

The complaint

Mr B is unhappy with the service he's received from Aviva Life & Pensions UK Limited after making a claim on his life and critical illness policy ('the policy').

What happened

In or around September 2023, Mr B made a claim on the policy for the critical illness benefit.

Mr B says he contacted Aviva to ask about the progress of his claim and he was told that it was waiting for medical records. However, he says he subsequently discovered that medical records were provided to Aviva in October 2023. After many months, he says he is still awaiting substantive updates about the progress of his claim.

He complained to Aviva in May 2024 and Aviva provided a letter at the end of June 2024 explaining that it was currently unable to provide a final response to the complaint due to an unprecedented level of demand from customers. It advised Mr B of his right to refer his complaint to the Financial Ombudsman Service, which he proceeded to do.

Our investigator upheld Mr B's complaint and recommended Aviva pay him £200 compensation to reflect the impact of the delay and not providing updates about his claim. Aviva didn't reply so this complaint has been passed to me to consider everything afresh and 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.

Aviva has an obligation to handle insurance claims promptly and fairly.

Although, our investigator requested Aviva provide information in relation to this complaint, he didn't receive a substantive response.

Mr B has provided a copy of the signed claim form he says he submitted to Aviva. In the absence of any information to contrary I accept that this was submitted around September 2023 – the date of the claim form.

He also says that he hasn't received substantive updates from Aviva about his claim, despite him contacting Aviva. So, he doesn't know what's happening with his claim. Again, in the absence of any information to the contrary I accept what he says about that.

I've considered what's happened up until the date of Aviva's letter (June 2024) when it provided Mr B with referral rights to the Financial Ombudsman Service. Aviva hasn't provided us with any reason for the delay in assessing the claim or any insight into why it's taken so long. I'm therefore satisfied that it hasn't fairly and promptly handled Mr B's claim, and this has upset Mr B and put him to the unnecessary trouble of having to contact Aviva for updates over many months, at an already difficult time given his diagnosis.

I'm satisfied Aviva should pay Mr B £200 compensation for distress and inconvenience to cover the period up to the end of June 2024. If Mr B continues to be unhappy about delays and the service he's received from Aviva after the end of June 2024 (or any decision made by Aviva about his claim), he's free to initially raise those concerns with Aviva to investigate.

My final decision

I uphold Mr B's complaint and direct Aviva Life & Pensions UK Limited to pay him £200 compensation for distress and inconvenience.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 27 January 2025.

David Curtis-Johnson
Ombudsman