

## **The complaint**

X has complained about the service provided by Legal and General Assurance Society Limited ('L&G') since July 2023.

## **What happened**

X had a decreasing term assurance with critical illness cover policy, underwritten by L&G.

X made a claim which was reviewed over a number of years. X made a complaint and L&G sent its final response letter in April 2024.

L&G agreed that its service had fallen below a reasonable standard. It offered to put things right by paying the claim and compensation.

Unhappy, X referred the complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint and found L&G's offer was reasonable.

X disagreed and 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 background to this matter is well known to both parties. I have carefully considered everything X has said but as already explained by the investigator, I can only make a decision relating to matters post July 2023 and cannot comment on the previous complaints or L&G's service before that date. That matter has been dealt with by a different Ombudsman and a different decision which confirms the previous complaints are out of jurisdiction. In this decision, I will focus on what I consider to be key to my conclusions.
- This decision is limited only to the complaints raised and responded to in the final response letter dated April 2024. So I will only comment on events post 11 July 2023.
- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- In this case, X made a complaint to L&G as a result of delays in waiting for a decision on the claim after the previous final response letter of July 2023.
- Since then, I have seen that L&G requested X's medical records on 25 July 2023 and it received these on 23 October 2023. It told X it would review the records and get back in touch again. But it didn't get back in touch with X and so X chased for an update on 11 January 2024. L&G replied on 26 January 2024.

- An independent medical examination ('IME') was requested on 26 February 2024 and took place on 2 March 2024. The IME report was provided to L&G on 5 March 2024. L&G reviewed this and accepted the claim on 15 April 2024, backdating it to the date of the IME in March 2024.
- From the above timeline for events post July 2023, it is clear to me that L&G did cause unavoidable delay which has caused distress, frustration and inconvenience to X. But it acknowledged this and offered to pay £400 compensation for its poor service, as well as backdating the claim acceptance to March 2024.
- I've thought about the length of delay and what more L&G could have done in the time period set out above. It received the GP records in October 2023 and then didn't seem to do anything until January 2023. It could also have chased the GP records before October 2023 but that doesn't necessarily mean it would have received them any sooner. However, it ought to have reviewed the medical records shortly after it received them and it should have updated X. Following its review of the medical records, L&G progressed the claim as I would expect it to.
- So overall, for the delay of around 2 months between October and January, I think £400 compensation is appropriate. Our award bands for compensation for distress and inconvenience can be found on our website. The amount offered falls into the category where considerable upset has been caused. And I think L&G has fairly considered the impact of its delay on X with the offer made. So I won't be asking L&G to do anything further.
- X has raised concerns about issues pre-July 2023 but as already explained, those issues are not within my jurisdiction so I cannot consider or comment on those matters.

### **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 X to accept or reject my decision before 28 January 2025.

Shamaila Hussain  
**Ombudsman**