

## TERMS OF BUSINESS STATEMENT

Alan O'Rafferty & Associates is regulated by the Central Bank of Ireland to undertake insurance mediation as a Loss Assessor under the European Communities (Insurance Mediation) Regulations 2005. A copy of our Statement of Authorised Status is available on request.

Alan O'Rafferty & Associates has offices at:

Unit 7  
Castlecourt Centre  
Main Street  
Castleknock  
Dublin 15

T: 01 8211111

F: 01 8211112

E: [info@alanorafferty.com](mailto:info@alanorafferty.com)

W: [www.alanorafferty.com](http://www.alanorafferty.com)

### Services Provided

As a Loss Assessor we provide a professional property damage loss assessing service to our clients. On our clients behalf we prepare manage and negotiate property damage claims and deal with the insurance company liable for the claim or their appointed intermediary or Loss Adjuster.

We also provide Public Loss Assessing (PLA) for Commercial, residential and the industrial sectors

### Remuneration Structure

Our fee for the claim handling services we offer you is **10%** (plus VAT) of the total settlement figure.

We reserve the right to amend this fee should the complexity of the service result in an increase in the time spent in claim negotiation on your behalf.

We confirm that any addition to the above percentage fee will be agreed with you in advance of any increased charge being applied. Our Loss Assessing services will cease to apply during further fee negotiation.

Loss Assessing fees are payable directly to our firm 10 days from issue of the settlement cheque by the Insurance Company.

**Valid from 1 January 2011 until further notice**

### Complaints Procedure

We have a written complaints procedure for the effective handling of all complaints

- We will acknowledge receipt of your complaint in writing within 5 working days
- A written update will be issued to you every 20 days by a nominated individual within our firm
- A comprehensive response to your complaint will be issued within 40 days of receipt of your initial complaint
- In the event of any failure to resolve your complaint you may raise this matter with the Financial Services Ombudsman Bureau  
Tel: 1890 – 88 20 90  
[enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)
- Our full Complaints Procedure is available on request

### Conflicts of Interest

Our employees are required to comply with a policy of independence and disregard any conflict of interest when providing a business service to you.

### Duty to Disclose Information

It is your responsibility to provide complete and accurate information when making a claim. Failure to disclose any material information to your insurers could invalidate your insurance cover and could mean that all or part of a claim will not be paid.

### Failure to Pay Fees for Professional Services

We will exercise our legal right to receive any payments due to us for business services provided in the event of a default in payment.

### Data Protection

We collect your personal details in order to provide the highest standard of service to you. We take great care with the information provided; taking steps to keep it secure and to ensure it is used only for legitimate purposes. To fulfil these objectives we may share information with other affiliated professionals. The information and other data provided to our office may be used to advise you of products and services we may offer from time to time.

You have the right at any time to request a copy of any 'personal data' within the meaning of the Data Protection Act 1988 (as amended or re-enacted from time to time) that our office holds about you and to have any inaccuracies in that information corrected.

## Client Mandate Form

To: \_\_\_\_\_  
(Insert your insurance company name)

I: \_\_\_\_\_  
(Insert your name)

Of: \_\_\_\_\_  
(Insert your correspondence address)

Confirm that I give my consent to have Alan O'Rafferty & Associates prepare, compile, process and negotiate my claim and that I direct and authorise you and/or your representative to negotiate, communicate and settle my claim with Alan O'Rafferty & Associates on my behalf.

I acknowledge receipt of the Terms of Business for Alan O'Rafferty & Associates:  (Please tick)

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(Please print your name in block letters)

Date: \_\_\_\_\_