisfaction and dissatisfaction with service received when initially reporting the claim by product

	Home	Travel	Home	Travel
	Very satisfied/Satisfied		Very dissatisfied/Dissatisfied	
	All claimants excluding not sure			
Base:	Range 140-963	Range 95-560	Range 140-963	Range 95-560
	%	%	%	%
Options you had for reporting your claim, e.g. online, telephone etc	83	79	7	11
Length of time the initial process took to report the claim	75	74	15	14
Knowledge of the person you first spoke to	75	77	14	15
Helpfulness of the person you first spoke to	77	77	14	14
Empathy and understanding of your situation by the first person you spoke to	76	76	16	16
Clarity of the information you were given about next steps in the process	77	75	15	16
Explanation you were given as to how long you should expect your claim to take	71	67	18	19
Explanation as to why your claim may be rejected*	37	38	51	46
Explanation as to why the risk was/may not be covered*	35	42	49	44
	Significant at 95% level			
*	Only asked of those who had claim rejected or withdrawn at initial stage			

Main Findings *(continued)*

It is when looking at claim outcome that any major differences emerge.

Successful claimants are significantly more likely to be satisfied with all aspects of the service received at notification compared to those whose claim was rejected or those who withdrew their claim.

Those who withdrew their claim are significantly more likely to be satisfied with the knowledge of the person they first spoke to compared with those whose claim was rejected.

Compared to those whose claim was successful, rejected claimants and those who withdrew their claim were more likely to be dissatisfied.

Main Findings (continued)

Table 6 – Satisfaction and dissatisfaction with service received when initially reporting the claim by claim outcome

	Successful	Rejected	Withdrawn	Successful	Rejected	Withdrawn
	Very satisfied/Satisfied			Very dissatisfied/Dissatisfied		
Base:	All claimants excluding not sure					
	Range 957-1020	Range 211-412	Range 73-98	Range 957-1020	Range 211-412	Range 73-98
	%	%	%	%	%	%
Options you had for reporting your claim, e.g. online, telephone etc	87	71	70	5	15 Successful	8
Length of time the initial process took to report the claim	83	58	54	10	27 Successful	18 Successful
Knowledge of the person you first spoke to	85	54	68 Rejected	8	30	14 Successful
Helpfulness of the person you first spoke to	87	58	62	7	30	20 Successful
Empathy and understanding of your situation by the first person you spoke to	86	53	63	7	34	22 Successful
Clarity of the information you were given about next steps in the process	85	54	63	9	33	17 Successful
Explanation you were given as to how long you should expect your claim to take	78	52	42	13	33 Successful	25 Successful
Explanation as to why your claim may be rejected*	-	39	Base size too low	-	50	Base size too low
Explanation as to why the risk was/may not be covered*	-	38	Base size too low	-	49	Base size too low
	Significant at 95% level					
*	Only asked of those who had claim rejected or withdrawn at initial stage					
Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups						

Main Findings *(continued)*

Looking at satisfaction with the different aspects of the service received during the claim, satisfaction was significantly higher amongst home claimants compared to travel claimants for the amount of information and proof the claimant had to provide (79% satisfaction for each of these areas compared to 70% for travel).

Conversely, dissatisfaction was significantly higher amongst travel claimants in these areas.

Main Findings *(continued)*

Table 7 – Satisfaction and dissatisfaction with service received during the claim by product

	Home	Travel	Home	Travel
	Very satisfied/Satisfied		Very dissatisfied/Dissatisfied	
	All claimants excluding not sure			
Base:	Range 458-942	Range 93-556	Range 458-942	Range 93-556
	%	%	%	%
Extent to which you were covered for what you thought you were	68	69	23	21
Feeling that you were believed and not being treated with suspicion	80	83	12	11
Being kept informed without having to keep chasing things up yourself	66	64	22	25
Claims staff helping to make things easier for you	72	71	18	20
Amount of information you had to provide	79	70	11	19
Amount of proof you had to provide	79	70	10	18
Ease of contacting your main contact who was handling your claim/enquiry	79	79	12	13
Extent to which different people you dealt with all knew what is going on	68	72	20	17
Fairness of loss adjuster*	69	-	24	-
Extent to which provider effectively managed involvement of any third parties that you dealt with*	72	65	21	22
	Significant at 95% level			
*	Only asked of those who dealt with loss adjuster or other third parties			

Main Findings *(continued)*

Amongst those whose claim was successful, satisfaction was significantly higher for all aspects of the service received during the claim compared to those whose claim was rejected or those who withdrew their claim.

Just under half (49%) of those who withdrew their claim were satisfied with the extent they were covered for what they thought they were, which is significantly higher than those whose claim was rejected (32%).

Rejected claimants were significantly more likely to be dissatisfied with all aspects of the service received during the claim. Compared to successful claimants, those who withdrew their claim were more likely to be dissatisfied in a number of areas.

Main Findings (continued)

Table 8 – Satisfaction and dissatisfaction with service received during the claim by claim outcome

	Successful	Rejected	Withdrawn	Successful	Rejected	Withdrawn
	Very satisfied/Satisfied			Very dissatisfied/Dissatisfied		
Base:	All claimants excluding not sure					
	Range 207-1015	Range 87-398	Range 55-86	Range 207-1015	Range 87-398	Range 55-86
	%	%	%	%	%	%
Extent to which you were covered for what you thought you were	84	32	49 Rejected	9	54	31 Successful
Feeling that you were believed and not being treated with suspicion	90	63	69	6	26	12 Successful
Being kept informed without having to keep chasing things up yourself	71	51	48	20	34 Successful	23
Claims staff helping to make things easier for you	82	47	58	11	38	18
Amount of information you had to provide	83	58	49	10	24 Successful	29 Successful
Amount of proof you had to provide	82	59	48	9	22 Successful	29 Successful
Ease of contacting your main contact who was handling your claim/enquiry	86	63	74	9	24	12
Extent to which different people you dealt with all knew what is going on	76	54	51	15	30	13
Fairness of loss adjuster*	81	41	Base size too low	14	46	Base size too low
Extent to which provider effectively managed involvement of any third parties that you dealt with*	75	51	Base size too low	18	35	Base size too low
	Significant at 95% level					

Main Findings *(continued)*

*	Only asked of those who dealt with loss adjuster or other third parties
Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups	

Table 9 shows the level of satisfaction with the service received at settlement. Satisfaction was significantly higher amongst those who claimed on their home policy for:

- Quality of replacement items (90% for home vs. 80% for travel)
- Amount of excess the claimant had to pay (80% for home vs. 74% for travel)
- Speed of claims handling (79% for home vs. 72% for travel)
- Follow up from the insurer/broker to check the claimant was satisfied with how things had been handled (63% home vs. 53% travel)
- Explanation received about what will happen to the renewal premium as a result of claiming (56% home vs. 43% travel)

Travel claimants are significantly more likely to be dissatisfied with a number of aspects of the service at settlement:

- Follow up from the insurance company (30% travel vs. 24% home)
- Length of time for replacements to be received (19% travel vs. 12% home)
- Explanation given about the settlement (17% travel vs. 11% home)
- Quality of replacement items (14% travel vs. 6% home)
- Outcome of the claim itself (11% travel vs. 7% home)

Main Findings (continued)

Table 9 – Satisfaction and dissatisfaction with service received at settlement by product

	Home	Travel	Home	Travel
	Very satisfied/Satisfied		Very dissatisfied/Dissatisfied	
	All claimants excluding not sure			
Base:	Range 193-634	Range 79-374	Range 193-634	Range 79-374
	%	%	%	%
Outcome of the claim itself, i.e. claim value/repairs/replacements	87	85	7	11
Explanation given about the settlement	81	77	11	17
Choice you had with regard to cash or repairs/replacements	77	81	14	8
Length of time for repairs to be made*	76	-	16	-
Length of time for replacements to be received	80	73	12	19
Quality of repairs made*	90	-	6	-
Quality of replacement items	90	80	6	14
Extent to which payment arrived when expected	86	83	8	11
Amount of excess you have to pay	80	74	11	14
Explanation about what will happen to renewal premium as a result of the claim	56	43	29	34
Follow up from the insurance company/broker to check that you were satisfied with how things had been handled	63	53	24	30
Time taken for the claim to be settled from the time you notified it	79	72	15	17
Explanation given about why they claim was rejected**	33	34	57	60
Explanation about what will happen to renewal premium as a result of the claim**	24	16	61	67
Follow up from the insurance company/broker	22	22	65	69

Main Findings *(continued)*

to check that you were satisfied with how things had been handled**				
Time taken for the claim to be rejected from the time you notified it**	48	47	36	42
 	Significant at 95% level			
*	Asked of home claimants only			
**	Asked of those whose claim was rejected only			

Whilst satisfaction at settlement is not directly comparable for successful and rejected claimants, lower levels of satisfaction are seen at the stage the decision is made amongst those whose claim was rejected.

Main Findings *(continued)*

Table 10 – Satisfaction and dissatisfaction with service received at settlement by claim outcome

	Successful	Rejected	Successful	Rejected
	Very satisfied/Satisfied		Very dissatisfied/Dissatisfied	
	All claimants excluding not sure			
Base:	Range 406-1008	Range 272-413	Range 406-1008	Range 272-413
	%	%	%	%
Outcome of the claim itself, i.e. claim value/repairs/replacements	87	-	8	-
Explanation given about the settlement	80	-	13	-
Choice you had with regard to cash or repairs/replacements	78	-	12	-
Length of time for repairs to be made*	76	-	16	-
Length of time for replacements to be received	78	-	13	-
Quality of repairs made*	90	-	6	-
Quality of replacement items	88	-	8	-
Extent to which payment arrived when expected	85	-	10	-
Amount of excess you have to pay	78	-	12	-
Explanation about what will happen to renewal premium as a result of the claim	52	-	31	-
Follow up from the insurance company/broker to check that you were satisfied with how things had been handled	60	-	26	-
Time taken for the claim to be settled from the time you notified it	76	-	16	-
Explanation given about why they claim was rejected**	-	33	-	58
Explanation about what will happen to renewal premium as a result of the claim**	-	22	-	63

Main Findings *(continued)*

Follow up from the insurance company/broker to check that you were satisfied with how things had been handled**	-	22	-	66
Time taken for the claim to be rejected from the time you notified it**	-	48	-	38
○	Significant at 95% level			
*	Asked of home claimants only			
**	Asked of those whose claim was rejected only			

Reasons for Satisfaction & Dissatisfaction

Respondents were asked an open question as to reasons for their satisfaction and dissatisfaction. Many of the reasons respondents gave for satisfaction with their claim were the same regardless of the outcome:

- The claim was handled well/no problems/good service - 33% of successful claimants and 20% of rejected
- The claim was dealt with quickly – 25% of successful and 18% of rejected
- The claim was dealt with efficiently – 14% of successful and 9% of rejected
- Helpful/understanding/polite/competent staff – 11% of successful and 16% of rejected

Successful claimants also mentioned that:

- Claiming was easy/straightforward – 12%
- The claim was accepted/paid/I got what I wanted – 12%

Twelve per cent of rejected respondents mentioned the clarity of information/explanation.

Perhaps unsurprisingly the main reason for dissatisfaction amongst those whose claim was rejected was the fact that it had been rejected. This was cited as a reason for dissatisfaction by a third of rejected claimants. Other reasons for dissatisfaction amongst rejected claimants were:

- They had received poor service/it had been a bad experience – 18%
- Staff had shown a lack of empathy and understanding – 9%

Main Findings *(continued)*

- They had been unhappy with the outcome – 8%
- Information/explanation had been poor/unclear – 7%
- They felt misled/insurer had failed to do what they said – 6%

Amongst successful claimants, dissatisfaction was due to:

- They had received poor service/it had been a bad experience – 25%
- The length of time the claim took – 17%
- Poor communication/not being kept informed/having to chase – 16%
- The amount of paperwork and proof required – 9%

Policy Purchase & Policy Understanding

A clear finding from the research was that the seeds of a successful claim's journey starts at policy purchase, long before the incident that triggers the claim, and accurately assessing needs and understanding cover at this point are of upmost importance.

The focus on price by consumers in general insurance works against this to some extent and respondents in the qualitative research had selected cheaper policies without necessarily understanding what trade-off, if any, they were making in terms of cover.

"Why do policies vary so widely – is a cheaper quote the same cover?" (Travel)

In the quantitative survey, approximately two-thirds of respondents claimed to have read their policy documents at policy purchase. The figure was significantly higher for successful and withdrawn respondents than for rejected respondents. However, evidence from the qualitative research suggests that respondents may be over claiming or at least over stating the extent to which the documents had been read and it was evident that few read their policies in any detail, so whilst they may grasp the basic cover, they do not grasp the details:

"If I hadn't made the mistake of not reading through all the details I might have spotted that I had two excesses on the policy" (Travel)

In addition, a number of home claimants had held their policy for a number of years and did not refresh their memory at renewal:

"It automatically renews unless they hear from you, so you don't really think about it. When you renew they send a letter with the documents and say 'look at this', so you give it a cursory glance. I vaguely remember buying it and I went into it in depth at the time, but over the years you tend to forget" (Home)

Often claimants state that they did not read the policy documents because they were discouraged by the volume and the amount of small print:

Main Findings *(continued)*

“Someone said ‘have you got accidental damage cover?’, so I rooted around for the policy and looked at it. I found it quite difficult to read, there was a lot of small print, but it sounded like it should be covered” (Home)

“They didn’t send it to me, I had to print it off – all 45 pages and no I didn’t read it all! I didn’t bother reading it because I felt happy that I was covered for the main things” (Travel)

In terms of their understanding of their policy at the time of purchase, the majority (85%) claimed to have understood the cover that they bought. However, this finding must be placed within the context of the qualitative findings discussed above and previous consumer research (for the FCA’s general insurance add-ons market study 2014) that has shown that self-reported understanding is often misplaced when this understanding is objectively tested.

Approximately three quarters of home and travel claimants agreed that their cover had been clearly explained to them and that they had been told what to do in the event of a claim.

