

Common Insurance Delay Tactics After a Car Wreck

An experienced Fort Worth attorney who knows how to fight back

A [car accident](#) can be upsetting in many ways – first by the crash itself, then by the insurance company. One moment you're driving home from work, minding your own business, and the next you're sitting in a hospital waiting room filling out paperwork while your car sits mangled in a tow yard. You'd think the hard part was over. Then you call the insurance company, and you realize the hard part was just getting started.

Insurance delays after car accidents aren't accidental. They're a business strategy and a deliberate, well-practiced playbook designed to wear you down until you either give up or accept less than you deserve. Understanding how these tactics work is the first step toward making sure they don't work on you.

Why do insurance companies drag their feet?

Insurance companies drag their feet for three core reasons, and none of them have anything to do with your best interests. It's about:

- **Money:** Insurance companies aren't charities; they're investment vehicles. They collect your premiums, put that money to work in financial markets, and earn returns on it while your claim sits in a queue. Every week your settlement is delayed is another week that money is earning interest for them instead of landing in your pocket. This concept, known as the "float," is a fundamental part of how insurance companies profit, and delay is one of the most direct ways to maximize it.
- **Your financial vulnerability:** The weeks after a serious accident are among the most financially stressful of a person's life. You're dealing with lost income, mounting medical bills, rental car expenses, and the general chaos of having your daily routine shattered. Insurance companies know this. They're betting that your financial pressure will push you to accept a lowball offer just to make the bleeding stop, and statistically, they're often right.
- **The legal clock:** Every state has a statute of limitations on personal injury claims, usually two to three years, and delay can quietly eat into that window. By the time some people realize their claim has been strung along long enough to affect their legal options, it's too late to do much about it.

What are the most common delay tactics to know about?

Some of the most common insurance company tactics include:

Burying you in paperwork

One of the oldest tricks is asking for more documentation than is actually necessary. A legitimate claim does require records such as accident reports, medical bills, proof of lost

wages. But when an insurance adjuster asks for records you've already sent, demands years of prior medical history for a minor injury, or keeps finding new documents to request every time you think you're close to a resolution, that's a pattern, not an administrative oversight. Each new request resets the clock and gives them more time to look for anything they can use against you.

Shuffling your adjuster

If you've been assigned three different adjusters in two months, that's not a coincidence. Every reassignment means starting over, re-explaining the car accident, resubmitting documents, rebuilding any progress you'd made. The new adjuster has no institutional memory of what you've been through or what was previously discussed. You bear the entire cost of that transition. They bear none.

Stretching out the investigation

Insurance companies have a legal duty to investigate claims promptly, but "promptly" is loosely defined and rarely enforced. What this means in practice is that a rear-end collision (one of the clearest liability situations that exists) can somehow still be "under investigation" three months later. They'll tell you they're waiting on a police report that's already been filed, or that they need to contact a witness who picked up the phone on the first try when you called.

Questioning your medical treatment

This one is particularly frustrating because it doesn't just delay your claim, it can delay your actual care. Insurance companies frequently dispute whether your injuries are related to the accident, or whether the treatment your doctor recommended was necessary. They may require you to see one of their own physicians for what's called an Independent Medical Examination, or IME. "Independent" is generous; these doctors are hired and paid by the insurance company, and their findings have a way of lining up with the insurance company's interests.

The early lowball offer

A quick settlement offer can feel like a lifeline when you're drowning in bills. That's exactly why insurance companies make them. The problem is that many serious injuries take weeks or months to fully show up. If you settle before you know the full picture, you may be signing away your right to compensation for treatment you don't even know you'll need yet. Once you sign that release, the conversation is over.

Misrepresenting your coverage

Adjusters sometimes tell claimants they aren't covered for pain and suffering, future medical costs, lost earning capacity, when in fact they are. Policy language is dense enough that most people have no way to verify these claims on the spot, which makes this tactic easy to pull off against unrepresented claimants. If the at-fault driver's insurance is misrepresenting coverage,

they're under even less obligation to be straight with you. Their legal duty runs to their own client, not to you.

Going radio silent

Unreturned calls, vague emails, and "your claim is still under review" letters are the background noise of the delay process. Most states require insurance companies to acknowledge a claim within ten to fifteen business days, but acknowledging a claim and actually advancing it are two very different things. Adjusters can stay just responsive enough to avoid a formal complaint while providing nothing of substance for months at a time.

Manufacturing a liability dispute

Even in car accidents where fault is crystal clear, insurance companies may dispute liability. Because a liability dispute justifies withholding payment and creates an opening to argue you were partially at fault. In states with comparative fault laws, even pinning 15% of the blame on you can meaningfully reduce their payout. It costs them relatively little to dispute liability and potentially saves them a lot.

What red flags should you watch for?

Some warning signs are obvious. You've been reassigned multiple adjusters. You keep getting asked for the same documents. Settlement offers arrive before your doctor has finished treating you.

Others are more subtle. Watch out for adjusters who are warm and friendly but never actually move your claim forward. That rapport-building approach is a known technique; it keeps you from pushing back or consulting an attorney because you don't want to seem difficult with someone who's been so nice to you.

Be especially wary if you're being pressured to give a recorded statement before you've had time to fully understand what happened, or if an offer comes with an artificial deadline. That kind of urgency is designed to prevent you from getting a second opinion.

How can you protect yourself from these tactics?

There are several practical steps you can take to protect yourself and your claim from the moment a car accident happens:

- **Document everything from day one:** Log every phone call, every email, and every document you send. That includes the date, the name of the person you spoke with, and a summary of what was discussed. After significant phone conversations, follow up with a written email to the adjuster confirming what was said. This creates a record that's very hard to dispute later.

- **Avoid speaking to insurance companies:** Don't give a recorded statement to the other driver's insurance company without talking to an attorney first. You have no legal obligation to do so in Texas, and anything you say can be reframed and used against you.
- **Don't settle until you've reached Maximum Medical Improvement (MMI):** MMI is the point at which your doctor confirms your condition has stabilized. Settling before that point means accepting a number based on incomplete information – and potentially signing away your right to compensation for treatment you don't yet know you'll need.
- **Talk to a Texas car accident lawyer:** An attorney acts as a buffer between you and the insurance company, so adjusters can't pressure you, mislead you, or push you into accepting a settlement that doesn't reflect the true value of your claim.

When does delay actually cross a legal line?

When an insurance company's conduct becomes unreasonable enough, it can cross into what's legally called bad faith. Bad faith isn't just a description of bad behavior. It's a legal cause of action that, in many states, can result in damages well beyond the original claim value, including attorney fees and sometimes punitive damages. If you believe your insurance company has crossed that line, document every instance with dates and specifics, and bring that to your attorney's attention.

Don't let the insurance company win. Get a lawyer who is ready to fight back

If you've been hurt in a car accident in Texas, the clock is already ticking, and the insurance company knows it. They're counting on you to feel overwhelmed, confused, and desperate enough to accept whatever they put on the table. [Coby L. Wooten, Attorney at Law, P.C.](#) knows every delay tactic in their playbook. When an insurance company tries to wear you down, having an experienced Fort Worth car accident attorney in your corner changes the entire dynamic.

It costs you nothing to get legal help. We offer free consultations and work on a contingency fee basis. That means you pay absolutely nothing unless the firm recovers compensation for you. [Contact us online](#) or call today to schedule your free case evaluation. We proudly serve injury victims throughout Fort Worth, Dallas, Arlington, Grand Prairie, North Richland Hills, Flower Mound, Mansfield, Bedford, Euless, Grapevine, and all of Tarrant County.