CLAIMS HANDLING PROCEDURE

Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd and/or Altitude Quest Insurance and/or Altitude Quest Insurance Solutions (known collectively as "Altitude" or the "Company")

Scope:
This procedure is operated by the firm in relation to services provided under the Consumer Protection Code 2025.

Immediate notice of any claim is to be given to –

Altitude Insurance Ltd, 60 Merrion Square South, Dublin 2, D02 HE24, ROI
OR
Altitude Insurance Brokers Ltd, 116 Ardingly Drive, Goring-by-Sea, West Sussex, BN12 4TP, UK

Telephone – 00353 (0)89 2231051/ 0044 (0)7780 552494
Email – office@altitudeinsuranceltd.com

For any urgent assistance, out of office hours, telephone 0044(0)7780 552494 – if we are unavailable, please leave a message detailing the reason for your call.

Our Objectives:

1. To respond to claims in a courteous, timely and fair manner;
2. To assist you as much as possible and to ensure you are satisfied (to the extent possible) with the outcome of the claim; and
3. To endeavour to have a situation where you feel that we have provided quality support and assistance throughout the duration of the process.

Our Procedure:
In the event of an incident, the following is the normal process which we will follow in order to proceed with the investigation of your claim. Please note however, as every incident is different, it may not always be possible to follow the same procedure: -

- We will offer to assist you in the process of making a claim; upon first contact, we will ask you for any/ all details regarding the incident that you are able/ in a position to advise, we will ask this from you in writing i.e., email. We will discuss with you the section of policy coverage that may be applicable to the incident in question and advise of any relevant terms/ conditions/ subjectivities/ warranties. It is, however, the final decision of the Insurer as to whether any incident is covered by your policy after they have fully investigated the circumstances surrounding the claim.

- We will be available to discuss all aspects of the claim with you, including assessment of liability and damages, during normal office hours - or outside of these hours if agreed with you prior to such contact.

- We will endeavour to comply with a request from you for us to use a particular means of communication with you in relation to a claim, unless to do so would be unreasonable or the means of communication requested by you is not a means of communication currently employed by us for this purpose.

- We will maintain a record of all conversations with you in relation to the claim including audio recordings of telephone calls where these are recorded.

- Where an accident has occurred and a personal injury has been suffered, a copy of the Personal Injuries Resolution Board Claimant Information Leaflet will be issued to you as soon as we are notified of the claim – in respect of Republic of Ireland personal injuries only.

- Where a claim form is required to be completed, it will be issued to you within five working days of it becoming apparent to us that the form is required.

- Within 1 business day following this first advice, we will forward any/ all details and supporting documentation that we have received so far, onto Insurers.

- Insurers will look into the information provided and give initial thoughts on how to proceed i.e. request/ require further information and/or appoint legal representation and/or a loss adjustor and/or an expert appraiser. When additional documentation or clarification is required from you, we will advise you of this as soon as possible and, if necessary, issue reminders.

- Your/ Insurers legal representation will then commence their investigation of the incident and provide updates where applicable.

- In order to complete a full investigation and to assist in the processing of the claim, Insurers may feel it necessary to engage the services of a loss adjustor and/or an expert appraiser. Where the services of a loss adjustor and/or expert appraiser have been engaged, we will notify you of the contact details of the loss adjuster and/or expert appraiser that has been appointed to assist in the processing of the claim and that **such loss adjuster and/or expert appraiser acts in the interest of the insurer** - such notification shall include an explanation of the function of the person engaged. We will maintain a record of this notification.

- If you wish to appoint a loss assessor who will investigate and assist in the processing of the claim on **your** behalf, you of course may do so but, any such appointment will be at your own expense.

- At your request and with your written consent, we will engage with a third party which you have appointed to act on your behalf in relation to a claim.

- We will, while the claim is ongoing, provide you with updates of any developments affecting the outcome of the claim within ten business days of learning of the development. When additional documentation or clarification is required from you, you will be advised of this as soon as required and, if necessary, issued with a reminder on paper or on another durable medium.

- Where an insurer appoints a third party to undertake restitution work in respect of a claim, details of the scope of the work that has been approved and a detailed breakdown of the cost will be provided to you in advance and on paper or on another durable medium.

- Due to the nature of some claims i.e., Passenger/ Employee injury, full investigation in order to conclude the claim may take what appears to be a protracted length of time however, adequate time must be given to you in order for the full extent of injuries to become evident.

- Upon conclusion of Insurers/ Legal Representation/ Loss Adjustors investigation, a report will be issued detailing the outcome – you will then be advised of this as soon as is reasonably possible.

- If applicable, claims payments will then be made to you and/or your representative as agreed.

- Where a method of direct settlement has been used, we will certify to you, on paper or on another durable medium, that the restitution work undertaken by any third party appointed to restore your property has been undertaken in a manner in which your property has been restored at least to the standard of the property that existed prior to the insured event.

- Upon full conclusion of the claim, we will issue you with a full report detailing the incident details, investigation outcome/ conclusion and the amounts of any claim's payments. In any future insurance dealing, whether with the Company or any other Broker, the details of this report must be disclosed as

this forms part of your claims history which is classed as material information by Insurers when assessing whether to offer terms for a risk.

- To the best of our ability, we will ensure that any claim settlement offer made to you is fair and represents the Insurers best estimate of your reasonable entitlement under the policy. In determining that any claim settlement offer made to you is its best estimate of your reasonable entitlement, we will take into account all relevant factors, including the following: any evidence submitted by you, or any third party acting on your behalf, to support the value of the claim; any evidence made known to us by a third party or evidence that should be reasonably available; the procedures used in determining the monetary amount of compensation offer.

- We will ensure that, within ten business days of making a decision in respect of a claim, Insurers inform you, on paper or on another durable medium, of the outcome of the investigation explaining the terms of any offer of settlement. When making an offer of settlement, Insurers must ensure that the following conditions have been satisfied:
  a) the insured event has been proven, or accepted by them
  b) all specified documentation has been received by Insurers from you
  c) the entitlement of you to receive payment under the policy has been established

- We will ensure that Insurers allow you at least ten business days to accept or reject the claim offer. Where you waive this right and accept the settlement offer within this timeframe, this will be recorded.

- Where you have agreed to accept the offer made by Insurers to settle a claim, they must discharge the claim within an agreed amount of business days from the date you have agreed to accept the offer, once the appropriate amount has been agreed subject to finalisation of legal costs, where applicable. Where a method of direct settlement is being applied, Insurers must discharge the claim without delay.

- If Insurers decide to decline the claim, the reasons for that decision must be provided to you on paper or on another durable medium.

- Insurers will provide you with written details of any internal appeals mechanisms available to you.

- If you, as the Policyholder are not the beneficiary of the settlement, you will be advised on paper or on another durable medium, by Insurers at the time that settlement is made, of the final outcome of the claim including the details of the settlement. Where applicable, you will be informed that the settlement of the claim will affect future insurance contracts of that type.

Last Updated – 01/11/2026