

The complaint

Mr H is unhappy that Great Lakes Insurance UK Limited declined a claim made under his travel insurance policy.

What happened

Mr H says he was unwell and, as a result, was unable to go on a UK trip booked for March 2024. He says he cancelled his booking. He made a claim under the policy for his out-of-pocket costs.

Great Lakes declined the claim as it says, when asked, Mr H didn't provide the relevant documents to substantiate his claim.

Our investigator didn't uphold Mr H's complaint. He disagreed. So, Mr H's complaint has been passed to me to consider everything afresh to decide.

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.

So that everyone is clear, I'm only considering what's happened up to the date of the final response letter dated May 2024.

Great Lakes has an obligation to handle insurance claims fairly and promptly. And it mustn't unreasonably decline a claim.

I know Mr H will be very disappointed but for the reasons set out below, in the absence of the documentation requested by Great Lakes to substantiate the claim, I'm satisfied it has acting fairly and reasonably by declining the claim.

It's a general condition of the terms of the policy for policyholders to keep and produce documentary evidence required by Great Lakes to support their claim.

Further, for cancellation claims, the policy terms say:

If you cancel your trip for medical reasons, your GP should complete the Medical Certificate on the claim form.

Great Lakes says Mr H's GP hadn't completed the medical certificate relating to the condition that led to the claim being made, nor the cancellation invoice from the booking provider (or confirmation of a no-show).

Having considered the information Great Lakes had at the time, I'm satisfied that it requested this information from Mr H and it hadn't been provided.

I don't think it's unreasonable for Great Lakes to rely on the policy terms to request this information and for Mr H to substantiate his claim. That's also standard industry practice.

I've taken into account that Mr H did provide two letters from a doctor (accessed through a digital healthcare platform) in support of his claim. They reflect that Mr H had a chest infection and recommended he cancelled his trip. One of the letters also says: "I have also assessed his medical history and can see no previous medical history that would have caused this".

I don't think Great Lakes has acted unreasonably by not accepting these letters in place of a completed GP certificate. Although it wasn't Mr H's GP who diagnosed him with the chest infection, I'm satisfied that the GP is best placed to provide most of the medical information requested on the medical certificate. It's not unusual for travel insurers to request medical information from a policyholder's GP when verifying a claim in circumstances like this complaint.

In its final response letter, Great Lakes said his claim had been marked as a priority for review upon receipt of a completed medical certificate by his GP. I think that was fair and reasonable.

Having looked at the time taken by Great Lakes to assess the claim, I'm satisfied that it was progressed reasonably promptly.

My final decision

I don't uphold Mr H's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H to accept or reject my decision before 27 August 2024.

David Curtis-Johnson
Ombudsman