DRN-4557593

The complaint

Miss D and Mr P complain about how Inter Partner Assistance SA (IPA) dealt with a claim against their travel insurance policy. Reference to IPA includes its agents.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here in full. In summary, in October 2022, Miss D and Mr P took out an annual travel insurance policy underwritten by IPA. The policy started on 2 November 2022.
Miss D and Mr P booked a trip with departure and return dates of 16 February 2023 and 26 February 2023 respectively. During the trip, Miss D became unwell and on 22 February 2023, she sought medical treatment.

On her return to the UK, Miss D made a claim against her policy. On 27 March 2023, IPA asked Miss D for some further information about her trip and her bank account. On 12 April 2023, IPA asked Miss D for details of her previous medical history for the last two years. It subsequently confirmed that screenshots of her notes were acceptable. Miss D sent IPA screenshots of her medication and inoculation records.

Miss D contacted IPA several times about the progress of her complaint then complained about its delay in dealing with it. In May 2023, IPA sent Miss D its final response in relation to her complaint. It said that her claim was ongoing. IPA said that the policy provides that it may ask Miss D for her previous medical history. It apologised for service issues in relation to the delay in dealing with the claim and difficulties getting through on the phone. It paid compensation of £75 in relation to those service issues. Miss D wasn't happy with that and pursued her complaint. Miss D and Mr P want IPA to settle Miss D's claim as soon as possible.

One of our investigators looked at what had happened. She said that it's only reasonable to request such evidence as is required to deal with the claim and that it wasn't reasonable here to ask Miss D for her full medical history. That was because the claim related to an infection and there's no evidence that it was a pre-existing condition. The investigator said that in response to her enquiry, IPA said it required Miss D's full medical history to check if she'd failed to disclose any information when she took out the policy. She didn't think that IPA needed that information in order to deal with the claim. The investigator said that as IPA's request for full medical history isn't appropriate, it should pay Miss D's claim, with interest.

IPA didn't agree with the investigator. It said that Miss D's previous medical history determines whether she bought the correct policy and directly affects a decision about the claim. IPA said that Miss D didn't complete medical screening correctly when she took the policy out, so the policy is unsuitable.

The investigator said that IPA hadn't declined Miss D's claim on the basis that she had provided incorrect information when she took the policy out. She said that it hadn't provided any evidence to show that there was a qualifying misrepresentation here nor that it would be entitled to decline the claim on the basis of any misrepresentation. The

investigator didn't think it was fair or reasonable to ask Miss D for two years' medical history. She maintained her view that IPA should pay Miss D's claim with interest.

IPA didn't agree with the investigator and asked that an ombudsman consider the complaint, so it was passed to me to decide.

This service can only deal with matters that have first been raised with IPA. In this decision, I'm dealing with the issues Miss D raised with IPA to which it responded on 5 May 2023, that is the complaint about the time taken to deal with the complaint and its request for evidence about Miss D's previous medical history. IPA hasn't yet provided Miss D with its decision about her claim, so she hasn't complained about that to date.

My provisional decision

On 15 December 2023, I sent both parties my provisional decision in this case. I indicated that I didn't propose to uphold the complaint. I said:

The relevant rules and industry guidance say that IPA has a responsibility to handle claims promptly and fairly and it shouldn't reject a claim unreasonably. I don't intend to uphold this complaint and I'll explain why:

- It's common ground that IPA delayed in dealing with Miss D's claim and that Miss D experienced excessive wait times on the phone. It's paid compensation of £75 in relation to that. I think that's fair and reasonable in this case.

- IPA was entitled to ask Miss D for her previous medical information for the two years before the date the policy was purchased. One of the claims conditions in the policy says that Miss D must supply all information, evidence and medical certificates IPA requires.

- I don't think it was unreasonable for IPA to ask Miss D for her medical history as it's necessary to do that in order to validate her claim. But I agree with Miss D that IPA should have asked her for relevant information sooner than it did. It asked Miss D for details of her previous medical history on 12 April 2023, approximately six weeks after Miss D made her claim. I think that's part of the general delay in this case.

- I don't think that I can reasonably require IPA to pay Miss D's claim because it hasn't yet told her its decision in relation to her claim. I understand that IPA still requires Miss D's medical history for the two years before the policy was purchased. If Miss D wants to pursue her claim, she should provide IPA with that information. IPA can then make a decision about Miss D's claim.

- If Miss D isn't happy with IPA's decision about her claim, she should complain to IPA about that in the first instance and if she's not happy with its response, she may refer the matter to this service. I'm sorry that means that Miss D will need to engage with IPA again but I'm afraid there's no alternative as IPA hasn't yet told Miss D its decision in relation to her claim.

Responses to my provisional decision

IPA responded to say that it accepted my provisional decision. We didn't hear from Miss D and Mr P.

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.

Neither party has provided any fresh information or evidence in response to my provisional decision. I therefore find no basis on which to depart from my earlier conclusions. For the reasons I've explained, I don't uphold this complaint.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss D and Mr P to accept or reject my decision before 12 February 2024.
Louise Povey
Ombudsman