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July 9, 2008

Financial Services Commission of Ontario (FSCO)
5160 Yonge Street
P.O. Box 85
Toronto, Ontario, M2N 6L9

Attention: Mr. Bob Christie – CEO of the Financial Service Commission of Ontario.

Dear Sir:

Via an article in the Ottawa Citizen I have become aware of the current review of the auto insurance act and would like to express my thoughts and concerns.

As the act currently stands it is heavily weighted towards the profitability of the insurance industry with little regard to the immediate needs of the claimant. The bureaucracies in place impede speedy delivery of "No Fault" benefits slowing the financial, physical and emotional recovery after an accident. Thus increasing the burden on the public health care system.

Without the services of a lawyer the general public is at the mercy of the insurance industry's interpretation of the act as it is not clearly concisely written. Further the response times combined with the processes and procedures required by the insurance companies are such that families already struggling with the aftermath of a serious accident must carry the additional burden of meeting the demands of the insurance company.

The article in the Ottawa Citizen had the following quote "*the insurance industry blamed rising premiums on the increased cost of medical rehabilitation and court costs*".

I would respectfully submit that the insurance industry itself is responsible for much of the increased court costs as the accident victim has no recourse but to bring suit in order to receive fair treatment at their hands.

A case in point, in November of 2006 my husband was hit by a driver making an illegal left hand turn at a major intersection. The day after the accident I received a call from the insurance adjustor asking for his status. To quote his doctors he had received "*devastating injuries*". Upon being informed of this the adjustor immediately sent via mail a letter and forms demanding tax and medical records along with other personal information (some of which they had no legal right to). Within a couple of weeks of receiving that missive we were sent a letter requesting we waive interest charges on any future settlement as a gesture of good faith.

My response was to engage a lawyer to handle the insurance company while I dealt with the myriad of medical needs of my husband.

Since November 2006 we have had no recourse but to start suit against the insurance company as they have not acted in good faith. All their demands for information have been met expeditiously but they have failed to meet their own responsibilities. Take for instance requirements for medical examinations by insurance doctors. We have been waiting since spring of 2007 for these appointments. To date they still have not been provided.

One statistic that would be interesting to have is how many cases are filed that never make it to court. It is my opinion that the industry uses bullying and delay tactics as a means by which to wear down claimants. As most claimants are financially strapped due to loss of income caused by the accident not to mention additional medical costs these delays can leave the average family on the brink of bankruptcy. Not exactly a level playing field when the insurance company finally comes to the mediation table.

The restrictions on damages for accident victims, including the threshold for permanent bodily injury are not fair and are heavily weighted in favour of the industry.

My husband worked for 35 years to achieve the highest level in his career only to have it all taken away by this accident. After 2 years he is still on morphine to help cope with the pain, he has difficulty walking, lost 60% of the use of his right arm and is suffering from depression. Adding to his burden is an insurance industry which apparently works the system without regard to the human suffering caused by its manipulations.

My husband's career and quality of life weight little against the insurance company profit margin. How unfair that they should set the value of his past and future achievements

Another quote from the article states "*Insurers believe the five year review has flown under the public's radar because of satisfaction with the status quo*".

I beg to differ; most of the public are unaware of this review. To my knowledge no large adds requesting input have appeared in the media. The public has become fatalistic.

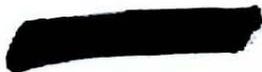
A truer picture is being given by the industry itself in its television advertising. Possibly you have seen the commercials where insurance brokers are being fed to the sharks and big cats? That is a much more accurate depiction of public opinion.

To summarize the act is biased heavily in favour of the insurance industry with language that is so convoluted that even the legal establishment is hard pressed to interpret it. The industry is shirking its responsibilities adding to the already over burdened publicly funded medical and social safety nets.

This combined with the use of internal process, procedures and delay tactics as weapons against victims the industry is alienating the public.

In the public mind a dangerous question is forming. If the insurance industry does not meet its obligations and we are left to struggle on without their aid, then why do we need them?

Sincerely,

A thick black horizontal bar redacting the signature of the sender.