

The complaint

Mr C complains that National Deposit Friendly Society Limited has turned down a claim he made on an accident-only income protection insurance policy.

What happened

In November 2021, Mr C took out a personal accident-only income protection insurance policy, which provides cover if a policyholder is unable to work because of injuries caused by an accident. Mr C's policy included a deferred period of 30 days.

Unfortunately, in late April 2022, Mr C had a fall. He was seen at A&E and underwent a CT scan, which diagnosed a minor head injury. He was prescribed painkillers and discharged back to the care of his GP.

Mr C was subsequently signed-off by work his GP and so he made a claim on the income protection insurance policy.

National Friendly investigated Mr C's claim. Based on the medical evidence provided by Mr C's GP, it didn't think there was enough to show that his inability to work was caused by the accident in April 2022. Nor did it think Mr C had provided enough evidence to demonstrate that he'd suffered a loss of earnings. So it turned down Mr C's claim.

Mr C was unhappy with National Friendly's decision and he asked us to look into his complaint.

Our investigator didn't think Mr C's complaint should be upheld. He didn't think it had been unfair for National Friendly to conclude that Mr C hadn't shown he was unable to work due to the accident he'd had in April 2022. And he also thought National Friendly was entitled to ask Mr C for evidence to show he'd suffered a loss of earnings. He considered it had been fair for National Friendly to turn down Mr C's claim.

Mr C disagreed and so the complaint's 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, whilst I'm sorry to disappoint Mr C, I don't think it was unfair for National Friendly to turn down his claim and I'll explain why.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered, amongst other things, the terms of Mr C's policy and the available medical evidence, to decide whether I think National Friendly treated him fairly.

I've first considered the policy terms and conditions, as they form the basis of the contract between Mr C and National Friendly. Mr C made an accident claim on the policy, given he

wasn't fit for work. So I think it was reasonable and appropriate for National Friendly to consider whether Mr C had shown he met the policy terms and conditions. Page five of the contract says that National Friendly covers the following:

'This policy is designed to provide replacement earnings for those lost when you have an accident which causes a disabling injury and where you are then medically certified as unable to carry out the main duties of your occupation.'

'You need to be receiving medical care during your claim and not be working in any other occupation in order to be eligible to claim.'

National Friendly has defined what it means by an accident in the policy terms. The contract says an accident is:

'an event resulting in bodily injury occurring while this policy is in force, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing cause.'

And National Friendly has also defined what it means by as disabling injury. The policy says disabling injury:

'means due to an accident occurring after the policy start date shown on your Policy Schedule, you are:

- *under medical care, in relation to your injury for which you are claiming; and*
- *unable to perform your occupation; and*
- *not working in any other occupation; and*
- *suffering a loss of earnings.'*

This means that in order for National Friendly to pay benefit, it needs to be satisfied that a policyholder can't work because of a disabling injury which has been caused by an accident for the entirety of the deferred period and afterwards. And it also needs to be satisfied that a policyholder is under medical care for the injury which prevents them from working.

It's a general principle of insurance that it's for a policyholder to show they have a valid claim on their policy. This means it was Mr C's responsibility to provide National Friendly with enough evidence to demonstrate that an injury caused by his accident had led to him being unable to work.

National Friendly assessed the evidence Mr C provided in support of his claim and it didn't think he'd shown his inability to work was caused by the accident he'd had in April 2022. Instead, it thought the evidence showed Mr C's absence was likely down to his other, existing medical conditions. So I've next looked at the available medical evidence to decide whether I think this was a fair conclusion for National Friendly to draw.

It's clear that Mr C did have a fall in April 2022 and underwent a scan at A&E. The discharge letter shows he had a minor traumatic brain injury; he was given verbal advice; prescribed painkillers and discharged back to his GP. On his claim form, Mr C said that he'd sustained injuries to his head, leg, knees, back and buttock in the accident. He said he couldn't work due to pain in his arm; hand; legs and back.

Following the accident, his GP practice issued fit notes which stated that Mr C was unable to work due to an injury from a fall. I've borne this in mind very carefully.

However, Mr C's GP contemporaneous records from around the time of the claim and the

months afterwards don't indicate that Mr C consulted his GP about any ongoing impact of the accident; that the GP had prescribed any further treatment in relation to the accident or made any referral to specialist care. It doesn't appear, from the contemporaneous notes, that Mr C remained under medical care for treatment of any injuries he'd sustained in the accident. Instead, the medical records suggest that fit notes were issued by Mr C's GP practice at Mr C's request based on his online self-reporting of the reason for his absence. Nor does the hospital discharge letter refer to any injury to Mr C's limbs or back.

The medical records show that while Mr C did have regular contact with his GP practice and he was prescribed medication; this was to treat long-standing poorly controlled diabetes and symptoms of anxiety and depression. Most of the medical records during the relevant period relate to these conditions. And the medical records also indicate that Mr C had been struggling with neuropathy in his arms and legs prior to the accident. I can see too that in August 2022, Mr C asked his GP to write a letter which explained the impact of his diabetes on Mr C's mobility and on his mental health.

I've thought very carefully about all of the evidence that's been provided. It's important I make it clear that I'm not a medical expert. In reaching a decision, I must consider the evidence provided by both medical professionals and other experts to decide what evidence I find most persuasive. I appreciate Mr C had a worrying accident and I was sorry to hear that he remained unwell.

But, taking into account the totality of the evidence which was available to National Friendly when it issued its final response to Mr C's complaint in March 2023, I don't think it acted unfairly or unreasonably when it concluded that he hadn't shown his absence was down to the accident. Instead, I think it was reasonable for National Friendly to consider that Mr C's absence was more likely down to his existing medical conditions. And so I don't think it was unfair for National Friendly to conclude that Mr C hadn't shown he had a valid claim which was covered by the policy terms.

Both after National Friendly issued its final response to Mr C's complaint and after the investigator issued his assessment on it, Mr C provided more evidence from his GP in support of his claim. I'm aware that National Friendly has made a further claims decision based on new medical evidence. But it isn't clear that Mr C has made a new complaint about the further claims decision to National Friendly or that it's had the chance to issue a final response to any new complaint. So it wouldn't be appropriate for me to comment on new GP evidence which wasn't available to National Friendly when it issued its final response letter to Mr C on 1 March 2023 as part of this decision.

It remains open to Mr C though to obtain further medical evidence in support of his claim, should he wish to do so. I'd expect National Friendly to review any new evidence Mr C may provide. If Mr C is unhappy with any further review of his claim, he'll need to make a new complaint to National Friendly about that issue.

For completeness, I appreciate that National Friendly asked Mr C for information to show that he'd suffered a loss of earnings because of his inability to work. I'm satisfied that the policy terms entitle National Friendly to request evidence to demonstrate that Mr C has suffered a loss of earnings before it agrees to accept and pay a claim. Based on all I've seen; I don't think it was unreasonable for National Friendly to have asked Mr C to provide further financial evidence as part of its claims consideration. And it doesn't appear that it's received this information. So I don't think Mr C has provided National Friendly with enough evidence to satisfy it that he's suffered a loss of earnings either.

Overall, whilst I'm sorry to disappoint Mr C, because I know he's been through a worrying time and a period of ill-health, I don't think National Friendly has treated him unfairly or

unreasonably. So I think it was fair for National Friendly to turn down his claim.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

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

Lisa Barham
Ombudsman