

## **The complaint**

Mr O is unhappy with the way Inter Partner Assistance SA (IPA) handled his claim under his gadget insurance when he lost his mobile phone.

## **What happened**

Mr O took out insurance with IPA via a broker to cover his mobile phone for accidental damage and loss. He lost his phone when out walking and, after a couple of days looking for it, he reported the loss to IPA, the police and his network provider.

IPA asked for proof of purchase, blacklist information and proof of usage. Mr O provided the first two pieces of information, although his network provider didn't give him the proof of usage. He explained that to IPA.

Mr O chased progress of his claim over the following days, but he was unhappy that he kept having to repeat his information, and that IPA kept asking for proof of usage which he couldn't provide. Mr O then complained because IPA hadn't assessed his claim within the two days it promised. He also complained that IPA hadn't treated his claim as urgent or accommodated his accessibility needs after he'd explained about his vulnerability.

IPA settled Mr O's claim, but it didn't think it had done anything wrong in terms of the way it handled his claim.

Our investigator didn't think IPA had treated Mr O fairly and recommended that IPA compensate him £100 by way of apology.

Mr O accepted the outcome, but IPA didn't agree it had done anything wrong. The complaint was 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.

I've decided to uphold Mr O's complaint and I'll explain why.

Firstly, I can understand that after losing his phone, Mr O would undoubtedly have experienced inconvenience and distress. In considering his complaint, I'm only looking at any additional inconvenience and distress he experienced as a direct result of IPA's actions.

Mr O didn't report the loss of his phone to IPA until three days after he lost it. So, it's likely any delay in IPA's process will seem longer simply because of the initial few days without his phone.

Having listened to the claim call, I note that IPA told Mr O what information he needed to provide, most of which he already had. When he chased progress two days later, IPA said it hadn't received his information. In that call, Mr O said it was possible he hadn't sent the information because he didn't have its email address in his contacts. Regardless of this, Mr O provided the information while on the call to IPA and it confirmed receipt.

From here, the main issue of dispute is: IPA's failure to progress the claim; repeated requests for proof of usage, and failure to send letters in the correct format.

IPA said it would assess his claim within two working days. I note that it responded after three days. So, I agree with Mr O that it didn't meet its promised timescale.

On each contact, IPA asked Mr O for proof of usage, despite him having explained that his network provider doesn't provide it. I understand why IPA needs the evidence, but I don't think it was reasonable to repeatedly ask for it after Mr O explained why he couldn't provide it.

Once it accepted that Mr O provided the evidence required, IPA assessed the claim but found that another insurer had also searched records for Mr O's phone. To ensure that liability for the claim was with the correct insurer, IPA discussed this issue with Mr O and further investigation was completed. Where a policyholder has two policies to cover the same risk, liability will be shared. So, I'm satisfied that IPA needed to complete this additional investigation. The evidence doesn't suggest IPA did anything wrong by looking into this matter.

Mr O complained that IPA didn't respond to him by letter in the format he'd asked for. IPA doesn't agree. It accepts that general communication, such as policy documents and marketing material will be standard format. But it confirmed that any additional letters sent to Mr O in respect of his complaint were in the format he'd requested. Based on the evidence I've seen, I can't say that IPA failed to take into consideration Mr O's communication needs.

Overall, I think IPA could've handled the claim better. I can understand Mr O's frustration at having to chase progress, repeatedly explain why he couldn't provide proof of usage, seek information from his network provider, and contact another insurer to clear up any question of dual insurance.

Even after IPA missed its two-day assessment target, I note Mr O had to provide his information again. While I don't think IPA's need for information was wrong, based on the evidence I don't think it progressed the claim as quickly as it could've done. In light of this, I'm satisfied that the £100 compensation proposed by our investigator is warranted.

## **My final decision**

For the reasons given above, my final decision is that I uphold Mr O's complaint and Inter Partner Assistance SA must:

- pay Mr O £100 compensation by way of apology for the repeated requests for information after he'd provided it, and for the short delays at each stage of assessing the claim, which extended the time Mr O was without a phone.

Under the rules of the Financial Ombudsman Service,  
I'm required to ask Mr O to accept or reject my decision before 22 April 2022.

Louise Hunter  
**Ombudsman**