

## **The complaint**

Mr G has complained that AWP P&C S.A. declined a claim he made on a travel insurance policy.

## **What happened**

Mr G was due to fly abroad on 1 December 2023. For reasons that I won't go into, he didn't end up taking the flight that day. He bought a new ticket to fly out on 2 December 2023.

Mr G became unwell and was taken off the flight by the airport's fire service. He says he was told that he'd need a fit to fly certificate before attempting to fly again. As he was unable to continue with the trip, he made a claim on the policy.

AWP declined the claim on the basis that Mr G hadn't provided medical evidence that he was unfit to travel.

I wrote a provisional decision last month in which I explained why I was thinking about upholding the complaint. AWP provided some extra comments in response to my provisional decision, which I'll address below.

## **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.

I've carefully considered the obligations placed on AWP by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for AWP to handle claims promptly and fairly, and to not unreasonably decline a claim.

As set out in my provisional decision, in respect of cancellation claims, the policy requires a medical certificate to be completed by the treating doctor. Mr G wasn't initially able to provide this, or any other evidence of being medically unfit to fly, which is why AWP declined the claim.

Mr G had explained that he didn't see a doctor as it was the weekend and it wasn't an emergency. He says he called NHS 111 and was told to seek medical attention the following day if his symptoms hadn't improved. He then felt better after getting some sleep. The GP then couldn't complete the medical certificate as he had not been treated by them at the time and the condition has subsequently resolved itself.

Mr G more recently provided evidence from the airport fire service about the incident. Their report stated:

*'...responded to medical assistance for male PAX suffering high heart rate with previous heart condition. On arrival fire 2 crew assessed PAX and found heart rate to be between 90 and 120BPM, PAX also stated that he had a sore head which indicated to him his blood pressure was up. PAX advised fire 2 that he would prefer to leave the aircraft and seek*

*further medical attention/check up at hospital before rearranging flight. He did not want any assistance via wheelchair or PRM. He was escorted back into the terminal to domestic arrivals and to exit to taxi rank.'*

I'd previously explained that I considered the report to be significant as it provided third party information to corroborate Mr G's version of events. In response to my provisional decision, AWP accepted that 'in theory' this would be acceptable evidence of the medical necessity to cancel the trip. However, it said that it had already asked Mr G whether he sought further medical attention/check up at a hospital following leaving the aircraft and he hadn't provided that information. It raised concerns that his decision not to seek further medical attention didn't support the assertion that the trip cancellation was medically necessary.

I appreciate the point AWP is making. However, as I said in my provisional decision, I found the reasons that Mr G gave for not being able to provide a medical certificate (because he hadn't sought further treatment) to be reasonable. And besides, I'm persuaded that the report from the airport fire service is sufficient evidence that he was medically unfit to fly.

Overall, I see no reason to depart from the outcome I reached in my provisional decision. It follows that I consider it would be fair and reasonable for AWP to reassess the claim, in line with the remaining policy terms, but disregarding the need for a medical certificate.

I should caution Mr G that requiring AWP to reassess the claim is not a guarantee that the claim will ultimately succeed. Whilst I require AWP to regard the fire service report as proof that he was medically unfit to travel, the claim will still be subject to the remaining terms and conditions of the policy and it is possible that it may be declined for other reasons.

As I said in my provisional decision, if Mr G is unhappy with the ultimate outcome, he would be able to make a new complaint about that.

### **My final decision**

For the reasons set out above, my final decision is that I uphold the complaint and require AWP P&C S.A. to reassess the claim in line with the remaining terms and conditions of the policy but disregarding the need for a medical certificate.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr G to accept or reject my decision before 9 September 2024.

Carole Clark

**Ombudsman**