

## **The complaint**

Miss L has complained about the service she received from Inter Partner Assistance SA (IPA) when making a claim under her travel insurance policy.

## **What happened**

The facts are well known to the parties and not in dispute. In summary Miss L took ill whilst abroad and called the insurer's medical emergency team. The medical team advised that no special medical arrangements were required, and that Miss L would be unable to change her flight. Still poorly, Miss L called the medical team again the following day and was told they would review her claim. At this stage it was noted that the hotel doctor had recommended 24 hours bed rest. However when the team contacted Miss L to advise of this oversight, she was already at the airport. She chose to proceed to fly home.

Unhappy with the handling of her claim and delays in paying her medical expenses Miss L complained. IPA apologised and offered £250 in compensation. Miss L didn't think this was sufficient and our investigator agreed. They recommended total compensation in the sum of £400.

Miss L accepted this, but IPA didn't agree to the increase in compensation. It felt that the £250 already offered was appropriate for the errors in its service.

## **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 agree with the conclusion reached by our investigator for these reasons:

- The relevant regulations require that IPA should handle claims promptly and fairly and not unreasonably reject a claim. IPA has accepted that the service it offered Miss L fell below the standards she could expect. It accepts that Miss L needed to contact the claims department on numerous occasions on her return for an update on her claim. It accepts too that she was caused distress by the conflicting information she was given by the medical team. I'm pleased to note that in recognition of the overall poor service she received, IPA apologised and made a payment in compensation to Miss L of £250.
- However I've given careful consideration to the facts in the case. I do find that the oversight by the medical team in not noting that Miss L had been advised to have 24 hours bed rest caused Miss L distress and upset. She had been very unwell with frequent vomiting and diarrhoea. Although IPA subsequently rectified its stance, Miss L was already at the airport based on the earlier advice so I can understand why she chose to continue with her journey home. I don't accept that she caused herself some level of inconvenience by deciding to take the flight whilst still unwell. Had the doctor's bed rest advice been correctly taken into account initially Miss L wouldn't have travelled to the airport.

- It is not for this service to regulate insurers; rather we look carefully at the impact any failing has had on the consumer. Given Miss L's acute ill health at the time, I find the short-term impact was significant. In the light of this I'm satisfied total compensation in the sum of £400 is merited.

**My final decision**

My final decision is that I uphold this complaint. I require Inter Partner Assistance SA to pay Miss L £400 in compensation. It can deduct from this sum any amount already paid.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss L to accept or reject my decision before 18 October 2023.

Lindsey Woloski  
**Ombudsman**