Home claimants were significantly more likely than travel claimants (88% vs. 73%) to state they knew what excess they would have to pay in the event of claiming.

Whilst 88% of travel claimants agreed that it had been clearly explained that they needed to declare any medical conditions that they had, fewer (74%) agreed that it had been clearly explained that they needed to declare any medical conditions of family or friends that might prevent them from travelling.

Main Findings *(continued)*

Table 11 – Information provided at policy purchase by product

% strongly agree/agree	Home	Travel
	All claimants excluding not sure	
Base:	Range 948 - 963	Range 530-567
	%	%
It was clearly explained what was and was not covered by the insurance policy	72	72
I was confident that I understood the cover that I had bought	85	85
It was clearly explained what I would need to do in the event of a claim	78	77
I knew how much of an excess, if any, I would have to pay if I were to make a claim	88	73
It was clearly explained that I need to let the company know about any medical conditions I have	-	88
It was clearly explained that I needed to let the company know about any medical conditions of those travelling with me	-	82
It was clearly explained to me that I needed to let the company know of any medical conditions of close family or friends that may prevent me from travelling or disrupt my travel	-	74
○	Significant at 95% level	

Examining the same information by outcome of claim, successful claimants exhibit significantly higher levels of agreement with most statements than rejected claimants and those who withdrew their claim. For example, 83% of successful claimants agreed that it was clearly explained what was and was not covered compared with 49% of rejected claimants and 62% of those who withdrew. Interestingly, rejected respondents were significantly more likely to be aware of the excess that applied to their policy than those who withdrew their claim.

Main Findings *(continued)*

Table 12 – Information provided at policy purchase by claim outcome

% strongly agree/agree	Successful	Rejected	Withdrawn
	All claimants excluding not sure		
Base:	Range 340-1014	Range 141-416	Range 49-100
	%	%	%
It was clearly explained what was and was not covered by the insurance policy	83	49	62 Rejected
I was confident that I understood the cover that I had bought	91	75	69
It was clearly explained what I would need to do in the event of a claim	83	66	70
I knew how much of an excess, if any, I would have to pay if I were to make a claim	86	78 Withdrawn	68
It was clearly explained that I need to let the company know about any medical conditions I have *	93	79	78**
It was clearly explained that I needed to let the company know about any medical conditions of those travelling with me *	85	76	73**
It was clearly explained to me that I needed to let the company know of any medical conditions of close family or friends that may prevent me from travelling or disrupt my travel *	78 Rejected	64	73**
○	Significant at 95% level		
*	Asked of travel claimants only		
**	Low base		
Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups			

Main Findings *(continued)*

Impact of a Claim Respondents were asked about the financial and emotional impact of their claim. Interestingly, for both home and travel respondents, the emotional impact of a claim was higher than the financial impact, and the emotional impact of a travel claim was higher than for a home claim - 39% of home claimants described the emotional impact of the claim as high compared with 46% of travel claimants and 28% of home claimants described the financial impact as high compared with 24% of travel claimants.

Table 13 – Impact of the claim by product

	Home	Travel
Base:	All claimants	
	976	581
	%	%
<u>Emotional Effect</u>		
High, the emotional effect was a lot	39	46
Medium, it did have some emotional effect	31	27
Low, it didn't have much or any emotional effect	30	27
<u>Financial Effect</u>		
High, it had a serious financial effect at the time	28	24
Medium, it had some financial effect at the time	32	34
Low, it had low or no financial effect at the time	39	41
	Significant at 95% level	

Main Findings *(continued)*

Analysing the financial and emotional impact by outcome of claim, the financial and emotional effect was greatest for those whose claim was rejected, with an equal proportion of respondents whose claim was rejected stating this.

Respondents who withdrew their claim were particularly likely to describe the financial impact of the claim as medium and were significantly more likely to describe the emotional and financial effect as low compared to respondents whose claim was rejected. This possibly suggests that claimants whose claim was withdrawn were less motivated to pursue their claim than those whose claim was rejected. As detailed later in this report, the tradeoff between the value of the claim and the time and effort involved in claiming was a factor in the decision to withdraw a claim.

Table 14 – Impact of the claim by claim outcome

	Successful	Rejected	Withdrawn
Base:	All claimants		
	1028	429	100
	%	%	%
<u>Emotional Effect</u>			
High, the emotional effect was a lot	39	48 Successful	41
Medium, it did have some emotional effect	29	32	28
Low, it didn't have much or any emotional effect	32 Rejected	20	31 Rejected
<u>Financial Effect</u>			
High, it had a serious financial effect at the time	18	48	24
Medium, it had some financial effect at the time	33	31	46
Low, it had low or no financial effect at the time	49	21	30 Rejected
	Significant at 95% level		
Where a specific group is referenced under the significance testing, the above figure is significant against that group only. Where no group is referenced, the figure is significant against all groups			

Not surprisingly, of home claims, fire and smoke had the greatest emotional impact followed by flood and theft/lost contents. It was found that some claims which might be assumed to

Main Findings *(continued)*

be more straightforward emerge as having a high emotional impact, especially amongst travel claimants. For example trip delays and cancellation had the highest emotional impact followed by medical emergency and lost/stolen personal belongings and documentation. This indicates there is a need by insurers to handle what are assumed to be more simple claims sensitively.

Reporting the Claim Given the emotional impact of a claim it was not surprising that notification of a claim proved to be an interaction with high emotional resonance and which claimants approached with a mix of emotions. Whilst most approached notification confident that they understood both the claims process and their cover and feeling they would be believed, significant minorities approached with negative emotions such as stress, anxiety and even anger.

"It is difficult to phone up to make a claim, you have a feeling you won't be believed, there's so much on TV about insurance scams - how will they know mine is a genuine claim?" (Home)

"I was dreading making that call and having to speak" (Home)

Claimants' experiences of the notification process, however, were on the whole very good:

"I was apprehensive, I had no experience of claiming before so I didn't know what to say, I was not sure because I felt it was my fault, but she was good, it was her manner, she made me feel better" (Travel)

"They were lovely, very calming and almost welcoming and this put me at ease. They asked me questions and then said I was covered" (Home)

"I was worried, but the woman on the phone was so caring – I didn't expect that she would be really comforting and nice, she explained what I needed to do and was very understanding, it made me feel a lot better" (Travel)

Main Findings *(continued)*

Table 15 – Feelings before and after notifying the claim

	Before	After
	All claimants	
Base:	1557	1557
	%	%
I was confident that I understood the claims process	85	87
I was confident that I understood the cover I had bought	88	87
I felt anxious	39	29
I felt well informed	74	77
I felt guilty	7	6
I felt embarrassed	12	10
I felt angry	27	29
I was confident that I would be believed	89	88
I felt stressed	46	37
I felt in control	72	69
	Significant at 95% level	

Main Findings *(continued)*

The case study below, taken from one of the workshops, is from a claimant who felt she was treated with empathy and genuine care when calling her insurer:

Case study 1: Recognising the situation, empathising, anticipating needs and giving guidance – exceeds expectations

The claimant's partner was carjacked and attacked. The thief stole the car and its contents including house keys, a burglar alarm fob and documents with their home address on. When the claimant called her insurer the person on the phone was 'amazing'. She took **all the details down quickly** – spoke to the underwriters to ascertain a few things – then **explained** she was arranging a locksmith to meet the claimant at her house within the hour to have all the locks changed. She **advised** the claimant to go home and wait for the locksmith and not to enter the property alone until the locksmith arrived. The locksmith duly **arrived within the hour**, accompanied the claimant into the house and changed all the locks. The telephone operator **called the claimant back** that afternoon to check everything was alright. The claimant was able to leave her property secured and to get to the hospital to be with her partner.

When phoning to report the claim, the claimant perceived she had been treated **empathetically** and that the person answering the phone and the insurer **cared**.

As a result of positive experiences at notification, positive feelings were maintained and some negative feelings (stress and anxiety) alleviated, although they did not entirely disappear.

However there were very noticeable differences based on outcome of claim with those whose claim was rejected and those who withdrew their claim feeling angrier and less in control after, than before they made the initial notification, significantly so in the case of those whose claim was rejected. Those whose claim was rejected also recorded a drop in confidence that they had understood the cover, understood the claim process and, together with respondents who withdrew their claim, that they would be believed.

Main Findings *(continued)*

Table 16 – Feelings before and after notifying the claim by claim outcome

	Successful		Rejected		Withdrawn	
Base:	All claimants					
	1028		429		100	
	%	%	%	%	%	%
	Before	After	Before	After	Before	After
I was confident that I understood the claims process	86	90	82	78	86	85
I was confident that I understood the cover I had bought	91	92	84	75	75	79
I felt anxious	37	24	42	42	37	32
I felt well informed	81	87	59	56	72	72
I felt guilty	8	5	7	8	4	5
I felt embarrassed	11	8	14	15	13	13
I felt angry	24	17	34	55	24	31
I was confident that I would be believed	89	91	90	81	87	79
I felt stressed	45	29	52	56	36	36
I felt in control	75	77	66	52	69	60
	Significant at 95% level Significance testing before and after within each group					

Reasons for Rejection

According to respondents, travel claims were rejected earlier in the claims process than home claims with six out of ten travel claims rejected on the basis of the initial notification and a further 16% rejected on the submission of the claims form. The rejection of home claims was more polarised with half stating their claim was rejected on the basis of the initial notification and four out of ten rejected after further investigation. Very few home claims were rejected based on the claim form or after further information was provided.

Main Findings *(continued)*

Table 17 – Stage at which claim was rejected by product

	Home	Travel
Base:	All claimants whose claim was rejected	
	281	148
	%	%
Based on initial telephone or face-to-face conversation alone	49	59
Based on your initial claim form/application	2	16
After you had provided further information in addition to your initial claim	7	18
After further investigation by the company	41	4
	Significant at 95% level	

In the customers' view, claims were most likely to be rejected because the incident was not covered by the policy (significantly more so for home than travel) or it was covered but not in the specific circumstances in which it occurred. Travel claims were significantly more likely than home claims to be rejected because the claimant could not provide the proof required or did not notify the company within the time limit specified in the policy.

Table 18 – Reason why claim was rejected by product

	Home	Travel
Base:	All claimants whose claim was rejected	
	281	148
	%	%
It wasn't covered by the policy	70	58
It was covered but not under these specific circumstances	19	18
You weren't able to provide the proof they wanted	4	11
They said your behaviour had contributed to or caused it	5	4
You didn't notify them within the time limit in the policy	1	5
It was due to wear and tear	3	1
	Significant at 95% level	

Main Findings *(continued)*

Claimants' reactions to having their claim rejected were overwhelmingly negative. The principal feelings were of anger and frustration and relatively few felt helped. There were no significant differences between home and travel claimants.

Table 19 – Feelings when claim was rejected

	Very	Slightly	Not at all
Base:	All claimants whose claim was rejected		
	429		
	%	%	%
Let down	67	23	10
Frustrated	66	22	11
Angry	51	26	23
Misled	45	23	32
Helped	5	14	82
Relieved	2	6	93

Withdrawn Claims In terms of the stage at which claims were withdrawn, home claims were most likely to be withdrawn after initial notification and when it became clear that what was likely to be paid out fell within the policy excess. Travel claims were most likely to be withdrawn after initial discussion and when more documentation/information was requested.

The reasons for withdrawing home claims were most often because claimants did not want their premiums to increase, their claim fell within the excess on their policy, the amount paid would be small, because they believed themselves that the incident would not be covered by their policy and making a claim was more trouble than it was worth. Travel claimants were significantly more likely than home claimants to withdraw their claim because claiming appeared to be too much trouble given the amount of information and documentation required.

Main Findings *(continued)*

Table 20 – Reasons for withdrawing claim by product

	Home	Travel
Base:	All claimants who withdrew their claim	
	50*	50*
	%	%
Seemed likely it would not be covered by the policy	14	10
Seemed likely it was covered but not under your specific circumstances	8	6
Seemed you would only receive a small amount at best	16	16
It seemed like it would be too much trouble given the amount of information and documentation required	12	36
You didn't want your insurance premium to go up	22	4
Claim fell within the excess	16	0
You weren't able to provide the documents/proof they wanted	2	10
	Significant at 95% level	
*	Low base	

The research findings indicated that this mix of the different reasons for withdrawal had an impact on the emotions of claimants after the claim had been withdrawn.

Whilst negative emotions still dominated amongst those who withdrew their claim, they were less prevalent than amongst those whose claim was rejected. Whilst claimants who withdrew their claim still felt frustrated and let down, these feelings were less than amongst those whose claim was rejected, with withdrawn claimants more likely to have felt helped.

Travel claimants felt more negatively than home – they were more likely to feel frustrated and let down. This is possibly due to the fact that travel claimants were more likely than home to have withdrawn their claim because of issues with the claims process (e.g. the amount of proof they had to provide) rather than having made the decision because it was in their best interests to do so e.g. their premium would go up or the payout would be small.

Main Findings *(continued)*

Relative Strengths & Improvement Areas The important drivers of satisfaction with claims handling were determined using a technique called Derived Importance. Derived Importance is based on determining the statistical association between the performance rating of an individual attribute and a broader performance criteria, in this case, overall satisfaction with the way in which the claim was handled. More information on the drivers of satisfaction can be found in the Technical Appendix.

Derived Importance can be used together with insurer performance on individual attributes to group the attributes into four categories:

- **Relative strengths:** those attributes which are important to customers and on which insurers perform well
- **Improvement areas:** those attributes which are important to customers but on which insurers perform relatively less well; or they are amongst the **most** important attributes and performance is average rather than good
- **Attributes on which performance should be maintained:** these are attributes which are relatively less important and have less impact on satisfaction but where performance is good
- **Secondary improvement areas:** relatively less important but on which performance is also not as good, but should also be watched in case they increase in importance over time

Successful Claimants

The relative strengths and improvement areas for successful claimants are shown in the diagram below along with secondary improvements areas and attributes on which performance should be maintained.

The **relative strengths** of the claims process included a number of attributes related to FNOL including the helpfulness of the person they first spoke to, clarity of information given about next steps in the process and length of time the initial process took to report the claim.

