

Claims Procedure

Immediate notice of any claim is to be given to –

Altitude Insurance Ltd
Ground Floor, 71 Lower Baggot Street,
Dublin, D02 P593, ROI

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 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: -

- 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 relevant 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.
- Within 1 business day following this first advice, we will forward any/ all details and supporting documentation 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.
- 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 expert appraiser, if this happens, you will be advised of their contact details – please note, such loss adjuster and/or expert appraiser acts in the interest of the Insurer.
- 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.
- Upon receipt of any applicable updates, we will further advise you.
- 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 the claimant 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 the claimant.
- 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 Altitude Insurance Ltd and/or Altitude Insurance Brokers Ltd 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.

Our Undertakings to You -

- Whilst the claim is ongoing, we will provide you with updates of any developments affecting the outcome of the claim within ten business days of the development.
- When additional documentation or clarification is required from you, we will advise you of this as soon as possible and, if necessary, issue reminders.
- If a Loss Adjustor is appointed, we will ensure that Insurers provide you with their contact details. Please remember, a Loss Adjustor acts in the interest of the Insurer.
- As a Loss Adjustor acts in the interests of the Insurer, you may appoint a Loss Assessor to act in your interests however, any such appointment will be at your expense.
- Only at your request and with your written consent can we engage with a third party which you have appointed to act on your behalf in relation to a 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).
- To the best of our ability, we will ensure that any claim settlement offer made to you is fair, taking into account all relevant factors, and represents the Insurers best estimate of your reasonable entitlement under the policy.
- 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 ten 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 – 28/08/2025