

SUBMISSION ON POLICY ISSUES RAISED IN ROUND 6

Submitted By: [REDACTED]

Email: [REDACTED]

Phone Number: [REDACTED]

Submission for: Another Person

Name of other person, business or organisation: [REDACTED]

Do you agree to your submission being published: Yes

Do you agree to your full name being published: No

Your submission:

I [REDACTED] first purchased insurance from [REDACTED] in 1956, which included sickness, accident and cancer cover.

My bank statements indicate that the premium for these policies has been deducted continuously, half yearly up to this present day.

[REDACTED] claim these policies lapsed in 2000, but my bank statements indicate otherwise.

In 2001 [REDACTED] established new policies for sickness, accidental illness and cancer and began deducting payments from my bank account without my knowledge or authority. I was unable to view these payments on bank statements as my statements were redirected and agents who signed me up were of no help.

I was approximately 66 years of age at the time these policies were taken out and I had no need for extra cover at this time of my life.

The cost of these policies was about \$4000 per annum and over a long period of time they removed about \$40 000 from my account without my knowledge or authority.

I originally had agents call to check on my welfare, but I never signed up for a new policy or consented to a new policy over the phone as I was on the aged pension.

I lodged a claim for an accident in 1993 and I only found out this week that while my claim was lodged and received that no further action was taken. I have reactivated the claim process this week.

In my humble opinion, there appears to be lack of oversight and accountability with regards to selling and administering insurance policies. An historical claim became bogged down and didn't meet the intended purpose of having it in the first place. I was then sold and charged for an additional policy that I didn't need or authorise.

Thank you