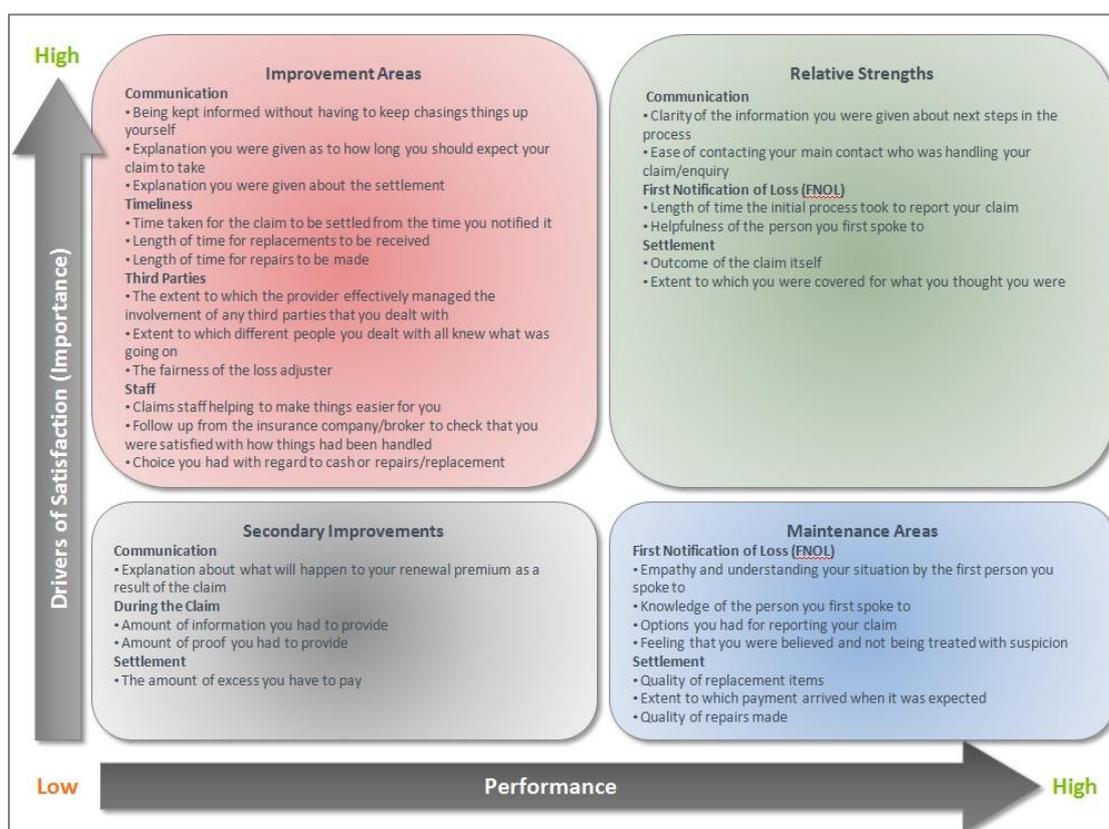
Other areas of relative strength for successful claimants were the outcome of the claim, ease of contacting the main contact and extent to which they were covered for what they thought. Other aspects around FNOL where performance was also highly rated but which were less important as drivers of satisfaction included knowledge of the person first spoken to, empathy and understanding of the person first spoken to and the options available for reporting the claim.

There were a number of **improvement areas**. Chief amongst these are claims staff helping to make things easier, being kept proactively informed without having to chase and the effective management of third parties. A number of improvement areas involve the length

Main Findings *(continued)*

of time taken for various aspects – for the claim to be settled, replacements to be received, for repairs to be made – demonstrating the importance of both good communications and managing expectations at the outset (the explanation given as to how long your claim should take was also a priority improvement area).

Strategic Quadrant Analysis – Successful Claimants



Rejected Claimants

Areas of relative strength for rejected claimants were focused on communication and the management of the claim – in particular, being kept informed without having to chase, the extent to which the provider effectively managed the involvement of third parties and the extent to which different people knew what was going on (conversely, these were all improvement areas for successful claimants).

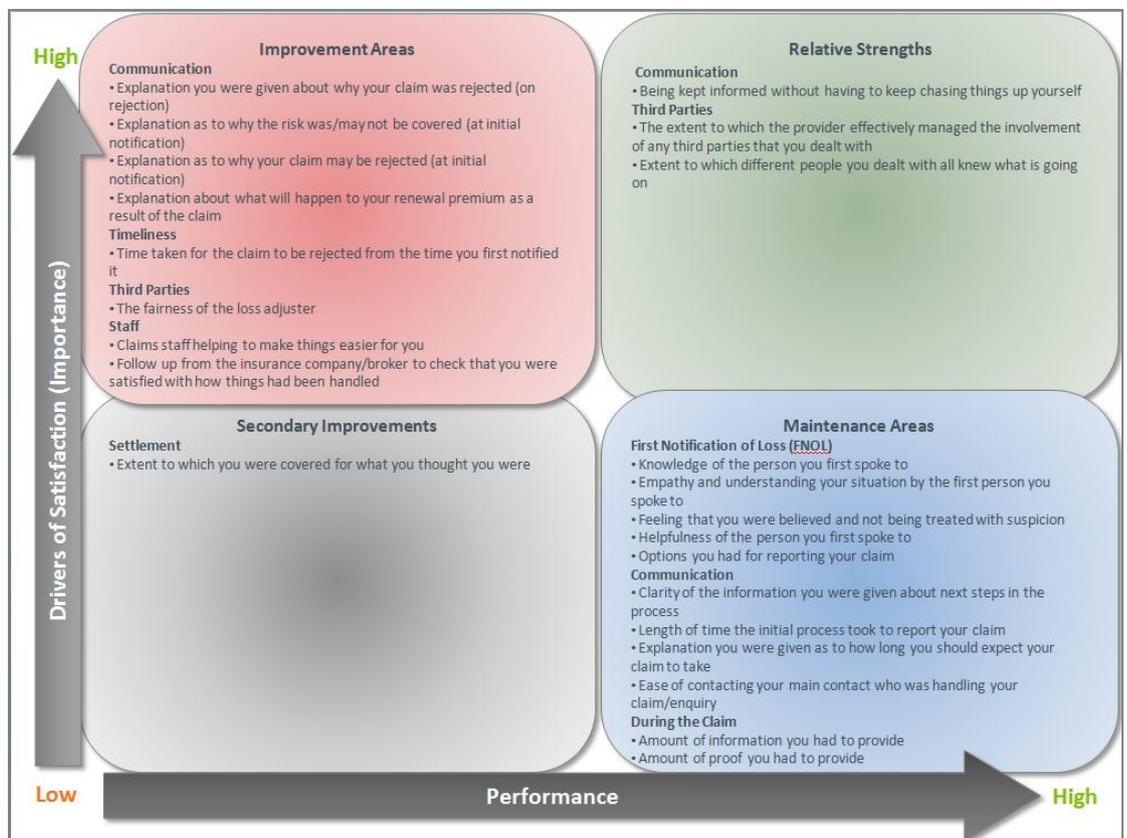
A key improvement area related to the explanation of why the claim was rejected. Other improvement areas included:

- The fairness of the loss adjuster (an improvement area for successful claimants and those who withdrew their claim also)

Main Findings (continued)

- Follow-up to check if the claimant was satisfied with how things were handled (also for successful claimants)
- Time taken for claim to be rejected from the time it was first notified
- Explanation as to what will happen to the premium as a result of the claim
- Claims staff helping to make things easier for you (also a improvement area for successful claimants)

Strategic Quadrant Analysis – Rejected Claimants



Main Findings *(continued)*

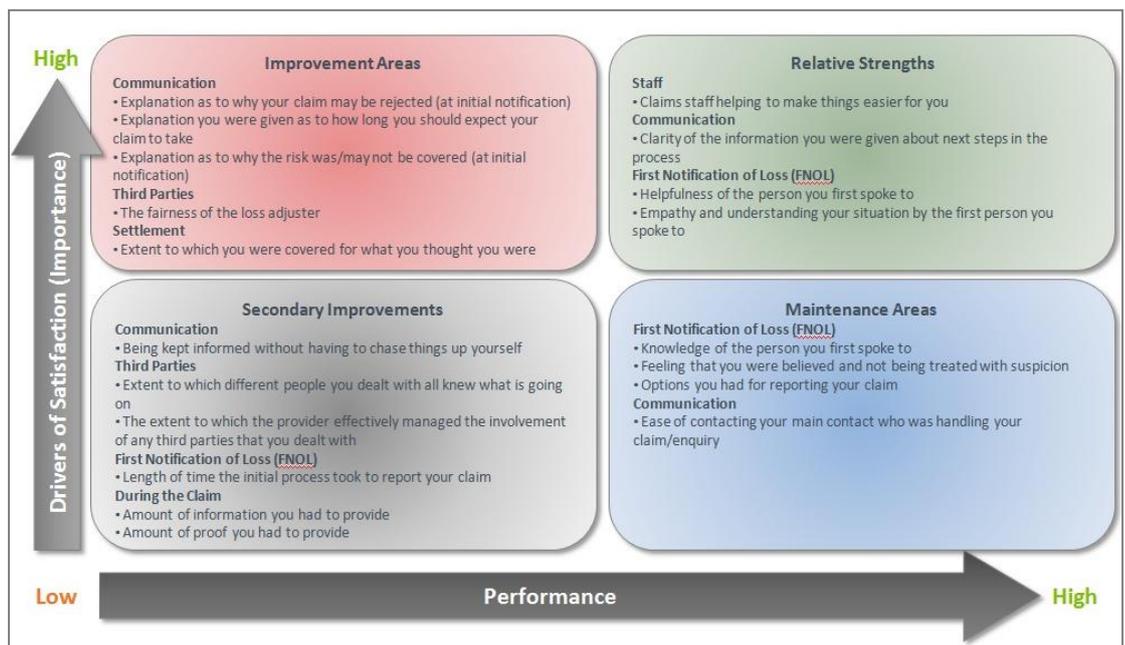
Withdrawn Claimants

For respondents who withdrew their claim, the relative strengths also focused on the FNOL process (many claims are withdrawn after this first stage) and claims staff were rated highly for their empathy, helpfulness and making things easy. The clarity of information about next steps in the process is also an area of relative strength.

Other areas of strong performance but which were less important in driving satisfaction were knowledge of the person first spoken to, ease of contacting the main contact who dealt with the claim/enquiry and the options available for reporting your claim.

The improvement areas included the most important driver of satisfaction which was the explanation given as to why the claim may be rejected or may not be covered. The fairness of the loss adjuster was also a priority improvement area.

Strategic Quadrant Analysis – Withdrawn Claimants



An additional question asked of claimants whose claim was rejected was whether they considered the decision to reject their claim to be correct and to be fair. Only a minority did – 25% considered it to be fully correct and 22% considered it very fair/fair – underlining the importance of good and clear explanations to this group.

Main Findings *(continued)*

Two contrasting experiences are given as case studies below from the qualitative interviews, to illustrate the impact of good and poor communication throughout the claim.

Case study 2: how good communication and co-ordination exceeded expectations

The claimant had her household policy with the insurer since purchasing her home 8 years ago. The claimant discovered cracks appearing in her walls and telephoned the insurer to enquire and seek reassurance. The claimant found the insurer to be very helpful, they confirmed she had cover and said a loss adjuster would be in touch. The loss adjuster visited the claimant, and took ownership of the claim. The loss adjuster was very reassuring, explained the process and set all future appointments to suit the claimant.

The loss adjuster was very helpful and reassuring, very client centred. I felt a bit out of control of the situation but he was reassuring and said he would manage it all so not to worry. I felt I was in good hands. I had to move out for 3 weeks, so it was stressful but they didn't make it any more difficult than it had to be. They kept me fully informed and did everything they said they would. I was not made to feel a fool at any point and was allowed to choose the colours and the wall paper. They settled all the bills. I got a call from the insurer at the end to make sure I was happy.

The entire experience exceeded the claimants' expectations. She can find no fault and said she would now not take out insurance with anyone else and has already recommended the insurer to her friends and family.

Main Findings *(continued)*

Case study 3: poor communication throughout the claim

The claimant had been with same home insurer for 9 years and had arranged the policy via a broker. She had a leak in bathroom with water coming through the lights in the floor below. She phoned the insurer, the manner of the operator was caring and she was put at her ease. The claimant was asked if she wanted the emergency plumbers to come out, but that they were very busy and it could be a couple of days. She was told that if she got her own plumber she would need to get a quote and send it first or the insurance might not pay out. She was stressed and wanted to feel safe, so immediately got her own plumber out to repair the leak and then sent in the quote. She heard nothing, so phoned up, but had to try ringing several times as she couldn't get through. On speaking to the insurer they said they had not received her quote. Finally they acknowledged the quote and sent an assessor out to validate the claim.

When the assessor came out he made me feel small. His manner was very arrogant and he made me feel like I was lying. He clearly didn't trust me, he said the flooring was cheap and that he could get that anywhere, he said I was just adding jobs on. It felt like his job was to stop people claiming, I was really annoyed. The assessor said I would have to wait for the insurance company to contact me, but he didn't say how long that would be.

She waited for a response following the assessor's visit to confirm her claim. She heard nothing and had to chase

No one got in touch and when I called they said the assessor was on holiday and it would be another 3 weeks. It felt like the insurance company was having to chase him. Meanwhile my house is still an absolute mess. At one point I was transferred to 9 different people and each one said something different – I was pulling my hair out and wanted to give up.

Eventually the claimant received a settlement of £1000 although the quote for repairs was £3,700. She waited for the cheque to arrive before cancelling her policy but got a letter saying she owed them money because she had not given sufficient notice that she wanted to cancel the policy.

I needed people to have the right information and to take responsibility. One point of contact would have made such a difference, someone with a bit of compassion.

