

The complaint

Ms K complains that esure Insurance Limited (“esure”) has unfairly handled claims made under her motor insurance policy.

What happened

The background of this complaint is well known between parties, so I’ll summarise events.

- Between January and February 2023 Ms K was involved in two separate motor incidents - I’ll call these “claim one” and “claim two”. She claimed for both of them under her esure car insurance policy.
- On 20 April 2023 esure answered a complaint and provided its final response letter (“FRL1”). It awarded £100 compensation for claims handling matters and provided Ms K with six months to refer her complaint to this Service.
- On 26 October 2023 Ms K brought her complaint to this Service. She said the matters were yet to be resolved which was impacting her insurance premiums elsewhere. She asked esure to refund 50% of her excess and to resolve the claims.
- On 16 November 2023 esure provided an additional final response letter (“FRL2”). It said it had yet to fully investigate the matter but gave referral rights to this Service, again saying a referral must be within six months of the letter.
- On 6 January 2024 esure issued another final response (“FRL3”). It said:
 - *Claim one* – it had previously awarded £100 for handling issues (within FRL1). This claim was determined as split liability and since April it received 50% of claim costs from the third-party insurer. And it said 50% of the excess costs were refunded on 7 December 2023. It said the vehicle was foreign and this had impacted the timescale to resolve the claim.
 - *Claim two* – it wrote to the third-party insurer in February 2023. As the third party did not agree esure appointed solicitors – and this was still ongoing, so it was unable to close the claim. It apologised for any issues of Ms K being able to reach its claims department and awarded £100 in compensation for the distress and inconvenience caused.
- Ms K said she was still unhappy with esure’s actions, and it had taken too long for it to answer her concerns.
- The complaint came to this Service and one of our Investigators looked into what happened. He said the compensation awarded to date was sufficient and he wouldn’t look to increase this because:
 - The timescale to resolve claim one was reasonable in light of the particular circumstances of the third-party vehicle.
 - Claim two remained ongoing because of a liability dispute raised by the third party. And he said these matters can take some time to resolve, so in the circumstances it had acted fairly.

So, the matter was passed to me for an Ombudsman's decision. I have issued a jurisdiction on the complaint explaining why I wasn't able to consider the matters raised and addressed in FRL1. I have also given Ms K my provisional thoughts on the merits of her complaint. I've included an extract of this below.

"I've then looked at the merits of the complaints which I can consider. This in essence is about the time taken for the two claims to resolve.

In reviewing the complaint, I've looked at all of the available evidence including claims notes across the life of the two claims (from 20 April 2023 onwards). From these I can see that esure did take regular steps to try to progress both claims.

Claim one had taken until December 2023 to resolve – from what I've seen of the circumstances, including the third-party insurer being based abroad, I'm satisfied the complications that slowed matters down were largely outside of the control of esure.

Claim two was still ongoing at the time of esure's last final response letter. Given the liability dispute raised by the third-party insurer and necessary appointment of solicitors in May 2023, I'm not persuaded esure is responsible for the claim being ongoing at the time of the most recent final response letter.

I recognise that the ongoing nature of the claim is impacting the cost of Ms K premiums elsewhere so understandably she wants the matters to be resolved. Unfortunately, given the nature of liability disputes, these can take some time to resolve. So, while I'm sympathetic, I'm not persuaded the lack of resolution is due to a failure on esure's part. As our Investigator has said, Ms K may be able to approach her current insurer when the matter is resolved to ask it to recalculate any premiums once the claims are closed.

I also recognise Ms K has raised concerns about the communication and lack of updates. I've looked over the claim notes and I'd agree there are failings in places. But given this hasn't impacted the speed in which the respective claims were progressing I wouldn't look to increase compensation beyond the £100 awarded within FRL3."

Ms K disagreed, saying esure had passed her around unnecessarily, left her on hold while on the phone, and her complaint handler had been unavailable to her. So, the matter has been passed back to me for an Ombudsman's 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'm not upholding this complaint for the reasons I've previously given.

I recognise Ms K says esure's handling of the matter had failings in places, including leaving her on hold and not providing a smooth service. As I've outlined previously, I'm in agreement that esure could've handled the matter better than it did – esure also agreed and acknowledged this.

In the circumstances I'm satisfied the £100 it already awarded was a fair remedy in the circumstances, so I'm not going to direct it to do anything further.

My final decision

For the above reasons, I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms K to accept or reject my decision before 20 June 2024.

Jack Baldry
Ombudsman