

The Current Law Relating to Fraudulent Claims and the Future: A Paler Shade of Grey?

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Learning outcomes



- Identify the key elements of the fraudulent claims rule and its historical development.
- Understand the relevant provisions of the Insurance Act 2015 and how these will impact on how an insurer may deal with fraudulent claims, as well as the remedies available to an insurer.
- Apply the knowledge gained from the seminar to deal more effectively with, and find practical solutions to, the types of fraudulent claims that are typically encountered by an insurer.
- Critically analyse the current state of the law relating to fraudulent claims and find novel solutions to any remaining grey areas.




The scale of the problem




- Results in an additional £50 being added to the average annual household bill.
- In 2011, 139,000 dishonest claims totalling £1 billion.
- The insurance industry invests £200 million in fighting fraud.

Source: ABI



Criminal law v civil law PYR  MID

- According to BBC reports in 2014, since its formation in 2011, the Insurance Fraud Enforcement Department has prosecuted 85 people.
- Is the civil law rather the criminal law being relied upon as a mechanism to deter and counter insurance fraud?




Are insurers fair game? PYR  MID


“The making of dishonest insurance claims has become all too common. There seems to be a widespread belief that insurance companies are fair game and that defrauding them is not morally reprehensible.”


Lord Justice Millett in *Galloway v Royal Exchange (UK) Ltd*
[1999] Lloyd’s Rep IR 209



What constitutes fraud? PYR  MID

- Whilst they had the opportunity to do so, when making recommendations for the Insurance Act 2015, the Law Commission decided it should be left to the courts to define fraud.
- Was this the correct approach?




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➤ The words of Lord Herschell have stood the test of time. Fraud will be proven when “a false representation has been made:

- 1) knowingly, or
- 2) without belief in its truth, or
- 3) recklessly, careless whether it be true or false.”

Derry v Peek (1889) 14 App. Cas. 337



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What about bargaining tools?

➤ *Ewer v National Employers’ Mutual General Insurance Association* [1937] 2 All ER 193

➤ Mr Justice McKinnon didn’t see much wrong with a claim for the cost of new furniture to replace second-hand furniture that had been destroyed. It was part of the opening negotiations and the claimant knew their claim would be scrutinised by assessors.


➤ Is the modern judiciary so tolerant?




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➤ *Orakpo v Barclays Insurance Services* [1995] LRLR 443. Lord Justice Hoffman stated:

“In cases where nothing is **misrepresented or concealed**, and the loss adjuster is in as good a position to form a view on the validity of the claim as the insured, it will be a legitimate reason that the insured was merely putting forward a starting figure for negotiation.”





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➤ The Financial Ombudsman Service states that for fraud to be established there should be:

“concrete evidence of lies, inconsistent statements or acts of deception.”


Ombudsman News, Issue 21




How the courts have categorised claims PYR  MID
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- 1) Wilful misconduct on the part of the insured, where the insured deliberately causes the loss and then makes a claim under the policy.
- 2) Losses which are invented by the insured when there has been no loss.
- 3) Presenting a claim to an insurer in a way that seeks to conceal the fact that the insurer may have a defence.
- 4) Exaggerating a claim that has arisen from a genuine loss.
- 5) Using a fraudulent device to improve the prospects of success in a claim where a genuine loss has occurred.

Source: Macdonald Eggers P., *Good Faith and Insurance Contracts*, 3rd Ed, (London: Lloyd's List Group, 2010)





When is a claim presented? PYR  MID
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➤ According to one commentator, Professor D.R. Thomas, it is when a communication that:


“ ... represents the insured’s concluded position and is an unequivocal assertion to the entitlement to an indemnity under the policy.”

➤ What about preliminary notifications?




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- The duty not to present a fraudulent claim arises at the point the claim is presented and ends when court proceedings are commenced. At this point, the court rules will apply – *The Star Sea* [2001] UKHL 1
- What about forged documents submitted after settlement terms have been agreed? See *Direct Line Plc v Fox* [2009] EWHC 386




The fraud must be substantial

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- The contentious issue here is when a claim consists of a genuine part and a fraudulent component.
- *Galloway v Guardian Royal Exchange (UK) Ltd* [1999] Lloyd's Rep IR 324
- *Tonkin v UK Insurance Ltd* [2006] EWHC 1120
- It's not about mathematics.




