

The complaint

Mr T has complained about the way Inter Partner Assistance SA ('IPA') handled his claim for assistance following a medical emergency.

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

What happened

Mr T had a travel insurance policy, underwritten by IPA.

He went abroad and unfortunately became unwell and was hospitalised. He received emergency medical treatment and surgery.

Mr T's family informed IPA and made a claim. Mr T is unhappy with the way IPA dealt with the claim and request for assistance. He complained about the length of time it took to receive the settlement and the lack of assistance. IPA apologised for its poor service and offered £300 compensation. Mr T referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but found the offer of £300 compensation made by IPA was reasonable.

Mr T disagreed and asked for an Ombudsman's decision.

And so the case has been passed to me.

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 think the amount of compensation for distress and inconvenience should be increased.

I issued a provisional decision on 22 May 2024. I thank both sides for responding promptly. IPA has said it has nothing further to add and Mr T has accepted my provisional decision. I therefore see no reason to depart from my provisional findings which I adopt as my final decision. My decision is set out in full below.

The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.

IPA has accepted that it could have provided better assistance to Mr T and his family when he was abroad and when they were arranging his repatriation. For this, it offered £300 compensation for the distress and inconvenience caused to Mr T. Our compensation award bands for distress and inconvenience can be found on our website. Based on all the information available to me, I think IPA should pay Mr T a total amount of £750 compensation for the significant impact of its failures on him. I'll explain why.

I can only consider the impact and distress and inconvenience caused to the policyholder Mr T and not his father, who is his representative, or other family members. For ease, I will refer to Mr T throughout my decision – this includes any submissions made by his representative.

Mr T has set out a clear timeline of events that took place. The background to this matter is well known to both parties so I won't repeat everything here. Instead, I will focus on what I consider to be key to my decision.

Key facts

- Mr T informed IPA of his hospital admission and emergency surgery immediately in July 2023. IPA said it needed medical information from his GP and emailed the GP. It also said it had called the GP to obtain the records urgently.
- Mr T was discharged and was informed by IPA to obtain a fit to fly certificate. Mr T said the hospital wouldn't provide this and needed IPA's help and assistance to source an English speaking doctor. IPA didn't do this.
- Mr T emailed IPA and explained he had limited medication and aftercare and the accommodation was due to run out. He also needed help with return arrangements. Mr T chased IPA but I haven't seen any evidence that IPA responded or made contact with Mr T. This left Mr T worried about his condition, accommodation and return home.
- Mr T's family made arrangements to return to the UK on a standard flight. IPA's notes show Mr T would need to return home in comfort and with wheelchair assistance. Mr T has said he was in considerable pain and uncomfortable during his return journey and went straight to a hospital in the UK for immediate medical attention.
- I am satisfied that IPA failed to provide assistance and advice to Mr T whilst he was abroad. Although it has shown an email it sent to his GP and call notes, they are generic. I haven't seen any evidence that this was marked as urgent or that it was chased regularly on the telephone. The notes show the receptionist was unavailable. I would expect IPA to explain the urgent nature of the repatriation and do more to expedite a response.
- I would also expect IPA to respond to Mr T's emails when he was requesting assistance with accommodation and return flights. Even if IPA hadn't yet confirmed cover due to waiting for GP records (which it should have more proactively chased), it still could have provided advice and guidance about accommodation, flights and assistance such as a wheelchair. Failing to do so meant Mr T and his family had to make travel arrangements themselves and Mr T returned home in discomfort.
- Mr T says his recovery has been affected. However, I haven't seen any medical evidence that IPA's actions have made any difference to his eventual recovery.
- IPA also waited until September 2023 before telling Mr T that it was still waiting for his medical records. I don't think IPA was proactive at all in dealing with the claim, the assistance or the claim validation. Although it can't be held responsible for the GP delays, it had enough information to treat the matter with more urgency and ensure Mr T's return was safe and comfortable. I also agree the delay would have caused Mr T frustration over a number of months, until the claim was eventually settled.
- Mr T has also asked about interest on the claim payment. Our investigator said this

wasn't a complaint raised with IPA but I disagree. Mr T complained about the delay in dealing with the settlement and I am satisfied that this encompasses any settlement amount including interest for delays. I find IPA did delay in dealing with the claim settlement and the delay was avoidable. It did nothing between the end of July and September 2023. So I intend on asking IPA to pay 8% simple interest on the settlement already paid calculated from one month after the claim was submitted, to the date each payment was made.

- I think an award of £750 compensation takes into consideration the delay in settlement and the significant impact IPA's failings had on Mr T, especially after his discharge from hospital, and during his return journey. This could have been avoided had IPA offered advice and guidance to Mr T and his family when they asked for assistance. Mr T did not receive advice about an English-speaking doctor to obtain a fit to fly certificate and didn't receive advice on which arrangements he should make for his return flight, such as comfortable seating. I don't think it's reasonable for IPA to wait for a GP response for months before acting in an emergency medical and repatriation situation.

My final decision

For the reasons set out above, I uphold this complaint and direct Inter Partner Assistance SA to pay Mr T a total of £750 compensation plus 8% simple interest on the claim settlement amount.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr T to accept or reject my decision before 21 June 2024.

Shamaila Hussain
Ombudsman