Main Findings *(continued)*

Complaints Overall one in five felt like making a complaint at some point during the claims process and between a third and a half actually went on to make a complaint. As might be expected, rejected claimants were significantly more likely to want to make a complaint than successful and withdrawn (34% vs. 15% vs. 10%) but interestingly the conversion rate is highest amongst successful respondents with 44% of successful claimants who wanted to make a complaint went onto do so compared with 33% of rejected claimants.

Table 21 – Whether felt like making a complaint/whether made a complaint

	Yes, felt like making a complaint	Yes, made a complaint
Base:	All claimants	
	1557	
	%	%
<u>Type of claim</u>		
Home	21	9
Travel	18	6
<u>Claim outcome</u>		
Successful	15	7 Withdrawn
Rejected	34 Successful and Withdrawn	11
Withdrawn	10	5
	Significant at 95% level Significance testing within product and claim outcome	

The main reasons for not going on to make a complaint amongst those who felt like complaining were that they couldn't be bothered, didn't think it would make any difference and it looked to be too much effort.

Rejected claimants are significantly more likely successful to say 'it wouldn't make any difference'. Successful are significantly more likely than rejected to say they didn't pursue the claim because the issue was resolved. Only minorities mention that they didn't know how to complain or that the complaints process appeared too difficult.

Main Findings *(continued)*

Table 22 – Reasons for not making a claim

	Home	Travel	Successful	Rejected
Base:	All who felt like making a complaint, but didn't			
	121	67*	85	98
	%	%	%	%
I couldn't be bothered	29	33	26	33
I didn't think it would make any difference	26	24	13	36
It looked to be too much effort	21	21	22	19
The issue was resolved	13	7	24	1
I didn't know how to make a complaint	7	3	4	7
The complaints process appeared to be too difficult	2	4	4	3
Looking at the terms of the policy I could see why my claim was rejected	1	1	0	2
	Significant at 95% level			
	Significance testing within product and claim outcome			
*	Low base			

Amongst successful claimants the main reasons for complaining were:

- The length of time it took to settle the claim (19%)
- Contractors/workmen/quality of repair (19%)
- Poor service/poor handling of claim (13%)
- Poor communication/conflicting information/difficult to contact/have to chase (12%)
- The settlement (10%)

Main Findings *(continued)*

Amongst rejected claimants the main reason for complaining was overwhelmingly the fact that the claim was rejected (51%). This was followed by:

- Poor communication/conflicting information/difficult to contact/have to chase (16%)
- Poor service/poor handling of claim (10%)
- Policy wording unclear/ambiguous (8%)

Satisfaction levels with complaint handling were quite poor across the board – half of successful claimants were dissatisfied and three-quarters of rejected claimants were dissatisfied.

Table 23 – Satisfaction with complaint handling

	Home	Travel	Successful	Rejected
Base:	All who made a complaint excluding not sure			
	85	31*	66*	45*
	%	%	%	%
Very satisfied	13	3	15	4
Satisfied	15	16	15	11
Neither satisfied/nor dissatisfied	16	6	18	9
Dissatisfied	25	29	24	29
Very dissatisfied	31	45	27	47
Top 2 box (very satisfied/satisfied)	28	19	30	16
Bottom 2 box (very dissatisfied/dissatisfied)	55	74	52	76
	Significant at 95% level			
	Significance testing within product and claim outcome			
*	Low base			

Amongst successful claimants, the main problems with complaint handling from the customer's perspective were:

- The length of time taken to address the complaint (19%)
- Poor communication (18%)

Main Findings *(continued)*

- Poor service (10%)

Amongst rejected claimants, the main causes of dissatisfaction were:

- Nothing happened as a result of the complaint (24%)
- Poor communication (12%)
- Poor service (also 12%)

Main Findings *(continued)*

A case study from the qualitative stage demonstrates the importance of how the complaint is resolved. This respondent was dissatisfied because, although his complaint was upheld and he received financial compensation he did not receive an adequate response or apology.

Case Study: 4 Leaving a successful claimant feeling disgruntled

The claimant had annual travel insurance with their bank account. Before travelling, the claimant downloaded a copy of his policy documents to take with him. During his holiday, the claimant fell and broke ribs. The hotel called a doctor who said he required a credit card payment upfront. The doctor suspected a punctured lung and sent the claimant to hospital where he had some X-rays. The claimant was in hospital for 3-4 days before they managed to phone his insurer.

The claimant was put in contact with the local office in Barcelona who phoned to make sure he was OK and understood the process. The local office said they would take care of the hotel bill where the claimant's partner was staying and said it was their problem now and the claimant should relax. The local office said they would deal directly with the hospital and keep the claimant informed. The claimant was given a contact number and emailed a claim reference number. The local insurance contact was good but casual and the language barrier was frustrating.

The claimant received no updates and had to chase a couple of times. He needed a certificate from the hospital to say he was safe to fly home. The doctor issued the certificate and he was taken in a private ambulance and flown home with a doctor at his side. The claimant was very satisfied with his experience.

Once home, he put in a claim for out of pocket expenses and sent his receipts, but heard nothing. The claimant chased their claim up, but spoke to different people each time. The insurer told him they had not received the receipts. After 6 months, money was credited to the claimants account with no explanation. The claimant was not satisfied with the communication at this stage of the claim and wanted to complain, however wasn't clear how to go about it.

The claimant was sent a booklet by the insurer and called the number provided, but got no response. He also sent an email, but received got no response. The claimant pursued it again and finally got an acknowledgment saying a change in call centre meant the call had not been answered. £50 was credited to his account, but he did not consider this an adequate response to his complaint.

Study into the Experience of Insurance Claimants: Technical Appendix

Important Drivers of Satisfaction with Claims Handling The key drivers of satisfaction for each of the three claimant types – successful, rejected and withdrawn - are shown in the tables below. The Derived Importance scores have been converted into indices, where 100 is the average. An index figure over 100 means the attribute has a higher level of importance compared to the average and a figure lower than 100 indicates the attribute is of lesser importance. The tables below, focus on the key drivers, i.e. those attributes which have a higher level of importance compared to the average.

The key drivers of satisfaction with the claims process amongst successful claimants are shown in table 24 below. These are in order of Derived Importance. From the claimants' point of view there is an emphasis on the attitude of the people they deal with (third parties as well as claims staff), good communication in terms of clarity of information and explanations and being kept informed, management of the claim (including third parties), and timeliness.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Table 24 – Key drivers of satisfaction with claims handling – Successful Claimants

Attribute	Index
Claims staff helping to make things easier for you	124
Being kept informed without having to keep chasing things up yourself	120
The extent to which the provider effectively managed the involvement of any third parties that you dealt with	119
Explanation you were given about the settlement	116
Extent to which the different people you dealt with all knew what is going on	114
Time taken for the claim to be settled from the time you notified it	113
Length of time for replacements to be received	110
Outcome of the claim itself	110
Follow-up from the insurance company/broker to check that you were satisfied with how things had been handled	108
Fairness of the loss adjuster	105
Choice you had with regard to cash or repairs/replacements	105
Clarity of the information you were given about next steps in the process	105
Ease of contacting your main contact who was handling your claim/enquiry	104
Extent to which you were covered for what you thought you were	102
Length of time for repairs to be made	102
Explanation you were given as to how long you should expect your claim to take	101
Helpfulness of the person you first spoke to	100

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

The top three key drivers of satisfaction amongst those whose claims was rejected were all to do with the clarity of explanations - the explanation you were given as to why your claim was rejected, the explanation as to why the risk was/may not be covered and the explanation as to why your claim may be rejected. These three attributes were considerably more important than the next set of attributes which were fairness of the loss adjuster, follow-up to check that you were satisfied with how things had been handled, the time taken for the claim to be rejected from when first notified and what will happen to the renewal premium.

Table 25 – Key drivers of satisfaction for those whose claim was rejected

Attribute	Index
Explanation you were given as to why your claim was rejected (on rejection)	137
Explanation as to why the risk was/may not be covered (at initial notification)	134
Explanation as to why your claim may be rejected (at initial notification)	132
Fairness of the loss adjuster	122
Follow-up from the insurance company to check that you were satisfied with how things had been handled	117
Time taken for the claim to be rejected from the time you first notified it	117
Explanation about what will happen to your renewal premium as a result of the claim	112
Claims staff helping to make things easier for you	110
Being kept informed without having to keep chasing things up yourself	108
The extent to which the provider effectively managed the involvement of any third parties that you dealt with	105
Extent to which different people you dealt with all knew what is going on	102

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

The key drivers of satisfaction for those who withdrew their claim are shown below together with the indices. The explanation the claimant was given as to why their claim may be rejected was by far the most important attribute. This was followed by claims staff helping to make things easier for you (the most important attribute for successful claimants) and the explanation you were given as to how long your claim should take. Other important attributes were the clarity of information about the next steps, the helpfulness of the person you first spoke to, the fairness of the loss adjuster and the extent to which they were covered for what they thought.

Table 26 – Key drivers of satisfaction with claims handling – Withdrawn claimants

Attribute	Index
Explanation as to why your claim may be rejected (at initial notification)	147
Claims staff helping to make things easier for you	128
Explanation you were given as to how long you should expect your claim to take	124
Clarity of the information you were given about next steps in the process	117
Helpfulness of the person you first spoke to	114
Fairness of the loss adjuster	108
Extent to which you were covered for what you thought you were	107
Explanation as to why the risk was/may not be covered (at initial notification)	103
Empathy and understanding of your situation by the first person you spoke to	103

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Case Studies from Qualitative Interviews

Travel Case Study - demonstrating an understanding attitude

Purchased a single trip policy from, but did not read the policy document thoroughly.

I bought it and she asked about illness, she made it clear I had to declare any existing conditions, she explained it all. The girl said go home and read this, but I never read all of it – it gets a bit complicated – I checked the basic cover but I didn't read the small print because it's like clause 1, clause 2, it's too complicated. She said 'If you get into any difficulty check your policy for the emergency number'.

While away he lost his camera in a bar, returned to look for it but it was not recovered. Did not expect to be covered by insurance, but he was advised to call and see

When I made the claim I didn't read the policy document, I just called to see. She was really good, she said, 'It's OK, it's covered' but said I was supposed to have got a number from the manager in the bar (where the camera went missing). I didn't know this. She said 'It says in the policy that you should get those details, but never mind, I'll put it through anyway'. Her manner was good and I felt relieved, she could have rejected my claim.

Very satisfied although he got less than he expected for his camera.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Home Case Study - too quick to reject a claim later deemed valid

Held policy via broker for 10 years. It renews automatically each year

They send documents each time but I don't think about it. The letter says to look at it, but I just give it a cursory glance. I vaguely remember buying it through the broker and going in to it in depth at the time, but since then it has been on a rolling contract.

New laptop damaged when son spilt coke on it. Found the policy document and checked if covered. Seemed to be.

It was quite difficult to read, there was a lot of small print on it, but it sounded like it should be covered and that was a massive relief.

Phoned the broker who gave insurer's number. They arranged to collect the laptop, discussed the excess. Then got a call to say the claim was being declined because there were two liquids in the laptop – coke and water. Was made to feel guilty, felt her story was being questioned.

I felt they were looking at me as a fraudster and calling me a liar. I was very angry, I'd been with them 10 years and this was the 1st time I'd claimed. I would be better off not having insurance.

No letter confirming the decision. She chased it several times. Different people on each occasion. Implied the letter was in the post. It never came. Very frustrated. Then out of the blue came a letter confirming her 'complaint'. It said 6-8weeks for a decision

I didn't even realise I had made a complaint!

Got a call saying they would pay. Offered £315. She said that was not enough and was told to get two quotes. The next offer was £899.99 which she accepted. The entire process had taken 7 months.

It was stressful, I was made to feel uncomfortable, it took up my time and I felt like I wasn't getting anywhere and should give up.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Home Case Study - a lack of confidence in the surveyor's inspection

Insured with insurer for many years, did not shop around at renewal. Renewed each year without looking at the policy document.

They send you a booklet at renewal, but I don't read it.

Discovered a leak in the roof. Assumed she would be covered so called. Said there would be a £50 excess and that they would send a surveyor. He phoned and came out. He stood on a bin and took photos of the roof. His visit was about 40 minutes. Said seals to extension had gone and that this was wear and tear thus not covered. Said the repair was likely to cost only £50. Got a letter to confirm the decision.

The surveyor came out but he didn't come prepared, he didn't have any ladders with him, so he went to the end of the garden and I held the bin while he stood on it to take photos of the roof. He couldn't have seen all of it from there. He wasn't here very long, but said he thought the problem was the seal in the gully of the extension and that it looked like wear and tear which would not be covered, but not to worry it would only cost about £50 to fix. He didn't really see it, but I presumed he knew what he was talking about.

So she got quotes to repair the damage which in fact turned out to be higher up the roof and more serious than the surveyor had implied (the actual damage was out of the surveyor's sight, he would have needed ladders) and the cost of the final repair came to £900.

Not satisfied, she questions the thoroughness of the surveyor's inspection, she feels let down by the insurer and will shop around for her insurance at renewal.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Home Case Study - delivering a simple and seamless claims process

Two bikes stolen from garage, one more expensive than the other. Hesitated before claiming as unsure about the experience and the impact on premiums. She also knew her excess was £200. Decided to go ahead, but was apprehensive.

The experience was far more satisfactory than she had anticipated. She was reassured she was covered and made to feel completely relaxed. Asked to provide the make and model of the bikes. Told to go and find an equivalent for the cheaper of the two bikes. For the more expensive bike the insurer searched but there was no exact match so they came back to her with some options and she was told to choose one. Ideally would have liked to be given the choice to take the money instead so she could have taken her time and chosen a new bike, but was not dissatisfied with the process. She got a call from a third party to say they were ordering the new bike and that it would be delivered together with a voucher with which she could go ahead and replace the cheaper bike. The whole process took 10 days. She then got a call to see if everything was OK.

I was very satisfied. It felt as though they cared. Everything was well organised and there was attention to detail. That call made it feel complete and finished. I can't believe it was that easy.

