

The complaint

Mr B is unhappy with the service he received from Inter Partner Assistance SA when he made a claim on his travel insurance policy.

Mr B is represented but I'll refer to all representations as made by him.

What happened

Mr B was on holiday with his wife, the late Mrs B. Unfortunately, Mrs B became very unwell whilst abroad and sadly died shortly afterwards, having not regained consciousness.

Mr B was unhappy with the overall service received, including delays in confirming cover and with poor communication. Mr B highlighted that he'd had to spend several hours each day travelling to and from the hospital via public transport as it was so expensive to get a taxi because of the distance to the hospital from their accommodation.

IPA looked into what had happened and upheld Mr B's complaint. They accepted that there were avoidable delays and that the overall service hadn't been to the standard required. They offered Mr B £400 compensation for the distress and inconvenience caused. Unhappy, Mr B complained to the Financial Ombudsman Service.

Our investigator looked into what had happened. She thought the offer of £400 was fair as she explained that she could only take into account the impact on Mr B, not his representative. She also explained that the evidence available didn't suggest that repatriation had been considered or delayed by the delay in the claim's decision.

Mr B didn't agree and asked an ombudsman to review the complaint. He didn't think IPA's final offer was fair and reasonable in all the circumstances. So, the case was passed to me to make a decision.

In November 2023 I issued a provisional decision. I said:

I'm very sorry for Mr B's loss and have a lot of empathy for the circumstances he's described. Undoubtedly, it was a very worrying and distressing time for Mr B and his immediate family.

I can only consider the impact of these events on Mr B as he was a policyholder. I can't consider the distress and inconvenience caused to Mr B's representative or other family members as they were not party to the contract of insurance. That's not to minimise the traumatic experience they went through. Rather, it reflects the powers that I have to award compensation under the rules which determine how the Financial Ombudsman Service operates.

The relevant rules and industry guidelines say that IPA has a responsibility to handle claims promptly and fairly.

IPA accepts that there were avoidable delays in confirming cover and that communication wasn't to the standard that it should have been. So, I've thought

carefully about the impact this had on Mr B. I'm intending to direct IPA to increase the compensation offered to £750. I think this would more fairly reflect the impact on Mr B.

I think it's important to note that Mr B was 80 at the relevant time and dealing with a highly stressful situation where his wife was unexpectedly critically ill. He received little meaningful support from IPA during the time that his wife was unwell. Instead, he was left worrying about whether the claim was covered. That's at a time when he understandably wanted to focus on his wife's health and wellbeing.

Another family member was predominantly dealing with IPA, spending time contacting them to chase for updates. It's accepted that most of the communication came from Mr B's family, not IPA and that they spent a lot of time trying to contact IPA. The family weren't kept well updated, and an email was also sent to Mrs B's account whilst she was unwell. I accept that all of this would have added to Mr B's own distress at an incredibly difficult time as he was aware of the situation.

Had cover been confirmed sooner it is also likely to have meant that Mr B would have been able to access more practical support and assistance with travel or accommodation, given his age and the distance he was from the hospital. Instead, this was managed within the family unit. Some of this inconvenience could have been avoided with better communication and quicker confirmation of cover.

I've thought about what Mr B has said about the distress he's been caused. I accept that the cumulative impact was considerable. It caused him significant inconvenience, distress, upset and worry at an already difficult time. I think this has had a short term, and longer-term impact on him. I think the award of £750 more fairly reflects the impact of this distress and inconvenience on Mr B.

Putting things right

I'm intending to uphold this complaint and direct Inter Partner Assistance SA to pay Mr B a total of £750 compensation, inclusive of the £400 offered already.

IPA accepted my provisional decision. Mr B's representative made a number of further comments on his behalf. She said that she'd asked for there to be an investigation into the calls between the treating hospital and IPA. She referenced a particular call when she had to chase IPA for details of the funeral director and explained she'd been given this information by text instead. In summary, she felt there was a total lack of empathy and control of the facts throughout their dealings with IPA.

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'm upholding Mr B's complaint, but I still think the level of compensation I set out in my provisional decision is fair and reasonable. I'll explain why.

At the outset I'd like to reiterate that I can only consider the impact on the policyholder, which in this case is Mr B. As I explained in my provisional decision his representative isn't party to the contract of insurance. So, whilst I understand the distress caused to her by the various issues she's mentioned in her response to my provisional decision, I can't make an award of compensation for the distress she experienced. I simply don't have the power to do so as she's not IPA's customer.

I've considered her comments about the overall poor service received including lack of contact with the treating hospital. There's no dispute that IPA didn't offer the level of service they should have done. I can see that IPA were trying to contact the hospital and were having some difficulties in getting through. However, the medical team did make contact with the treating hospital. I also bear in mind that Mrs B had access to treatment and that, based on the available evidence, it's unlikely any delays in making contact with the treating hospital significantly impacted on the options available to IPA. In particular, given how unwell Mrs B was, it is very unlikely IPA would have been able to offer alternative options in the circumstances of this case. So, on balance, I can't fairly conclude that IPA would have been able to repatriate Mrs B or that her death could have been avoided if they'd offered a better level of customer service.

IPA's notes do reflect that Mr B's representative was contacted around the time of Mrs B's death and that Mrs B's death had been reported to the case handler but not logged on the file. So, I don't think that this is a point that's in dispute. I accept that this must have been very distressing in the circumstances at an already difficult time. I've also listened to a call Mr B's representative referred to. She called IPA to ask about details of the funeral director as she'd been waiting for around 40 minutes for this information. She asked for her case handler to call back as she needed information about the funeral directors, who would book return flights and the return of the casket. I understand that she subsequently received two text messages but no call back. I agree that these are examples of poor customer service and there were other examples which also impacted on the time that Mr B's family was able to spend with Mrs B towards the end of her life. However, as I outlined above, as these conversations did not involve Mr B I can't fairly award him compensation for these issues.

I think it was reasonable to validate cover because IPA needed to check Mrs B's medical history. That's standard industry practice. However, as I outlined in my provisional decision had cover been confirmed sooner it is also likely to have meant that Mr B would have been able to access more practical support and assistance. My award of £750 compensation reflects that some of this inconvenience could have been avoided with better communication and quicker confirmation of cover.

Putting things right

I'm directing IPA to put things right by paying Mr B £750 compensation.

My final decision

I'm upholding this complaint and direct Inter Partner Assistance SA to pay Mr B a total of £750 compensation, inclusive of the £400 offered already.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 13 February 2024.

Anna Wilshaw
Ombudsman