

## **The complaint**

Mr and Mrs C have complained that Inter Partner Assistance SA ('IPA') unreasonably declined a claim for the cancellation of a trip.

## **What happened**

Mr and Mrs C bought an annual travel insurance policy, underwritten by IPA.

Unfortunately, Mrs C became unwell and cancelled an upcoming trip. Mr and Mrs C made a cancellation claim which IPA declined. It said Mr and Mrs C's claim was related to a pre-existing medical condition which it hadn't been told about and so this was excluded under the terms of the policy.

Mr and Mrs C complained and unhappy with IPA's response, referred their complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think IPA had unfairly applied its policy terms.

Mr and Mrs C disagreed and asked for an Ombudsman's decision.

So the case has been passed to me 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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- The background to this matter is well known to both parties. So I won't repeat the facts here again. Instead I will focus on what I consider to be key to my conclusions.
- Mr and Mrs C bought the policy in November 2023. In February 2023, Mrs C had seen her GP about symptoms which were being investigated and she'd had referrals for scans. Mrs C also had other ongoing conditions she hadn't declared.
- The policy terms contain an exclusion for: *"Any pre-existing medical condition(s) that you have unless you have declared them when purchasing your policy and we have agreed to cover your pre-existing medical condition(s)."* It then defines a pre-existing medical condition which includes: *"Any other medical condition for which you have been prescribed medication or which you have received or are waiting to receive treatment (including surgery, tests or investigations) within the last 12 months."*

- Mr and Mrs C have said they had other claims which were accepted. But I can only comment on the complaint that was brought to us and investigated in relation to this specific cancellation claim. IPA said the claim was related to Mrs C's pre-existing medical conditions. Having considered the reason for cancellation, I don't think IPA's conclusion was unreasonable.
- I am sorry to disappoint Mr and Mrs C but as IPA has correctly declined the claim based on the exclusion in the policy, I don't think it has acted unfairly.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C and Mrs C to accept or reject my decision before 28 April 2025.

Shamaila Hussain  
**Ombudsman**