Home Case Study - going the extra mile when dealing with a potentially stressful situation

Insured with them since purchased the house 8 years ago. Discovered cracks appearing in walls. Phoned insurance to enquire and seek reassurance. Very helpful, confirmed cover and said loss adjuster would be in touch. Loss adjuster came out and took ownership. Fitted everything in around her. Very reassuring. Explained the process. Set all future appointments to suit her.

The loss adjuster was very helpful and reassuring, very client centered. I felt a bit out of control of the situation but he was reassuring and said he would manage it all so not to worry. I felt I was in good hands.

I had to move out for 3 weeks, so it was stressful but they didn't make it any more difficult than it had to be. They kept me fully informed and did everything they said they would. I was not made to feel a fool at any point and was allowed to choose the colours and the wall paper. They settled all the bills. I got a call from the insurer at the end to make sure I was happy.

The entire experience exceeded her expectations. She can find no fault now claims she would not insure with anyone else and has already recommended the insurer to her friends and family.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Travel Case Study - causing anxiety through poor communication

Single trip/purchase process quite time consuming/lots of questions (avoid those that ask too many questions).

It's ridiculously long and complicated. It's all very well telling me to read the policy, but I had to print off 45 pages of it! I didn't bother reading it. There is a summary but that is more of a sales tool to make it sound better than it actually is.

Got sick before departure date. Advised not to travel

I didn't see any reason why I wouldn't be covered, but there is always some doubt about whether the insurer will play fair or look for a reason not to pay.

Called the insurer who emailed a form with an explanation of the process but not the estimated timescales. Included a form for the GP to complete. Had to get a cancellation invoice from the travel agent. Sent forms back but heard nothing. After 2 weeks called.

My claim just disappeared into a black hole, I heard nothing at all and was feeling a bit uncertain so I called them. I just wanted them to confirm they were processing it so I could relax. I was appalled by their response 'We are very busy and are two weeks behind in opening the mail' There was no apology, I couldn't believe their attitude.

He heard nothing but a month later found his account had been credited with the expected amount. There was no follow up.

I'm not satisfied at all with the way I've been treated. It was a worrying time and I just wanted some acknowledgement of what was going on. They were clearly not thinking about me.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Travel Case Study - a process driven response put right by the Ombudsman

Student bought his travel insurance online. He purchased a single trip cover for his trip to India. The policy was purchased well in advance. Chose them as he felt they were reputable. Got an email receipt confirming the cover and a link to a PDF policy document which he printed and took with him. Towards the end of his trip his bag was stolen with all his valuables in it. He dealt with the crisis, going to the embassy, informing the police, keeping receipts. On his return he found a letter from the insurer to say the policy he had been sold was mistakenly issued with a starting date on the purchase date and that this technical error had been sorted but that this meant a new policy number. He put in his claim with all the required receipts, police reports etc. required and thought it would be covered. It was rejected. They said he had purchased a multi trip policy according to their records and that the link he had been given had been to the wrong policy document. His trip exceeded the 30 day cover of this new policy. He had a receipt for a single trip policy issued and a letter saying they had made the mistake.

They had admitted it was their mistake, it was a technical error on their part and I had proof.

So he made a complaint. His case was investigated but ultimately rejected as their records stated the policy was multi trip. He was passed around between different companies, with no single point of contact. He was given the option to take this to the Ombudsman, which he did.

It felt like they were playing Chicken with me and banking on the chance that I wouldn't take it any further. But I knew I was right.

Eventually he received a payment for £500 for his £1, 052 claim. He was given no explanation of how the amount was reached, but by this time had ceased to care. The whole process had taken a year and a half.

I feel great now, it became more about the principle than the money, they had to admit they were wrong. I think I'll insure with one of the dodgy insurers next time!

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Sampling Process - Quantitative Survey

- Public PGP Key was sent to the FCA
- The FCA encrypted the sample files and sent them directly to Harris Interactive. In addition to the PGP encryption, each file was also password protected

Formatting Process

1. The sample was cleaned on the following criteria:
 - Clean phone numbers of non numerical characters
 - De-dupe the file:
 - (i) By telephone number
 - (ii) By unique customer ID within each insurer file
2. Records were removed should they fail on the following criteria:
 - Records didn't have claim reason
 - Records didn't have claim value
 - Records with missing telephone number
 - Records were marked as "duplicate"
3. By this stage, we had a "usable" sample file which then went through the final formatting stage to enable the file to be uploaded into our survey platform Conformat
4. The sample was then uploaded into our survey platform Conformat and unique URLs were assigned to each record
5. Peak Answers (the fieldwork agency used by Harris Interactive) were provided an extract of the sample with the following fields. This file was sent securely to Peak Answers

PanelistId	Harris Unique ID
Q600	Sample id
Q605	Insurance type
Q615	Insurer
Q620	Claim value
Q625	Claim outcome
Q64	Claim type
SurveyLink	Surveylink

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Contact name	Contact name
Telephone number	Telephone number

- All stages of the sampling process were logged by count where possible

Once the sample was cleaned, the randomisation function was used in Excel was used to mix up the records and ensure those selected for interviewing are chosen at random. During fieldwork, an automated process was used by Peak Answers to draw the sample at random.

During fieldwork, quotas were set at an overall level based on product (home/travel), outcome of claim (successful, rejected, withdrawn) and insurer. Within each insurer claim types were monitored to ensure, as far as possible, that the sample drawn from each insurer contained a similar mix of claim types.

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Discussion Guide FCA Insurance Claims Workshop – Discussion Guide - Workshops

Introduction

- Introduce self and Harris Interactive
- Explain purpose and nature of research:

To explore and fully understand what you, as customers, expect when making a claim, how you feel during the claims process and the extent to which you feel supported, and to consider what makes a poor, satisfactory and good claims experience, and to ultimately define an 'excellent' claims experience

- MRS code of conduct, confidentiality, recording of session and use of recording / video
- Explain they have all been recruited on the basis they have either travel or home insurance, and some will have made claims, some not. By travel insurance, we could be talking about a one-off policy that people buy when they go on holiday, or they could have an annual policy. By household insurance, we could be talking about contents or buildings insurance.
- Explain format of session - open and honest, all contributing, working in one big group and smaller groups – sharing experiences and building on those to identify what insurance companies need to do.
- Focus is on the claims process, regardless of outcome – their claim may have been paid but how well was it handled?
- Explain focusing on these two specific types of insurance, although can refer to other claims experiences if it is helpful

Context

Paired introductions – pair up 'like' respondents. All respondents will have been given a name badge, with different colours defining their specific segment group i.e. no claims experience, travel non-crisis claims experience, travel crisis claims experience, household non-crisis claims experience, household crisis claims experience

- Context: first name, family situation, home (rented / owned), how they spend their time, how much they travel, which types of insurance held in past and now, couple of words to describe their attitude and approach to things financial

Attitudes towards Claims

Spread words and pictures on table. Ask respondents to choose 1-2 each that best describe how they feel or would expect to feel about making insurance claims in general terms

- Why have you selected those words / images?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- Note positive and negative responses on separate flipcharts and ask respondents to stick their chosen words / pictures on to the appropriate page. These will be displayed in two different areas

Refer to words and pictures again:

- Now select 1-2 each that best describe how you would LIKE to feel about making a claim. Stick these on another flip chart and post in the 'positive' area of the room
- Why have you selected those words / images?

Explain again that this is to be a constructive session to define an ideal claims experience – so whilst we might refer to negative experiences and feelings, it will be in the context of what should happen to turn the negative into a positive

Claims Experiences

Refer to homework. Ask respondents to select one of their positive claims experiences / recounts and to share with the rest of the group

- What was it that made this experience a positive one? Why?
- How supported did you feel and where did that support come from?

Note all factors down on a flipchart for reference in the Section 6

- How did you feel? How would you feel if this happened to you?

Note all descriptions on a separate flipchart. Refer also to pictures / drawings collected in homework. Add these to the positive flipchart created in Section 3

Refer to negative claims experiences:

- Tell us a bit about the negative experiences you have had / heard about ...
- What are the main things which happen which make a claims experience negative? Note these on a separate flipchart
- Amongst claimants, did their experiences match or differ from their expectations? In what way?
- Amongst non-claimants, how do these experiences match their expectations and how do they differ? In what way? How do these experiences affect how they might approach a claim in future in terms of their emotions?

Once everyone has contributed and all material is displayed, explain that the rest of the session will be devoted to defining a claims experience that counteracts all the negatives (displayed on one area) and includes / builds on all the positives (displayed in a separate area of the room)

Defining the Process and Variation

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

As one group, discuss and map what they see as a process which would enable a good claims experience. Respondents will be asked to consider all stages from policy purchase through a claim and beyond claim settlement. For each stage, based on experiences recounted, note broadly what they would like to happen

- Taking out the policy or renewing
- Notifying a claim
- Handling the claim
- Decision / settlement

Your task is to build on this basic process and fill in the details at each stage considering all of:

- What should happen here?
- What are the key things which would make it a positive experience?
- How can support be provided and by whom?
- Who is involved?
- What should their attitude be like?
- What information is needed?
- What communication should there be? How? With whom?
- What if any time limits or targets should be in place?

Respondents will be asked to initially consider a Home Insurance non-crisis claim (taking an example from the group if possible).

- Then to consider what would be different for Home Insurance crisis claim
- Then to consider what would be different for a Travel non-crisis claim
- Then to consider what would be different for a Travel crisis claim

Feedback and Identification of Key Points

Revisit the poor experiences / feelings identified earlier:

- Does this approach address this negative? If not, what else needs to be done?

Once each 'ideal' has been agreed by the whole group, individuals will be asked to note down three areas of improvement that they consider should be a priority for insurers to address which would have the biggest impact on claims experience.

Share priorities, the reasoning behind their choices, and identify which are considered the key aspects to address for each of Travel and Household insurance. Discuss outcomes.

Summing Up

- Finally, ask each respondent to come up with an epitaph which, for them, would sum up the ideal claims experience. Half the group to write for Travel and half for Household (filmed individually)
- Any other comments?

THANK & CLOSE

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

EXPLAIN THAT WORK IS BEING CONDUCTED ON BEHALF OF THE FINANCIAL CONDUCT AUTHORITY AND FORMS PART OF A LARGER STUDY

Questionnaire - **FCA Experience of Insurance Claimants Quant Questionnaire**
Quantitative Survey **TOTAL MASTER VERSION**

Q700

INTRODUCTION

Good morning/afternoon/evening, my name is _____ and I am calling on behalf of the Financial Conduct Authority (FCA) (formerly known as the Financial Services Authority (FSA), the regulator of the financial services industry. The FCA regulates all providers of financial services in the UK and seeks to protect consumers when dealing with financial services.

The FCA is carrying out some important research to understand customers' experiences when making a [home / travel] insurance claim. They have asked us, Harris Interactive, an independent research agency, to undertake this research.

With this in mind, would you be willing to take part in a short telephone interview which would last approx. 15 minutes?

I can assure you, this is not a sales call and your responses will remain entirely anonymous. Any information you give will be kept completely confidential in accordance with the Data Protection Act, and we will not ask you to reveal any detailed personal financial information. As a Market Research Society registered agency, we will not try to sell you anything and you will not receive any subsequent sales calls as a consequence of taking part in this research.

[IF NECESSARY]

If you would like to check the validity of this call or check we are a bona fide research agency, you can ring the Market Research Society freephone number on 0500 39 69 99. If you have any questions about the project please call the FCA on 0800 111 6768.

[READ OUT IF RESPONDENT ASKS WHERE THEIR DETAILS HAVE BEEN OBTAINED FROM]

Your details have been passed to us by the FCA only for this research and will not be used for any other purpose [IF THE RESPONDENT REQUIRES FURTHER INFORMATION ON THIS PLEASE REFER THEM TO THE FCA AND ARRANGE A TIME FOR A CALL BACK].

SCREENER

Thank you for agreeing to take part.

ASK ALL RESPONDENTS

S1 (Q705) Please can you confirm if you currently work in any of the following industries, or have worked in them in the past?

[READ OUT]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

[RANDOMISE]

[MULTIPLE RESPONSE]

1. Marketing
2. Market research
3. Journalism
4. Advertising
5. Financial services
6. Public Relations
7. None of these

[TERMINATE IF WORK IN SENSITIVE INDUSTRY: CODES 1 TO 6]

ASK ALL RESPONDENTS NOT IN SENSITIVE INDUSTRY (S1/7)

S2 (Q710) Have you made a claim, tried to make a claim or enquired about making a claim on your [INSERT FROM SAMPLE: personal home insurance (building or contents) / travel insurance] policy in the last [SPECIFY TIME FROM SAMPLE: IF WITHIN THE PAST 3 MONTHS '3 months', IF LONGER THAN 3 MONTHS SPECIFY PRECISE TIME]?

1. Yes, made a claim
2. Yes, tried to make a claim
3. Yes, enquired about making a claim
4. No
5. Not sure
6. Refused

[TERMINATE IF NOT YES: CODES 4-6]

ASK ALL RESPONDENTS WHO MADE, TRIED TO MAKE OR ENQUIRED ABOUT MAKING A CLAIM (S2/1-3)

S3A (Q715) Did you purchase the insurance on which you [INSERT AS APPROPRIATE FROM S2: made the claim / tried to make a claim / enquired about making a claim], or did someone else, such as another family member?

- 1 Respondent purchased
- 2 Someone else purchased [THANK AND CLOSE]

[TERMINATE IF DIDN'T MAKE PURCHASE THEMSELVES: CODE 2]

ASK ALL RESPONDENTS WHO PURCHASED (S3A/1)

S3B (Q720) Which company or broker did you buy your [INSERT FROM SAMPLE: personal home insurance (buildings or contents) / travel insurance] from?

[DO NOT READ OUT]

[ONLY SHOW INSURER AND BROKER (IF RELEVANT) AS IDENTIFIED IN THE SAMPLE]

[CHECK AGAINST SAMPLE. IF DIFFERENT CLOSE]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S3C (Q730) And did you [INSERT AS APPROPRIATE FROM S2: claim / try to claim / enquire about making a claim] from the same company or broker or a different one?