The burden of proof


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- The burden of proof is on the insurer - *Lek v Mathews* (1927) 29 Lloyd's Rep 141
- The normal civil standard of "on the balance of probabilities" applies but a higher degree of probability may be required for the more serious allegations – *Hornall v Newberger Products Ltd* [1957] 1 QB 247
- There is no requirement that the insurer was induced, just that the fraud was substantial.




The insurer's remedy PYR  MID


- The common law remedy is forfeiture of the entire claim presented by the fraudulent insured.
- The insured is required to repay interim payments – *Axa v Gottlieb* [2005] Lloyd's Rep IR 369




Avoidance ab initio PYR  MID

- Think of section 17 of the Marine Insurance Act 1906.
- What about previously valid claims?
- Should a fraudulent claim tarnish previous claims made under the policy?



Self-help remedy PYR  MID

- Reduces the risks from the unpredictability of the common law.
- The insurer can stipulate their remedy.



Fraudulent devices – the current battleground



➤ A fraudulent device is used when “the insured believes that he has suffered the loss claimed but seeks to improve or embellish the facts surrounding the claim by some lie.” – Lord Justice Mance in *The Aegeon* [2002] EWCA Civ 247

➤ *Aviva Insurance Ltd v Brown* [2011] EWHC 362

➤ *Sharon’s Bakery v Axa Insurance UK Plc* [2011] EWHC 210 (Comm)

➤ “The logic is simple. The fraudulent insured must not be allowed to think: if the fraud is successful, then I will gain; if it is unsuccessful, I will lose nothing.” – Lord Houghton in *The Star Sea* [2001] UKHL 1




The DC Merwestone





➤ Mr Justice Popplewell in the Commercial Court ([2013] EWHC 1666) reached the conclusion “with regret” that the claimant would lose their entire claim because they had used a fraudulent device.

➤ He drew a comparison with the criminal law: “Not all fraud attracts the same moral obloquy, as is recognised in the sentencing practice applied to criminal offences involving dishonesty and fraud.”


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- Mr Justice Popplewell also sought to rely on the judgment of Lord Justice Clarke from *Fairclough Homes Ltd v Summers* [2012] UKSC 26
- A distinction between first party claims and third party claims.




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- Mr Justice Popplewell thought the issue was about being “just and proportionate”.
- ABI statistics – doubted whether claims based on fraudulent devices represented a significant proportion of fraudulent claims.



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- Sanity was restored in the Court of Appeal. Lord Justice Christopher Clarke handed down the leading judgment on 16 October 2014 ([2014] EWCA Civ 1349).
- Fraudulent devices are a “sub-species” of the fraudulent claim rule.
- “The drastic effect of forfeiture is what gives it its deterrent effect and its justification rests on that basis.”
- The Human Rights Act 1998?




The Insurance Act 2015 PYR  MID


- The Law Commission made clear that they did not think it right that the Act should codify the law relating to fraudulent claims but instead should be used to provide clarity regarding the insurer’s remedies.


- The definition of fraud and what constitutes fraud remains at the mercy of the common law.




The insurer’s remedies PYR  MID

- The insurer will not be liable where there is a fraudulent claim.
- Sums previously paid in respect of the fraudulent claim can be recovered.
- By serving notice, there is a remedy of prospective avoidance from the date of the fraudulent act and there is no need to return the premium (see section 13 for group policies)
- Previous claims are not impacted.
- Section 14 – remedy of avoidance ab initio is abolished.



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- The new Act uses the term fraudulent “act” rather than claim.
- In a situation where a fraudulent act has been committed and payments are made because the insurer has not discovered it but they then go on to discover the fraudulent “act” there is no statutory remedy. The Law Commission recommend a self-help remedy of express provisions.
- Part 5 of the Act deals with contracting out – especially in consumer contracts, an insurer cannot seek to impose a harsher penalty than is provided by statute. See also the transparency requirements.
- Third party claims are still not covered by the Act.



A paler shade of grey?



- To a large extent, we are still at the mercy of the common law.
- Third party claims are not covered by the Insurance Act 2015.
- Little has changed – the shade is slightly paler but only very slightly!
