FREE POLICYHOLDER RESOURCE

Rejected Claim Response Checklist

Use this checklist the moment an insurer rejects, repudiates or underpays your claim — including the documents to request, the deadlines to protect and the NFO escalation route.

Step 1 — Secure the paper trail

- [ ] Written rejection letter naming the specific policy clause or exclusion applied.
- [ ] Copy of the insurer’s assessor, loss adjuster or forensic expert report.
- [ ] All documents, statements and photographs the insurer relied on.
- [ ] Complete claim file: claim number, correspondence, call reference numbers.

Step 2 — Test the reason given

- [ ] Wear and tear, gradual deterioration or lack of maintenance — is there engineering proof?
- [ ] Non-disclosure or misrepresentation — was it material to the risk that caused the loss?
- [ ] Late notification — did the insurer suffer actual prejudice?
- [ ] Excluded peril — was the dominant proximate cause correctly identified?
- [ ] Underinsurance or average — was the sum insured and calculation correct?

Step 3 — Deadlines to diarise

- [ ] Insurer internal appeal period (usually stated in the rejection letter).
- [ ] 90 days from final rejection to refer the dispute onward — do not let this lapse.
- [ ] Prescription period for legal action (generally three years) — confirm your date.

Step 4 — Build the counter-position

- [ ] Independent engineering causation opinion (ECSA-registered).
- [ ] Independent scope of works and quantum, line-item costed.
- [ ] Business interruption or additional living cost calculation, if applicable.
- [ ] Written submission tying the evidence to the policy wording clause by clause.

Step 5 — Escalate correctly

1. Serve the prepared dispute submission on the insurer with a response deadline.
2. Lodge with the National Financial Ombud (NFO) if the insurer maintains its decision.
3. Reserve your rights in writing at every stage.