1. Same company/broker [SKIP TO S4]
2. Different company/broker [CONTINUE]
3. Don't know [THANK AND CLOSE]

ASK ALL RESPONDENTS WHO PURCHASED WITH DIFFERENT COMPANY (S3C/2)

S3D (Q735) Which company / broker was that?

[DO NOT READ OUT]

[ONLY SHOW INSURER AND BROKER (IF RELEVANT) AS IDENTIFIED IN THE SAMPLE]

[CHECK AGAINST SAMPLE. IF DIFFERENT FROM SAMPLE, CLOSE]

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S4 (Q745) And what did you [INSERT AS APPROPRIATE FROM S2: claim / try to claim / enquire about claiming] for?

[DO NOT READ OUT]

[MULTICODE]

[ONLY SHOW FOR HOME]

1. Damage to buildings caused by flood
2. Damage to building caused by storm
3. Damage to buildings caused by burst pipes and water leakage
4. Damage to buildings caused by fire and / or smoke
5. Damage to buildings caused by subsidence
6. Damage to buildings caused by accident
7. Damage to buildings caused by vandalism and / or 3rd party
8. Damage to contents caused by flood
9. Damage to contents caused by storm
10. Damage to contents caused by burst pipes and water leakage
11. Damage to contents caused by fire and / or smoke
12. Damage to contents caused by accident
13. Damage to contents caused by vandalism and / or 3rd party
14. Theft / lost contents / damage due to burglary / attempted burglary
15. Contents lost outside the home
16. Other (SPECIFY)

[ONLY SHOW FOR TRAVEL]

17. Lost / delayed / damaged luggage
18. Emergency Medical Assistance
19. Non-emergency medical assistance
20. Lost or stolen personal belongings

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

21. Lost or stolen documents
22. Lost or stolen cash / travellers cheques
23. Trip cancellation or interruption
24. Travel delays
25. Other (SPECIFY)

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

Q750 Which was the main thing you were [INSERT AS APPROPRIATE FROM S2: claiming for / trying to make a claim for / enquiring about making a claim for]?

[INSERT RESPONSE FROM S4]

[IF ONLY ONE CODE SELECTED AT S4, JUMP FILL]

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S5 (Q760) And which of the following would best describe the outcome of your claim for [INSERT FROM S4] with [INSERT FIRM NAME FROM S3B OR S3D]?

[READ OUT]

1. The claim was successful and settled in full, less any excess
2. The claim was partly successful and settled in part, less any excess
3. The claim was unsuccessful – it was rejected by the insurance company
4. I decided not to proceed with the claim and so withdrew it
5. I called up to enquire about making a claim but in the end didn't make one

TEXT SUBSTITUTION BASED ON S5

S5 codes 1 and 2 (successful) = making a claim

S5 code 3 (rejected) = trying to make a claim

S5 code 4 (withdrawn) = trying to make a claim

S5 code 5 (enquired) = enquiring about making a claim

[CHECK AGAINST SAMPLE FOR OUTCOME OF CLAIM. IF DIFFERENT FROM SAMPLE, CLOSE]

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S6 (Q765) Thinking about the incident that led you to [INSERT AS APPROPRIATE FROM S5: make a claim / try to make a claim / enquire about making a claim], would you describe the emotional effect on you personally as...?

[READ OUT]

1. High – the emotional effect was a lot
2. Medium – it did have some emotional effect
3. Low – it didn't have much or any emotional effect

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S7 (Q770) And would you describe the financial effect on you personally as...?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

[READ OUT]

1. High – it had a serious financial effect at the time
2. Medium – it had some financial effect at the time
3. Low – it had low or no financial effect at the time

ASK ALL RESPONDENTS WHO MATCH THE SAMPLE

S4A (Q755) Before recently [INSERT AS APPROPRIATE FROM S5: making a claim / trying to make a claim / enquiring about making a claim] for [ENTER CLAIM TYPE FROM S4] with [INSERT FIRM FROM S3B OR S3D], had you made any other insurance claim in the last 3 years?

[READ OUT]

1. Yes with [INSERT FIRM FROM S3 OR S3D]
2. Yes with another company
3. No
4. Not sure / do not recall

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

MAIN QUESTIONNAIRE

SECTION A: PURCHASE & PREVIOUS CLAIMS

ASK ALL QUALIFIED RESPONDENTS

For the rest of the survey, I would like you to think about your recent experience of [INSERT AS APPROPRIATE FROM S5: making a claim / trying to make a claim / enquiring about making a claim] for [INSERT CLAIM TYPE AT S4] with [INSERT FIRM NAME AT S3B OR S3D].

ASK ALL QUALIFIED RESPONDENTS

Q1 (Q900) Thinking back to when you bought your [INSERT FROM SAMPLE: personal home insurance (building and contents) / travel insurance] from [INSERT FIRM NAME AT S3B OR S3D], how did you make the final purchase for your [INSERT: home / travel] insurance?

- 1 Over the phone
- 2 Face-to-face
- 3 Online
- 4 Post
- 5 Other

ASK ALL QUALIFIED RESPONDENTS

Q2 (Q905) Thinking about when you took out your insurance, to what extent do you agree or disagree with each of the following statements?

[READ OUT]

[ROTATE]

Please tell me whether you:

1. Strongly disagree
 2. Disagree
 3. Neither agree nor disagree
 4. Agree
 5. Strongly agree
 6. Not sure
-
1. It was clearly explained what was and was not covered by the insurance policy
 2. I was confident that I understood the cover that I had bought
 3. It was clearly explained what I would need to do in the event of a claim
 4. I knew how much of an excess, if any, I would have to pay if I were to make a claim
 5. It was clearly explained that I needed to let the company know about any medical conditions I have [SHOW FOR TRAVEL ONLY]
 6. It was clearly explained that I needed to let the company know about any medical conditions of those travelling with me [SHOW FOR TRAVEL ONLY]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

7. It was clearly explained to me that I needed to let the company know of any medical conditions of close family and friends that may prevent me from travelling or disrupt my travel [SHOW FOR TRAVEL ONLY]

ASK ALL QUALIFIED RESPONDENTS

Q3 (Q910) Did you read your policy documents – either the paper or online version – in full or in part

[READ OUT]

1. When you took out your policy
2. Before[INSERT AS APPROPRIATE FROM S5: making a claim / trying to make a claim / enquiring about making a claim] for [INSERT FROM S4] with [INSERT FIRM NAME FROM QS3B OR S3D]
3. Both
4. Neither
5. Not sure / do not recall

SECTION B: OUTCOME OF CLAIM & INITIAL CLAIM CONTACT

ASK ALL QUALIFIED RESPONDENTS

Q4 (Q1000) So, immediately before you contacted [INSERT FIRM NAME FROM S3C OR 3D] about [ENTER CLAIM TYPE FROM S4], how confident were you that they would allow the claim?

[READ OUT. DO NOT READ OUT NOT SURE]

1. Not at all confident
2. Not confident
3. Neither confident or not confident
4. Confident
5. Very confident
6. Not sure

ASK ALL QUALIFIED REJECTED RESPONDENTS. ALL SUCCESSFUL / PARTIALLY SUCCESSFUL GO TO Q5. ALL WITHDRAWN GO TO W1

R1 (Q1005) At what stage was your claim rejected?

[READ OUT]

- 1 Based on an initial telephone or face to face conversation alone
- 2 Based on your initial formal claim form/application
- 3 After you had provided further information in addition to your initial claim
- 4 After further investigation by the company (for example, by sending a loss adjuster)
- 5 Other (SPECIFY)

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

ASK ALL QUALIFIED REJECTED RESPONDENTS

R2 (Q1010) Why was your claim rejected?

[MULTICODE]

[READ OUT]

[RANDOMISE]

- 1 It wasn't covered by the policy
- 2 It was covered, but not under these specific circumstances
- 3 You didn't notify them within the time limit in the policy
- 4 You weren't able to provide the proof they wanted
- 5 They said your behaviour had contributed to or caused it
- 6 Other (SPECIFY)
- 7 Not sure

ASK ALL QUALIFIED REJECTED RESPONDENTS

R2a (Q1015) How did you feel when your claim was rejected? For each of the following emotions, please tell me whether you felt this ...

- 1 Very
- 2 Slightly
- 3 Not at all

[RANDOMISE]

- 1 Angry
- 2 Let down
- 3 Relieved
- 4 Frustrated
- 5 Misled
- 6 Helped

ASK ALL QUALIFIED REJECTED RESPONDENTS WHO FELT VERY OR SLIGHTLY FOR ANY OF THE EMOTIONS AT R2a

R2b (Q1020) Why do you say that?

[TEXT BOX]

ASK ALL QUALIFIED REJECTED RESPONDENTS

R3 (Q1025) When you first contacted the insurance company or broker were you given any indication that your claim might be rejected?

[READ OUT]

- 1 Yes, I was told it would certainly be rejected
- 2 Yes, I was told it would probably be rejected
- 3 Yes, I was told it might be rejected

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

4 No [SKIP TO Q5]

ASK ALL QUALIFIED REJECTED RESPONDENTS WHO WERE WARNED THEY MIGHT BE (R3/1-3)
R4 (Q1030) Why did you decide to submit a claim, despite being told it might be rejected?

[READ OUT]
[MULTIPLE RESPONSE]
[RANDOMISE]

- 1 I didn't agree it should be rejected under the terms of the policy
- 2 I didn't understand their arguments
- 3 I thought they had misunderstood the nature or strength of the claim
- 4 I felt I had nothing to lose
- 5 Other (SPECIFY)

ASK ALL QUALIFIED WITHDRAWN/ENQUIRY RESPONDENTS
W1 (Q1035) At what stage did you decide not to go any further with your claim?

[READ OUT]

- 1 Following an initial indication from the insurance company or broker that it was likely to be rejected
- 2 Following a request for more details and/or documentation about your claim in addition to those provided when initially reporting the claim
- 3 Following being told that the claim would be referred to a loss adjuster or investigator
- 4 Following being told it would take a long time before the company would decide whether to accept your claim
- 5 When you had been waiting for a long time
- 6 Following being told that you would at best be likely to receive only a small part of your claim
- 7 Following being told that any amount you would receive is likely to fall within the excess
- 8 Other (specify)

ASK ALL QUALIFIED WITHDRAWN/ENQUIRY RESPONDENTS
W2 (Q1040) Why did you decide not to go any further with your claim?

[MULTICODE]
[RANDOMISE]
[READ OUT]

- 1 Seemed likely it would not be covered by the policy
- 2 Seemed likely it was covered but not under your specific circumstances
- 3 Seemed you would only receive a small amount at best

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 4 Seemed likely the claim would be rejected on what you felt was a technicality
- 5 You weren't able to provide the proof and/ or documents they wanted
- 6 They said your behaviour had contributed to or caused it
- 7 It seemed like it would be too much trouble given the amount of information and documentation required
- 8 You didn't want your insurance premium to go up
- 9 You didn't want to lose your no claim bonus
- 10 Other (specify)

ASK ALL QUALIFIED WITHDRAWN/ENQUIRY RESPONDENTS

W2a (Q1045) How did you feel when you decided to not go any further with your claim?
For each of the following emotions, please tell me whether you felt this ...

- 1 Very
- 2 Slightly
- 3 Not at all

[RANDOMISE]

- 1 Angry
- 2 Let down
- 3 Relieved
- 4 Frustrated
- 5 Misled
- 6 Helped

ASK ALL QUALIFIED WITHDRAWN/ENQUIRY RESPONDENTS WHO FELT VERY OR SLIGHTLY
FOR ANY OF THE EMOTIONS AT R2a

W2b (Q1050) Why do you say that?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS

Q5 (Q1055) Was [INSERT FIRM FROM S3B OR S3D] your main contact for handling your
[INSERT AS APPROPRIATE FROM S5: claim / enquiry]?

- 1 Yes SKIP TO Q7
- 2 No

ASK ALL QUALIFIED RESPONDENTS WHO HAD DIFFERENT MAIN CONTACT (Q5/2)

Q6 (Q1060) So who was your main contact for handling your [INSERT AS APPROPRIATE
FROM S5: claim / enquiry]?

[READ OUT]

[RANDOMISE]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 1 The insurance company
- 2 Your insurance broker
- 3 A bank or building society
- 4 The loss adjuster
- 5 Other [SPECIFY]
- 6 Not sure

ASK ALL QUALIFIED RESPONDENTS

Q7 (Q1065) And did you deal primarily with..?

[READ OUT]

- 1 One individual who acted as a 'single point of contact'
- 2 More than one person but from the same team or department
- 3 Different people from more than one part of the organisation
- 4 Unsure, it wasn't clear

ASK ALL QUALIFIED RESPONDENTS

Q8 (Q1070) Did you also deal with or have contact with any of the following..?

[READ OUT]

[JUMP FILL RESPONSE AT Q8 WITH RESPONSE FROM Q6]

[MULTIPLE RESPONSE]

[SHOW FOR HOME ONLY]

1. My insurance company DO NOT SHOW IF CODED AT Q6
2. Someone else sent to my home to assess my claim, such as a loss adjuster DO NOT SHOW IF CODED AT Q6. DO NOT SHOW IF WITHDRAWN OR ENQUIRY
3. The contractors sent round to make repairs DO NOT SHOW IF WITHDRAWN/ENQUIRY OR REJECTED
4. The suppliers of replacement goods DO NOT SHOW IF WITHDRAWN/ENQUIRY OR REJECTED
5. My broker DO NOT SHOW IF CODED AT Q6
6. My bank or building society DO NOT SHOW IF CODED AT Q6
7. Other (SPECIFY)
8. Not sure

[SHOW FOR TRAVEL ONLY]

9. My insurance company DO NOT SHOW IF CODED AT Q6
10. Someone to assist me to get home whilst I was unwell abroad
11. The suppliers of replacement goods DO NOT SHOW IF WITHDRAWN/ENQUIRY OR REJECTED
12. My broker DO NOT SHOW IF CODED AT Q6
13. My bank or building society DO NOT SHOW IF CODED AT Q6
14. Hospital/clinics
15. Other (SPECIFY)
16. Not sure

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

SECTION C: INITIAL NOTIFICATION

[IF SUCCESSFUL OR REJECTED: I would now like to get your perceptions of different parts of the claims process starting with the initial notification of your claim.]

