

## **The complaint**

Mr G has complained that AXA Insurance UK Plc ('AXA') has unfairly declined his claim.

## **What happened**

Mr G had a travel insurance policy, underwritten by AXA. Mr G made a claim for medical treatment at a clinic after falling ill whilst on a trip to Cameroon. But AXA declined the claim and said this was due to inconsistencies and fabricated evidence.

Unhappy with this, Mr G referred his complaint to our Service. Our investigator looked into the complaint but didn't think AXA had unfairly declined the claim as it had explained the inconsistencies in the evidence which caused it to doubt the claim.

Mr G disagreed and in summary, has made the following comments:

- He has been the victim of fraud
- He has never lied and did not submit fabricated documents
- He didn't think AXA had done its work properly

And so the case has been passed to me to decide.

## **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I don't think Mr G's complaint should be upheld. I'll explain why.

The relevant industry rules say an insurer must handle claims promptly and fairly and shouldn't unreasonably reject a claim.

AXA appointed agents and carried out an investigation. It found that the documents from the clinic were fabricated and the clinic had confirmed it had no log of Mr G. Mr G told AXA he'd been the victim of fraud and provided further evidence from the clinic confirming that the doctor who had treated Mr G had been investigated and dismissed. And that Mr G was a victim of fraud.

AXA said:

- Mr G had changed his story
- An external agent was instructed to complete further investigations and validate his version of events
- The investigations found multiple inconsistencies and fabricated evidence

AXA also raised a number of other points:

- Details of the car registration in which Mr G travelled abroad

- The owner of the clinic was interviewed but later changed her version of events
- The medical documents had been fabricated
- Mr G failed to give details of the annex in which he was treated
- He contacted AXA on 14 July asking to visit a clinic when he had already been admitted to an annex on 12 July
- The agent instructed by AXA spoke to the people involved but as there are a number of inconsistencies, it has been unable to ascertain what happened

AXA said it believed Mr G had misrepresented his claim.

Having considered the above, I'm satisfied AXA has explained why it has doubts about the claim and as it didn't receive a sufficient explanation to some of the questions it asked, it declined the claim. And so I don't think it has declined the claim unfairly.

I've also noted what Mr G has said about being the victim of fraud and I'm sorry to hear the ordeal that he has gone through. During our investigation, he has provided further evidence and some explanations to some of the questions asked but AXA has refused to re-assess the claim any further. This is because it isn't satisfied with all of the responses given by Mr G such as confirmation of registration details of the car in which Mr G travelled abroad.

Mr G is unhappy that AXA has refused to re-assess his claim after he has provided evidence to show that he has been the victim of fraud and that the doctor involved has been investigated. But AXA has said it's still not satisfied with Mr G's version of events. As Mr G hasn't been able to provide all of the evidence AXA has requested, as outlined above, I don't think it's unreasonable to maintain its decline.

If Mr G has been the victim of fraud, he could seek independent legal advice about his options.

Finally, Mr G has raised new complaints about the way he was spoken to over the telephone and says AXA has discriminated against him. I can see AXA has responded to these complaints. But these complaints haven't yet been investigated by this office and so, they don't form part of this decision. If Mr G remains dissatisfied with AXA's response to his new complaints, he can ask for a new complaint to be set up.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr G to accept or reject my decision before 26 April 2021.

Shamaila Hussain  
**Ombudsman**