

The complaint

Mr H has complained that AWP P&C SA ('AWP') unfairly declined his claim.

All reference to AWP includes any agents acting on its behalf.

What happened

Mr H had a travel insurance policy, underwritten by AWP, which covered both him and the late Mrs H.

They booked a cruise which had to be cancelled as Mrs H was in hospital and the doctor said she wasn't fit to travel. Mr H made a claim for cancellation. Sadly, Mrs H died.

AWP declined the claim as it said that not all of Mrs H's medical conditions had been declared. It said that had all conditions been declared correctly, it would have declined to offer cover and so the claim wasn't payable.

Mr H complained and unhappy with AWP's response, referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think the claim had been declined unfairly.

Mr H disagreed and said the claim should have been reviewed sympathetically and not strictly in line with the terms and conditions.

And so the case has been passed to me for a final decision.

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 don't think this complaint should be upheld. I'll explain why.

- Firstly, I am sorry to hear of Mr H's loss and the circumstances. The background to this matter is well known to both parties so I won't repeat it here. Instead, my decision will focus on what I consider to be key to my conclusions.
- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- The policy terms say the insurer must be told about any medical conditions. And they say: *"Note that if you do not contact the insurer in this way you may not have any benefits available to you if you make a claim. If the insurer is unable to cover your medical condition(s), then they will not pay claims that are related to that condition."*
- AWP requested a form to be completed by Mrs H's GP who confirmed that Mrs H

had a condition – and AWP said this hadn't been declared. It also said the medical evidence from the hospital report and the GP confirmed Mrs H had been admitted to hospital as a result of the condition which hadn't been declared. So the cause for cancellation of the holiday was related to the undeclared condition.

- AWP has also shown that had all Mrs H's conditions been properly declared, it would have declined to offer cover and so no benefit is payable.
- Mr H has asked for the claim and complaint to be considered sympathetically. But I have to consider whether AWP has done anything wrong and make a decision based on that. As AWP declined the claim correctly under the terms of the policy, I don't think it has done anything wrong and so I can't ask it to pay the claim. Whilst I'm sorry to disappoint Mr H, I hope my decision explains why I don't uphold it.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H to accept or reject my decision before 31 May 2024.

Shamaila Hussain
Ombudsman