[IF WITHDRAWN/ENQUIRY: I would now like to get your perceptions of different parts of the claims process that you experienced.]

ASK ALL QUALIFIED RESPONDENTS

Q9 (Q1100) [IF SUCCESSFUL OR REJECTED: I am going to read out some things other people have said about how they felt immediately before they reported their claim. For each one I read out I would like you to tell me whether or not it applied to you personally when you were about to report your claim.]

[IF WITHDRAWN/ENQUIRY: I am going to read out some things other people have said about how they felt immediately before they contacted the company about their claim. For each one I read out I would like you to tell me whether or not it applied to you personally when you were [INSERT AS APPROPRIATE FROM S5: trying to make your claim / enquiring about making your claim].

[READ OUT]
[ROTATE]

1. Yes
2. No
3. Not sure

1. I was confident that I understood the claims process
2. I was confident that I understood the cover I had bought
3. I felt anxious
4. I felt well informed
5. I felt guilty
6. I felt embarrassed
7. I felt angry
8. I was confident that I would be believed
9. I felt stressed
10. I felt in control

ASK ALL QUALIFIED RESPONDENTS

Q10 (Q1105) [IF SUCCESSFUL OR REJECTED: And now can you think about how you felt after you had reported your claim and perhaps had an initial discussion with the company/ broker about it? For each one I read out I would like you to tell me whether or not it applied to you personally after you had reported your claim.]

[IF WITHDRAWN/ENQUIRY: And now can you think about how you felt after you had contacted the company about [INSERT AS APPROPRIATE FROM S5: trying to make your claim

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

/ enquiring about making a claim] and perhaps had an initial discussion with the company/ broker about it? For each one I read out I would like you to tell me whether or not it applied to you personally.]

- 1 Yes
- 2 No
- 3 Not sure

[READ OUT]

[ROTATE]

- 1 I was confident that I understood the claims process
- 2 I was confident that I understood the cover I had bought
- 3 I felt anxious
- 4 I felt well informed
- 5 I felt guilty
- 6 I felt embarrassed
- 7 I felt angry
- 8 I was confident that I would be believed
- 9 I felt stressed
- 10 I felt in control

ASK ALL QUALIFIED RESPONDENTS

Q11 (Q1110) [IF SUCCESSFUL OR REJECTED: I am going to read out some statements about different aspects of the service you received when initially reporting a claim. For each one I read out I would like you to tell me how satisfied you personally were with the service you received when first reporting your claim. Please tell me whether you were...]

[IF WITHDRAWN/ENQUIRY: I am going to read out some statements about different aspects of the service you received when initially [INSERT AS APPROPRIATE FROM S5: trying to make a claim/enquiring about making a claim]. For each one I read out I would like you to tell me how satisfied you personally were with the service you received when first [INSERT AS APPROPRIATE FROM S5: trying to make a claim /enquiring about making a claim]. Please tell me whether you were...]

[READ OUT]

[ROTATE]

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not sure
7. Not relevant in my case

[ONLY ATTRIBUTES RESPONDENT CAN TALK ABOUT ACCORDING TO THEIR EXPERIENCES WILL BE ASKED]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

1. The options you had for reporting your claim e.g. online, telephone etc.
2. The length of time the initial process took to [INSERT AS APPROPRIATE FROM S5: report your claim / try and make your claim / enquire about making your claim]
3. The knowledge of the person you first spoke to
4. The helpfulness of the person you first spoke to
5. The empathy and understanding of your situation by the first person you spoke to
6. The clarity of the information you were given about next steps in the process
7. The explanation you were given as to how long you should expect your claim to take
8. The explanation as to why your claim may be rejected [if 1 at R1 OR W1]
9. The explanation as to why the risk was/ may not be covered [if 1 at R1 OR W1]

SECTION D PROGRESS OF CLAIM

I would now like to ask you about the service you received during the progress of your claim.

ASK ALL QUALIFIED RESPONDENTS

Q12 (Q1200) I am going to read out some statements about different aspects of the service you received whilst your claim was being progressed. For each one I read out I would like you to tell me how satisfied you were personally with this aspect of the service you received. Please tell me whether you were...

[READ OUT]

[ROTATE]

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not sure
7. Not relevant in my case

[ONLY ATTRIBUTES RESPONDENT CAN TALK ABOUT ACCORDING TO THEIR EXPERIENCES WILL BE ASKED]

8. The extent to which you were covered for what you thought you were
9. The feeling that you were believed and not being treated with suspicion
10. Being kept informed without having to keep chasing things up yourself
11. Claims staff helping to make things easier for you
12. The amount of information you had to provide
13. The amount of proof you had to provide
14. The ease of contacting your main contact who was handling your [INSERT AS APPROPRIATE FROM S5: claim / enquiry]
15. The extent to which different people you dealt with all knew what is going on – i.e. you not having to repeat things to different people

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 16 The fairness of the loss adjuster [ONLY SHOW FOR HOME ONLY AND IF LOSS ADJUSTER SELECTED AT Q8]
- 17 The extent to which [INSERT FIRM FROM S3B OR S3D] effectively managed the involvement of any third parties that you dealt with, including [SHOW: loss adjuster, suppliers, repairers IF HOME AND SELECTED AT Q8], [SHOW assistance companies, hospitals/clinics abroad IF TRAVEL AND SELECTED AT Q8]

SECTION E: SETTLEMENT

ASK ALL QUALIFIED SUCCESSFUL/PARTIALLY SUCCESSFUL AND REJECTED RESPONDENTS
I would now like to ask you about the service [INSERT AS APPROPRIATE FROM S5: at settlement / when you claim was decided].

ASK ALL QUALIFIED SUCCESSFUL/PARTIALLY SUCCESSFUL AND REJECTED RESPONDENTS
Q13 (Q1300) I am going to read out some statements about different aspects of the service you received when your claim was [SUCCESSFUL / PARTIALLY SUCCESSFUL: settled OR REJECTED: when your claim was decided]. For each one I read out I would like you to tell me how satisfied you were personally with this aspect of the service you received. Please tell me whether you were...

[READ OUT]

[ROTATE]

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not sure
7. Not relevant in my case

[ONLY ATTRIBUTES RESPONDENT CAN TALK ABOUT ACCORDING TO THEIR EXPERIENCES WILL BE ASKED]

SUCCESSFUL / PARTIALLY SUCCESSFUL

- 18 The outcome of the claim itself – i.e. the claim value and/or repairs or replacements you received
- 19 The explanation you were given about the settlement
- 20 The choice you had with regard to cash or repairs/replacements
- 21 The length of time for repairs to be made [HOME ONLY]
- 22 The length of time for replacements to be received
- 23 The quality of repairs made [HOME ONLY]
- 24 The quality of replacement items
- 25 The extent to which payment arrived when it was expected
- 26 The amount of excess you have to pay
- 27 The explanation about what will happen to your renewal premium as a result of the claim

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

28 Follow-up from the insurance company /broker to check that you were satisfied with how things had been handled

29 The time taken for the claim to be settled from the time you notified it

REJECTED

30 The explanation you were given about why the claim was rejected

31 The explanation about what will happen to your renewal premium as a result of the claim

32 Follow-up from the insurance company to check that you were satisfied with how things had been handled

33 The time taken for the claim to be rejected from the time you first notified it

ASK ALL QUALIFIED PARTIALLY SUCCESSFUL RESPONDENTS

Q14 (Q1305) And overall, did you consider the decision to settle your claim in part, less any excess, rather than in full to be correct, given the terms of your policy?

[READ OUT]

- 1 Not correct
- 2 Partially correct
- 3 Fully correct
- 4 Unsure

ASK ALL QUALIFIED PARTIALLY SUCCESSFUL RESPONDENTS

Q15 (Q1310) Overall, how fair did you consider the decision to settle your claim in part, less any excess, rather than in full to be, given the terms of your policy?

[READ OUT]

- 1 Very unfair
- 2 Unfair
- 3 Neither fair nor unfair
- 4 Fair
- 5 Very fair
- 6 Not sure

ASK ALL QUALIFIED PARTIALLY SUCCESSFUL RESPONDENTS

Q16 (Q1315) Why do you say that?

[TEXT BOX]

ASK ALL QUALIFIED REJECTED RESPONDENTS

QR14 (Q1320) And overall, did you consider the decision to reject your claim to be correct, given the terms of your policy?

[READ OUT]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 5 Not correct
- 6 Partially correct
- 7 Fully correct
- 8 Unsure

ASK ALL QUALIFIED REJECTED RESPONDENTS

QR15 (Q1325) Overall, how fair did you consider the decision to reject your claim to be, given the terms of your policy?

[READ OUT]

- 1 Very unfair
- 2 Unfair
- 3 Neither fair nor unfair
- 4 Fair
- 5 Very fair
- 6 Not sure

ASK ALL QUALIFIED REJECTED RESPONDENTS

QR16 (Q1330) Why do you say that?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS

Q17 (Q1340) Considering all aspects of your claim which, if any, had the most positive impact on your overall satisfaction?

[MULTIPLE RESPONSE]

[LIST ALL RELEVANT ATTRIBUTES RATED AS SATISFIED OR VERY SATISFIED AT Q11, Q12, Q13 PLUS OTHER (SPECIFY)]

ASK ALL QUALIFIED RESPONDENTS

Q18 (Q1350) What, if anything, did [INSERT FIRM NAME FROM S3B OR S3D] do in handling your claim that most impressed you?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS

Q19 (Q1360) Considering all aspects of your claim which, if any, had the most negative impact on your overall satisfaction?

[MULTIPLE RESPONSE]

[LIST ALL RELEVANT ATTRIBUTES RATED AS DISSATISFIED OR VERY DISSATISFIED AT Q11, Q12, Q13 PLUS OTHER (SPECIFY)]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

ASK ALL QUALIFIED RESPONDENTS

Q20 (Q1370) Which one of these would you most want [INSERT FIRM NAME FROM S3B OR S3D] to improve?

[READ OUT]

[SHOW THOSE SELECTED AT Q19]

ASK ALL QUALIFIED RESPONDENTS

Q21 (Q1375) Did you feel like making a complaint at any point during the [INSERT AS APPROPRIATE FROM S5: claims process / following your enquiry]?

1. Yes
2. No SKIP TO Q27

ASK ALL QUALIFIED RESPONDENTS WHO FELT LIKE MAKING A COMPLAINT (Q21/1)

Q22 (Q1380) And did you actually go on to make a complaint?

1. Yes SKIP TO Q24
2. No

ASK ALL QUALIFIED RESPONDENTS WHO FELT LIKE MAKING A COMPLAINT BUT DID NOT (Q22/2)

Q23 (Q1385) Why did you decide not to make a complaint?

[READ OUT]

[RANDOMISE]

[MULTIPLE RESPONSE]

1. The issue was resolved
2. I couldn't be bothered
3. I didn't think it would make any difference
4. I didn't know how to make a complaint
5. The complaints process appeared to be too difficult
6. It looked to be too much effort
7. Looking at the terms of the policy, I could see why I was rejected [ONLY SHOW FOR REJECTED]
8. Other

NOW SKIP TO Q27

ASK ALL QUALIFIED RESPONDENTS WHO MADE A COMPLAINT (Q22/1)

Q24 (Q1390) What did you complain about?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS WHO MADE A COMPLAINT (Q22/1)

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Q25 (Q1395) How satisfied are you with the way in which your complaint was handled?
Were you...

[READ OUT]

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not sure

ASK ALL QUALIFIED RESPONDENTS WHO MADE A COMPLAINT (Q22/1)

Q26 (Q1400) Why do you say that? Why else?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS

Q27 (Q1405) Overall, taking everything into account, how satisfied are you with [INSERT FIRM FROM S3B OR S3D]'s handling of your [INSERT AS APPROPRIATE FROM S5: claim / enquiry]? Are you..?

[READ OUT]

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not sure

ASK ALL QUALIFIED RESPONDENTS

Q28 (Q1410) Why do you say that? Why else?

[TEXT BOX]

ASK ALL QUALIFIED RESPONDENTS

Q29 (Q1415) Compared to how you felt before [INSERT FROM S5: making the claim / trying to make the claim / enquiring about making a claim] how likely are you to recommend [INSERT FIRM NAME FROM S3B OR S3D] as a [home / travel] insurance provider to anyone looking for this type of insurance? Are you..?

[READ OUT]

1. Much less likely
2. Less likely
3. Neither less nor more likely

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 4 More likely
- 5 Much more likely
- 6 Not sure

ASK ALL QUALIFIED RESPONDENTS

Q30 (Q1420) Compared to how you felt before [INSERT AS APPROPRIATE FROM S5: making the claim / trying to make a claim / enquiring about making a claim] how likely are you to stay with [INSERT FIRM NAME AT S3B OR S3D] as your [home / travel] insurance provider when your policy comes up for renewal? Are you..?

[READ OUT]

- 1 Much less likely
- 2 Less likely
- 3 Neither less nor more likely
- 4 More likely
- 5 Much more likely
- 6 Not sure

ASK ALL QUALIFIED RESPONDENTS

Q31 (Q1425) [IF SUCCESSFUL: Do you expect your next premium to increase as a result of having made a claim?]

[IF REJECTED: Do you expect your next premium to increase as a result of having made an unsuccessful claim?]

[IF WITHDRAWN/ENQUIRY: Do you expect your next premium to increase as a result of [INSERT AS APPROPRIATE FROM S5: having made and withdrawn a claim / enquiring about making a claim]?

- 1 Yes
- 2 No
- 3 Unsure

ASK ALL QUALIFIED SUCCESSFUL/PARTIALLY SUCCESSFUL RESPONDENTS

Q32 (Q1430) [IF SUCCESSFUL: How fair do you feel it would be if your next premium did increase as a result of having made a claim?]

[IF REJECTED: How fair do you feel it would be if your next premium did increase as a result of having made an unsuccessful claim?]

