

The complaint

Mr K has complained that Aviva Insurance Limited declined a claim he made on a travel insurance policy associated with his bank account.

What happened

Mr K became unwell when travelling abroad in October 2022 and made a claim for the medical treatment he underwent. However, Aviva declined it on the basis that it was unable to validate the claim from the information provided by Mr K and from its own further enquiries.

Our investigator thought that Aviva had acted fairly and reasonably in declining the claim. Mr K 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.

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

Mr K has provided a number of documents in support of his claim. This includes hospital notes about the treatment he received, a discharge letter, an invoice, a statement from the hospital explaining that it didn't take cash and evidence showing that the funds for the treatment came from his father (who lives in the city that Mr K was visiting). Furthermore, he provided his consent for his GP in the UK to complete the required medical form. Mr K feels that he has provided enough information but that it has been unfairly disregarded.

I'm not persuaded that Aviva has wholly disregarded the information provided by Mr K. It has considered this alongside other information it has, to decide whether the claim can be validated or not.

The matter at hand is whether Mr K has done enough to prove that he paid the amount in question to the hospital named in his claim. And the major sticking point is whether that hospital actually existed.

Aviva had some concerns that Mr K was making a high value claim for three separate medical procedures. Therefore, it decided to make some enquiries locally and asked Mr K for his consent to do so. Mr K originally declined to give his consent, saying that he had already provided all the necessary documents. However, following contact with this service, in which it was determined that it was reasonable for Aviva to make additional enquiries, he then did provide his consent in November 2023.

Local agents, instructed by Aviva, visited the address given on the hospital letterheads provided by Mr K. However, it found it to be a residential area with no hospital on that site.

Mr K provided a further letter from the hospital stating that it had closed on 15 November 2023. Although the agents visited shortly after this date, I would imagine there would still be some evidence of a hospital having been there. And no-one living in the area knew of a hospital at that location.

There is another hospital in the same city with a similar name. So, to be thorough, just in case there had been some sort of mix up, the agents also visited that facility. On being shown the paperwork provided by Mr K, staff there confirmed that the documents had not been generated by that facility.

The hospital in question's listing on Google only shows what look to be stock photographs of hospital interiors and nothing of the exterior. Mr K says he can't be held responsible for the hospital's online profile. Whilst that is true, it is not surprising that this further raised Aviva's concerns.

Following the local investigation, Aviva sought to have a phone interview with Mr K to discuss its findings. This would have been an opportunity for Mr K to provide further information in support of his claim. However, he wouldn't agree to it on health grounds.

Mr K has questioned the credentials and motives of the investigating agents. I have no reason to believe that their report is inaccurate. Rather than trying to discredit their report, Mr K's efforts might be better directed in trying to provide alternative, more dependable evidence in support of his claim. As there is no independent evidence that a hospital existed at that site, it clearly casts doubt on the credibility of the letters provided by Mr K, purporting to be from the hospital.

Whether the hospital existed or not is a fairly fundamental issue, so in that sense you wouldn't imagine it would be that difficult for Mr K to provide evidence, other than paperwork from the hospital itself, that there was a legitimate working hospital at that address.

The medical information provided is detailed in nature. However, whether or not Mr K underwent the procedures being claimed for is a slightly different issue. The question here is whether he has done enough to show that he incurred the expenses being claimed for at the hospital where he says the treatment took place – and I don't think that he has.

Mr K has provided lengthy submissions in support of his complaint, and I have read and considered everything that has been presented. However, on balance, I'm satisfied that Aviva's has been unable to validate the claim. Therefore, it was fair and reasonable for it to decline the claim in full.

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 K to accept or reject my decision before 15 November 2024.

Carole Clark
Ombudsman