

Insurance Claim Delay

This fact sheet is for information only. It o

Main ideas

- The insurer should process your claim within fixed timeframes (**General Insurance Code of Practice**).
- You can complain if there are unreasonable delays to your claim – even within the timeframes.
- If you are in urgent financial need, you can ask for the insurer to fast track your claim, or for an advance payment.
- If your insurer’s complaints department won’t help, you can go to the Australian Financial Complaints Authority (AFCA) – which is free and independent.

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Complain to the insurance company
Complain to the Australian Financial Comp
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These timeframes are defined in the [General Insurance Code of Practice](#).

Claim to first decision – 10 business days

When the insurer has all the information they need to process your claim, they must decide on the claim within 10 business days. This includes the time to get the information they need from you.

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For total loss claims on home or contents p
Get legal advice if you think the insurer is acting unreasonably.

How long does a claim take – 4 or 12 months

The Code sets out the maximum timeframes for the insurer to pay out on a claim.
If no exceptional circumstances:

they must decide to accept

If there are exceptional circumstances:

Exceptional circumstances are those that are unusual and outside the normal course of business. It is like a broken toilet.
You do not need to wait 4 (or 12) months to complain

When the insurer has all the information they need – 10 business days

When the insurer has all the information they

What happens with your claim?

There are some fixed timeframes for things that

The insurer appoints a loss assessor – 5 business days

When you report a claim, the insurer must appoint a loss assessor within 5 business days.

Report from an external expert – 12 weeks

If you need an external expert, the insurer must provide you with the report within 12 weeks.

When you ask for information – 10 business days

If you ask for information about your claim, the insurer must provide it within 10 business days.

The insurer must keep you informed – every 20 business days

At least every 20 business days, the insurer must

Other timeframes by agreement

If the timeframes are not practical, you can agree

Fast-tracking urgent claims

By agreement, you can fast-track your claim.

Complain if the delay is unreasonable

If you think the delay is unreasonable, you can

Complain to the insurance company

The insurer must respond to your complaint within 30 business days.

Complain to the Australian Financial Complaints Authority (AFCA)

AFCA is a free and independent dispute resolution service.

Ask for interest to be added to your claim

Read AFCA's rules for compensation for non-financial losses.

Ask for compensation for non-financial losses

AFCA awards compensation for non-financial losses up to \$6,300.

Complain to the Australia Securities and Investments Commission (ASIC)

Consider the impact of the delay on your investment.

Need more help?

For a list of other helpful resources visit our

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