[IF WITHDRAWN/ENQUIRY: How fair do you feel it would be if your next premium did increase as a result of [INSERT AS APPROPRIATE FROM S5: having made and withdrawn a claim / enquiring about making a claim]?

[READ OUT]

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- 1 Very unfair
- 2 Unfair
- 3 Neither fair nor unfair
- 4 Fair
- 5 Very fair
- 6 Unsure

DEMOGRAPHICS

ASK ALL QUALIFIED RESPONDENTS

Q33 (Q1500) Gender

[DO NOT READ OUT, CODE AS APPLICABLE]

1. Male
2. Female

ASK ALL QUALIFIED RESPONDENTS

Q34 (Q1505) Please can you confirm which of the following age ranges you fit into?

[READ OUT]

1. 18-35
2. 35-54
3. 55-64
4. 65+
5. Refused

ASK ALL QUALIFIED RESPONDENTS

Q35 (Q1510) Which of the following best describes your situation?

[READ OUT]

1. Single, living alone or with housemates
2. Married or co-habiting

ASK ALL QUALIFIED RESPONDENTS

Q36 (Q1515) And do you have...

[READ OUT]

- 1 No children
- 2 Children living at home
- 3 Children who have left home

ASK ALL QUALIFIED RESPONDENTS

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Q37 (Q1520) Which of the following, if any, is the highest educational or professional qualification you have obtained?

[READ OUT]

1. Vocational qualifications (=NVQ1/NVQ2)
2. GCSE/O-Level/CSE
3. A-Level/Scottish Higher or equivalent (=NVQ3)
4. Bachelor Degree or equivalent (=NVQ4)
5. Masters/PhD or equivalent
6. Other
7. No formal qualifications

ASK ALL QUALIFIED RESPONDENTS

Q38 (Q1525) Are you the primary income earner in your household, that is, the person with the largest income, whether from employment, pensions, state benefits, investments or any other source? Would you say...

1. Yes, you are the primary income earner
2. You and another member of your household are the primary income earners of about equal amounts
3. No, you are not the primary income earner

ASK ALL QUALIFIED RESPONDENTS

Q39 (Q1530) Which of the following best describes [IF Q38/1 OR 2 INSERT 'your'; IF Q38/3, INSERT 'the primary income earner's'] occupational level? Please stop me when I read the correct category.

[READ OUT]

- 1 Retired and collecting pension with no other earnings
- 2 Retired and collecting pension with other earnings
- 3 Manual or service worker with minimal formal education or training
- 4 Semi-skilled manual or service worker
- 5 Skilled manual or service worker
- 6 Clerical worker
- 7 Junior managerial, administrative, or professional position
- 8 Supervisor in managerial, administrative, or professional position
- 9 Intermediate managerial, administrative, or professional position
- 10 Senior level managerial, administrative, or professional position
- 96 Other position [Please specify]
- 99 None of these

ASK ALL QUALIFIED RESPONDENTS

Q40 (Q1535) Which one of the following best describes [IF Q38/1 OR 2 INSERT 'your'; IF Q38/3, INSERT 'the primary income earner's'] employment status?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

[READ OUT]

1. Employed full time
2. Employed part time
3. Self-employed
4. Not employed, but looking for work
5. Not employed and not looking for work
6. Not employed, unable to work due to a disability or illness
7. Retired
8. Student
9. Stay-at-home spouse or partner

ASK ALL QUALIFIED RESPONDENTS WHO ARE NOT THE PRIMARY INCOME AT Q38
Q41 (Q1540) Which of the following best describes your employment status? Please stop
me when I read the correct category.

[READ OUT]

1. Employed full time
2. Employed part time
3. Self-employed
4. Not employed, but looking for work
5. Not employed and not looking for work
6. Not employed, unable to work due to a disability or illness
7. Retired
8. Student
9. Stay-at-home spouse or partner

ASK ALL QUALIFIED RESPONDENTS
Q42 (Q1545) Which of the following income categories best describes your total annual
household income from all sources, before tax and other deductions?

1. Up to £4,499
2. £4,500 to £6,499
3. £6,500 to £7,499
4. £7,500 to £9,499
5. £9,500 to £11,499
6. £11,500 to £13,499
7. £13,500 to £15,499
8. £15,500 to £17,499
9. £17,500 to £24,999
10. £25,000 to £29,999
11. £30,000 to £39,999
12. £40,000 to £49,999
13. £50,000 to £74,999
14. £75,000 to £99,999
15. £100,000 or more

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

16. Decline to answer

BASE: ALL QUALIFIED RESPONDENTS

Q43 (Q1550) In the event that we need to clarify any of your responses or ask additional questions, would you be willing to be re-contacted about this survey?

- 1 Yes
- 2 No

(Q1555) As part of this survey we are carrying out follow-up face-to-face depth interviews with a small number of the respondents who take part in the telephone survey. The face-to-face depth interviews will last about an hour and will take place in your home. You will be offered a cash gift of £30 as a thank you for taking part in the depth interview. Are you willing to be re-contacted to take part in an in-depth interview?

- 1 Yes
- 2 No

Please be aware that we will not be re-contacting everyone who agrees so please do not be concerned if you are not re-contacted.

Discussion Guide **FCA Experience of Insurance Claimants – Depth Discussion Guide**
- Qualitative
Interviews **Introduction**

- Introduce self and Harris Interactive
- Explain purpose and nature of research:
To explore and fully understand customers' experiences when making a claim
- MRS code of conduct, confidentiality, recording of session and use of recording / video
- Interview to last 60 minutes
- Respondent introduction:
 - First name, family situation, home (rented /owned), how they spend their time, how much they travel, which types of insurance held in past and now, couple of words to describe their attitude and approach to things financial

Purchase Experience

Moderator: Confirm type of insurance being discussed: Home/Travel

- Who provides that insurance for you?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- How long have you been with this provider? Is this the same provider you made the claim with?

Thinking back to when you purchased the insurance (from the provider you made a claim with)...

- How did you purchase this insurance (Probe: broker/affinity/direct)
- Why did you take out/renew this policy with this provider?
- Did you shop around? Did you receive any advice (from broker/bank/anyone else) at this stage?
- What things were you looking for from your insurance? What was important when making a decision?
- How did you go about purchasing it? (Probe: phone, face-to-face, online)
- What information, if any, do you recall being told about what the insurance covers you for?
- At the time of purchasing it, did you feel you understood your policy and what circumstances it covered you for?
- What did you think/expect you would be covered for?
- Do you recall what information were you asked for at the time of buying your insurance?
 - E.g. disclosure of pre-existing medical conditions (for themselves and other people that may prevent them from travelling) – TRAVEL ONLY
- Did you remember receiving your policy documents?
- Did you read your policy documents at all?
- If yes, at what stage, did you come to read them? (when you first received them, or before making a claim?)

The Context of The Claim

- Have you ever made a claim before this occasion? What for? Can you describe the experience (probe: positive/negative)?
- Confirm reason for claiming on this occasion and ask respondent to explain what prompted the claim:
 - So, tell me about the incident that led to your making a claim...
 - When was this?, how did it make you feel (emotional and financial impact)
 - When did you first think about claiming on your insurance?
- How did you feel about the prospect of claiming on your insurance?
 - What was your state of mind?
 - How would you describe your mood/how you felt at that time?
 - At this stage which did you expect your experience of making a claim to be like (probe a straightforward or a difficult process)?
- Did you think that you would be covered? What did you expect to be covered for/not covered for?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- Why did you think this? Did you review your policy documents before contacting?
- Probe for policy details/summary

REJECTED OR WITHDRAWN ONLY

- At what stage was your claim rejected/did you decide not to proceed with your claim?
- Why was your claim rejected/why did you withdraw your claim? (probe into journey leading to the rejection / withdrawal)
- How did this make you feel?
- Were you given an explanation by the provider as to why your claim was/could be rejected?
- Even though your claim was rejected, did the provider do anything to help you?

Initial Contact to Report the Claim

Moderator say: I'd like you to take me through your experience of making a claim step by step...

- How did you feel before contacting someone about your claim?
- Who did you initially contact regarding the claim?
 - Was this by phone or email etc?
- If other than insurance company probe for:
 - Why did you initially contact broker etc.?
 - What did the broker say to you during this initial call/contact?
 - How did this make you feel?
 - Why didn't you contact the insurer?
- Now thinking about the phone call to the insurance company in detail, how easy/difficult was it to find the contact details of the insurer? Probe for whether any difficulties encountered in actually speaking with someone, for e.g. time taken to answer phone, when received response if email or letter
 - How long did it take you to get through on the phone?
 - Did you need to be transferred to find someone to deal with your claim?
 - Once on that first call, how would you describe the tone/attitude of the person on the other end of the phone? Probe for whether claims handlers were empathetic, understanding, helpful and friendly or just going through the motions? Was there any element of suspicion? What did they do to give you these impressions?
 - Did you feel the person on the other end of the phone was hurrying you when you were going through the details of the incident that led you to contact them?
- Overall opinion of the initial contact? – good/bad examples. Probe: were staff able to handle any problems or queries you had without passing you on to someone else/calling you back?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Information provided by insurer/ broker on notification (ALL)

- What would you expect to be told at this point?
- What information did you need/want to know? Probe for information about the next steps, length of process, who will carry out repairs, how goods might be replaced, how much will the claimant be expected to pay etc
- What specifically were you told when you made the initial contact? Probe for whether they were told what would happen next, timescales etc. Probe for gaps, if any, in what they were expecting to be told versus what they were actually told/service they received
- Thinking about the information you were given by your insurer at this initial stage, how did this match what you thought you were covered for? Probe for whether the policy documents were clear to understand, missing information etc
- When you put the phone down, how did you feel? Probe for any change from before phone call
 - How would you like to have felt after the phone call?
 - How could the insurance company have made this possible?
- What is your overall opinion of the information received at initial contact? – probe for specific examples
- Thinking about the information provided at the initial contact, what aspects are most important to you in terms of the service received from your insurer?

Communication Throughout the Claim

TO BE ASKED OF ALL SUCCESSFUL. TO BE ASKED OF REJECTED OR WITHDRAWN ONLY IF THEY WEREN'T REJECTED/DIDN'T WITHDRAW AFTER INITIAL NOTIFICATION

- What interactions did you have with your insurance company throughout the claim?
 - Who did you have contact with?
- How well did you feel they managed your claim? Why?
- Were you kept up to date with the progress of your claim?
- How were you communicated with throughout the claim – probe for method used by insurer and preferred method
- What is your overall opinion of the communication throughout the claim? – probe for specific examples
- Thinking about the communication during the claim, what aspects are most important to you in terms of the service received from your insurer?
- Were you required to provide any form evidence to the insurance company to support your claim. (Probe: how easy/ difficult was this to get, did it seem reasonable, how did this make you feel?)

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

Involvement of Loss Adjusters/Assessors/Other Third Parties

TO BE ASKED OF ALL SUCCESSFUL. TO BE ASKED OF REJECTED OR WITHDRAWN ONLY IF THEY WEREN'T REJECTED/DIDN'T WITHDRAW AFTER INITIAL NOTIFICATION

- Were there any third-parties involved? If so, who and how? (Probe: replacement good suppliers, repairers (home))
 - Were they appointed by the insurance company or suppliers you wanted to use?
 - Probe general satisfaction – whether third parties met levels of service promised by insurer, did they exceed or fall below expectations
 - Timings of third parties – were there any delays – how long did it take for them to call you once claim logged with insurer?
 - Probe: Quality of repairs or replacement goods
 - Did the insurance company / broker talk to third parties on your behalf and arrange appointments? Or did you organise this? How did this make you feel?

- Were there any loss adjusters/assessors involved(home only)?- probe for satisfaction, whether they met levels of service promised by insurer, your expectations
- What is your overall opinion of the involvement of third parties – probe for specific examples

- Thinking about the involvement of third parties during the claim, what aspects are most important to you in terms of the service received from your insurer?

TRAVEL ONLY

Thinking about the assistance companies you were in contact with who helped you whilst you were unwell abroad

- How did you come in contact with them? (Probe: did they contact you or did you have to contact them?)
- What happened at the initial contact?
- What information were you given?
- How did the assistance company make you feel?
 - Reassured and helped?
 - Left adrift?
- Did the company help you/arrange for assistance to go back home?
- What was your experience of this?
 - Did they take care of everything or was there anything you needed to do?

Settlement of the Claim

SUCCESSFUL CLAIMANTS ONLY

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- Settlement of the claim/ closure– probe: were you given any choice in method of payment/settlement (replacement goods/direct payment to repairers, vouchers, cash etc (home))
 - Length of time taken for settlement
- Was there any follow up? Did you expect this?
 - What difference did this make?
- What is your overall opinion of the settlement of your claim? Was it what you expected?
- Thinking about the settlement, what aspects are most important to you in terms of the service received from your insurer?
- How did you feel about the insurance company once your claim was settled? Link back to what the respondent mentioned earlier in the interview – what has changed their overall satisfaction/perception?
- Explanation of the settlement amount – do you know why the insurance company came to their decision (probe: were they aware excess was deducted)

Overall Satisfaction

Moderator say: Looking back over the whole process and thinking about the claim as a chain with a number of links...

- Which were the strongest links? Why?
- Which were the weakest links? Why?
- Which do you think had the biggest impact on your current impression of your insurance provider?
- Which link had the biggest impact on how you felt? Probe for positive and negative
- What is your current impression of your insurance provider?
- Has your policy come up for renewal since you made your claim?
- Have you/do you intend to renew? Why/why not? Probe thoroughly for whether price of the premium is more important than the quality of the claims service claim outcome received
- After going through the claims process, how do you now feel about your insurer? Can you tell me specifically about what has changed as a result of going through this process? Would you recommend them to friends/family/colleagues? Probe for why/why not

Summing Up

- Overall , how satisfied would you say you were you with the way your claim was dealt with?

Study into the Experience of Insurance Claimants: Technical Appendix *(continued)*

- If your insurer could improve one thing to make your claims experience easier/better/faster, what would it be and why?
- Any other comments?

THANK & CLOSE