

## The complaint

Ms A is unhappy with the service Aviva Insurance Limited provided when making a claim on her private medical insurance policy.

## What happened

Ms A has a private medical insurance policy through her employer. Aviva is the underwriter on the policy.

In February 2023, Ms A called Aviva to start a claim for a medical condition which she needed to be urgently looked at. When she called the first time, she spoke to an advisor and explained about the nature of her claim and that she wanted to speak specifically to a female advisor. She was assured a female advisor would call her back.

Ms A didn't receive a call-back, so she tried calling Aviva again a few days later. She couldn't get through to Aviva as the call wait times were long.

On 22 February 2023, Ms A spoke to an Aviva advisor. She explained that she had an urgent open referral to a clinic, but she needed a claim reference number to pass to the clinic to proceed. During this call, Ms A says she was asked very personal and inappropriate questions which she thought were unnecessary and irrelevant – all she wanted was a claim reference number. She continued the call because she didn't want to delay seeing a specialist because of her urgent medical condition that needed to be looked at. She says she didn't ask to speak to a female advisor because she'd already tried that and getting her medical condition looked at was most important to her at this point. But during and after the call she says she felt distressed by how she was asked the questions.

The claim was processed, and relevant details were given to her so she could pass this to the clinic/hospital.

Ms A made a complaint to Aviva about the way she was treated on the call on 22 February 2023. Aviva issued a final response on 12 May 2023 and apologised for the questions asked on the call. It said Ms A's situation could have been better handled and feedback was provided to the advisor to prevent this from happening again. It offered Ms A £100 for the distress that was caused to her.

Unhappy with Aviva's response, Ms A brought her complaint to this service. Our investigator upheld the complaint. He said that £100 wasn't sufficient compensation for the way Ms A was treated. He recommended that Aviva pay Ms A a further £100, making it a total of £200 compensation. He said the additional compensation was because Aviva could have made notes on Ms A's file, it failed to arrange the initial call back, made Ms A wait longer than it should have to call Ms A back and could have worded the questions better in the call.

Ms A disagreed with the investigator's findings and asked for the case to be referred to an ombudsman.

In summary she says:

- Her main issue is that she felt violated by the line of questioning. Speaking to a female advisor was a secondary issue.
- The questions she was asked were not necessary and were invasive. They violated her privacy. There was no need for them.
- She already had a referral from her consultant and being asked personal questions wasn't appropriate.
- She doesn't dispute that she could have stopped the call and asked for a female advisor to speak to but taking into consideration the urgent nature of the condition and that she'd already tried to do that, she felt she had to continue with the call.
- The questions asked should have been for a medical professional not for an advisor to ask.
- £200 compensation doesn't go far enough for the distress caused to her. She felt violated and the way she was treated cannot ever be taken away.
- The main issue was that the questions were unnecessary, invasive and violated her privacy. It's made to look like she's upset that she didn't get to speak to a female but it's not. It's more about the line of questioning not that it wasn't a female advisor. No-one has emphasised that.

### **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.

Industry rules set out by the regulator (the Financial Conduct Authority) say that insurers must handle claims promptly and fairly. I've taken these rules into account when making my final decision about Ms A's complaint.

At the outset I acknowledge that I've summarised this complaint in far less detail than Ms A has, and in my own words. I won't respond to every single point made. No discourtesy is intended by this. Instead, I've focussed on what I think are the key issues here. The rules that govern our service allow me to do this as we are an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every individual point to be able to fulfil my statutory function.

I also understand that the issue on this complaint has caused Ms A distress and in considering the information provided by both parties, I have been mindful of this.

There's no dispute from either party that Aviva could have handled the telephone call better, there were delays in her call being answered and clear notes were left about Ms A wanting to speak to a female advisor. So, the key issue I need to decide here is whether the compensation recommended is fair and reasonable in the circumstances of Ms A's complaint.

I've listened to the call recordings provided to us and I've taken Ms A's and Aviva's comments into account.

Having done so, I agree with our investigator recommendations and I'm upholding the complaint. I'll explain why.

Ms A believes the compensation amount of £200 is insufficient given how she was treated. She says her primary concern is that the questions were inappropriate and very personal. She thinks only a healthcare professional should ask those sorts of questions. Ms A says she was uncomfortable and hesitant in the call with the advisor. Regardless of whether the advisor was male or female, the questions were invasive and personal in nature,

and she didn't think they were relevant to the enquiry in her call. These were medical questions, and she only needed authorisation for her claim as she already had the referral letter.

Aviva has accepted that the situation could have been better handled and apologised for what happened and how the questioning made her feel. It also offered Ms A £100 for the distress caused.

I understand the call was very difficult for Ms A and having listened to it, she did hesitate at times in answering the questions as she clearly felt uncomfortable. But in a call of this nature – where a claim reference or authorisation is required – it's not unusual to ask questions which help the insurer to ascertain the claim and to ensure that correct information is taken for the claim then to be processed later. The claim needs to be validated and this can only be done by asking relevant questions. The policy itself is a private medical insurance and therefore having to talk to an advisor is a process that the policyholder has to go through. While Ms A might not have felt comfortable, it's a necessary part of the claims process. Having an open referral doesn't mean that the insurer should automatically provide a claims reference, questions have to be asked for the claim to proceed.

Having said that though, I can see from Ms A's submission that she feels very upset by the questions and there's no doubt she has strong feelings. I agree that the advisor could have been more sensitive to the line of questions and given some indication to Ms A what he was about to ask beforehand to prepare her. But I don't agree that these questions are reserved only for a medical professional. I note Aviva has given feedback to prevent this from happening again.

Ms A could have also stopped the call at the point where she started to feel uncomfortable, but I also see from her point of view why she didn't. Her priority was to get authorisation to see a specialist. I can understand why she therefore continued with the call.

I note that the advisor did call Ms A back following the call on 22 February 2023 and went through some more details and as the referral was urgent. He made sure Ms A had everything to be able to see a specialist as soon as possible.

In response to the investigator's findings, Ms A provided her comments about the recommended compensation amount of £200. She believes this to be insufficient given how she was treated. I realise that no monetary award will make up for how she felt, however, it is not our role to punish the business. Awards of compensation are primarily to reflect the impact on the consumer but we also have to be fair to both sides.

I have a great deal of sympathy for the situation Ms A found herself in. And I can understand why she believes she should receive a more significant amount for the distress caused to her. However, as an alternative dispute resolution service, our awards are lower than she might expect and probably less than a court might award.

Overall, having thought about everything very carefully and about what Ms A has said, I consider that £200 is fair and reasonable compensation for the distress caused. I know that Ms A has strong feelings and I know she will be disappointed, but I've also considered that Aviva accepted the situation could have been better handled and apologised. So, in the circumstances of this complaint, I think £200 total compensation for what happened is fair and reasonable.

### **Putting things right**

Aviva needs to put things right by:

- Paying Ms A £200 compensation for the distress caused to her by its poor communication and the handling of the call.

It must do this within 28 days of the date on which we tell it Ms A accepts my final decision. If it takes longer, Aviva must give Ms A a meaningful update setting out the timeframe when it will make the payment.

### **My final decision**

For the reasons given above, I uphold Ms A's complaint about Aviva Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms A to accept or reject my decision before 5 September 2024.

Nimisha Radia  
**Ombudsman**