

The complaint

Mr L has complained that AWP P&C SA declined to cover a pre-existing medical condition on a travel insurance policy, resulting in him cancelling a trip and losing his deposit.

What happened

Mr L has held the travel insurance policy for several years as part of a packaged bank account. Over the years he has declared various health conditions and these have been accepted for cover by AWP.

In October 2023 he called AWP and went through another medical declaration. He declared that he was on blood thinners for a pulmonary embolism (PE) that he'd suffered five years previously. AWP then declined cover for this condition. Mr L says he can't understand this as he had always previously disclosed this information and it had never been an issue.

Mr L had a trip planned but didn't want to travel without full cover and so he cancelled it. He would like AWP to refund him the cost of the deposit that he lost.

Our investigator thought AWP had acted reasonably in declining cover. Mr L disagrees and so the complaint has been passed to me for a 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.

Mr L's position is that he spoke to AWP a number of times earlier in 2023, with the first renewal calls being on 9 May 2023, followed by calls on 16 May 2023, 1 June 2023 and 2 June 2023. The calls in their totality form the basis of his purchase of the upgrade and, when linked back to the first call on 9 May 2023, demonstrate that he disclosed the PE.

Mr L made more than one call to AWP on 9 May 2023. AWP had given the impression in its submissions that it originally had access to all calls on that date and had reviewed these as part of the complaints process. However, it has now clarified that it only ever had access to the final call due to a problem with its phone system. I've listened to that call and all the other later, remaining calls.

Although I don't have access to the earlier phone call on 9 May 2023, I do have a copy of AWP's system notes where the adviser has summarised the content of the call. The note lists a number of declared conditions, but not PE.

Mr L rang back later on 9 May 2023 because he was concerned that he may have answered one of the health questions incorrectly. The adviser confirms that he had in fact answered correctly. There is no wider mention of what had been discussed in the earlier conversation.

Mr L rang on 16 May 2023 to explain that he had a new medical condition for which he would be getting surgery relatively soon. The adviser says they'll continue from the medical

conditions he'd already declared – but those conditions aren't set out in this discussion – as the focus is on his new condition. The adviser explains that his upcoming holiday is covered, because that was booked before he knew about this new condition. With regards to trips he has planned in September 2023 and February 2024, he would need to call back once he'd had the surgery done and was fully discharged, to get those trips covered.

Mr L then rang on 1 June 2023 to say that he'd now had the surgery done. On this occasion the adviser does run through a medical screening. She mentions a couple of previously declared conditions and then asks if there is anything else he'd have to declare. He mentions that he'd been prescribed medication for anaemia in the last three weeks. But he does not mention being on medication due to a previous PE. He's asked to find out what sort of anaemia he has.

He rings back on 2 June 2023 to provide that information so that the medical declaration can be completed. When asked what conditions he'd like to declare, he repeats the conditions recorded in the call note of 9 May 2023, plus the anaemia. He doesn't mention being on blood thinners due to the PE. The adviser runs through what is covered under the special conditions of the policy and lists the declared conditions.

Mr L then mentions that he'd been on antibiotics for a cough but assumed that wouldn't need to be declared. He was told that, as he'd been to the doctor and had medication for it, that it would need to be declared. There is no mention of PE at any point during the conversation.

As mentioned above, it was during a call in October 2023 that Mr L was informed that the policy upgrade shouldn't have been granted due to him being on blood thinning medication. Mr L told AWP that, at the time of purchasing any upgrade, he always explained that the PE was a one-off event that he'd made a full recovery from. The medication was to prevent him from developing any further blood clots. He said that, on each occasion, the adviser seemed satisfied and made no further mention of the issue.

Having listened to a number of calls, I can tell that Mr L is extremely forthcoming with his personal information. So, there's no suggestion that he would deliberately omit something. But it is the case that, in some of the calls I've listened to, he is directly asked to declare conditions he is on medication for and doesn't mention the blood thinners.

It is unfortunate that all the calls from 9 May 2023 aren't available. However, the system note from the early call doesn't record the PE, which I would expect it to if it had been mentioned.

AWP has gone back through previous upgrades and notes going back to February 2022 and can find no record of PE having been declared previously. The discussions that advisers have with policyholders around medical declarations are highly scripted. And the answers that someone gives to the questions are fundamental to the decisions to provide cover. So, on balance, I'm not persuaded that there were previous occasions when advisers disregarded information about blood thinning medication and PE.

During contact with our investigator, Mr L was convinced that listening to the calls from June 2023 would show that he had declared PE. When that didn't turn out to be the case, he then thought that he must have declared the condition in the early call on 9 May 2023. Whilst I don't doubt that Mr L has provided his genuine memory of events, I'm unable to rely solely on his recollections to conclude that AWP has done something wrong.

I understand Mr L feels very strongly about this issue. I've thought very carefully about what he's said, and his submissions have given me real pause for thought. However, based on the available evidence, I am unable to conclude that he declared he was on blood thinning medication due to a PE, prior to October 2023. Therefore, AWP is not responsible for him

having to cancel his trip or the loss of his deposit. It follows that I do not uphold the complaint.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr L to accept or reject my decision before 10 March 2025.

Carole Clark
Ombudsman