



Claims – Frequently Asked Questions

Making a claim is always perceived as being a stressful and fraught time but at John Beard & Son Ltd we will always try to make the process as painless as possible. Listed below are some of our most “Frequently Asked Questions” to help with any queries you may have. Of course; if we haven’t been able to answer your specific query please don’t hesitate to contact our [Claims Department](#) for assistance.

How many estimates do I need to provide?

Two. There are always exceptions though and in cases where there is difficulty obtaining more than one estimate (and if the claim is for a minimal amount), the insurers can sometimes be known to make an exception. Please do your utmost to obtain the required number of estimates but if you do have difficulties, please contact our [Claims Department](#) to discuss.

If I have any problems or queries during the course of my claim, who do I contact?

If you are insured with us via another agent or broker, you should direct all queries to them in the first instance. If your query is with the contractor you have chosen, you should always direct your query to them. If they are not able to help or if you have purchased your policy from us direct, we will always be happy to help with any queries you may have. Please contact our [Claims Department](#) in the normal way.

Can the Insurer pay the Contractor direct when the work is finished?

Yes. It’s quite normal for client’s to request this and the Insurers are happy to issue the cheque made payable to the Contractor. When you send the final invoice to us, make sure you include the correct payee details. You must remember that your policy excess and, if you are VAT registered, the relevant VAT element, will always be deducted from the settlement cheque so you are responsible for paying the difference to the Contractor yourself. Please note that regardless of the payee details, the cheque will always be sent to you as the Insured, unless you specifically request otherwise.

Are there any time limits?

Yes. A condition of your policy is that you report any claim to us immediately. Once you’ve done this, you are obliged to provide any necessary paperwork (i.e. claim form, estimates) within 30 days. Long delays may increase the cost of the claim and Insurers may ask for your written explanation as to the reasons for the delay. In extreme cases, they may decline to cover the further damage that could (and should have) been avoided.

I’ve provided two estimates. Why does the Insurer still want to send someone to verify them?

Insurers are always looking to reduce the cost of claims Nationwide and maintain consistency. It could be any number of reasons that prompt them to check your particular claim but more often than not, it’s nothing more than a simple, random spot-check. Let’s face it; the more they pay out in claims, the higher our premiums so it’s in everyone’s interest to keep the cost down.

A Loss Adjuster has been appointed to my case; what happens next?

Larger claims sometimes require a Loss Adjuster. If one is appointed to your case, you will receive a telephone call from their office to arrange a mutually convenient time and date to visit you. The Assessor will then visit at the arranged time to view any damage/loss and discuss the circumstances of the claim with you. Sometimes, they will ask you to take further action to prevent the damage worsening and contain the costs. They may also instruct Disaster Management and/or Restoration specialists to work on your case.

In the event that the damage or loss has been caused by a third party and the Insurers are able to pursue them to recover their costs, the Loss Adjuster will help with this too.