

The complaint

Ms V is unhappy with the service she received from Zurich Insurance Company Ltd when she claimed on her travel insurance policy for travel delays and medical expenses.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. I'll focus on giving the reasons for my 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.

The relevant rules and industry guidelines say that Zurich has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

I think the £120 compensation Zurich have offered Ms V is fair and reasonable. I say that because:

- I'm satisfied that Zurich settled Ms V's claim for travel delay in line with the policy terms and conditions. They paid the maximum benefit available under the policy.
- I appreciate Ms V incurred additional out of pocket expenses because of the travel delays she experienced. But that's not what this policy offers cover for. It offers a fixed cash benefit for delay. Travel insurance doesn't cover every eventuality and unfortunately, in the circumstances of this case, the policy doesn't cover Ms V's out of pocket expenses.
- I've thought about Ms V's representations that she was making two different trips and so should be entitled to claim twice. I haven't found her representations on this point to be persuasive. Ms V's travel plans were disrupted, and she adapted her travel plans as a result. So, ultimately, she went on one trip. Therefore, I don't think it would be fair and reasonable for Zurich to consider the claim on the basis that there were two trips.
- Even if I accept that Ms V tried to contact Zurich whilst abroad in relation to the medical expenses, I don't think that's central to the outcome of this complaint. Zurich accepted that they would review the medical expenses again if Ms V provided a medical certificate. I think that was fair and reasonable in the circumstances as it gave Ms V a fair opportunity to present medical evidence in support of her claim.
- I understand that since Ms V has referred her complaint to the Financial Ombudsman Service there has been an offer to partially settle some of the medical expenses. However, my decision focuses on what happened up until the point Ms V complained to Zurich. If Ms V is unhappy with the settlement of the claim, she'll need to make a complaint to Zurich first. At the point Ms V made this complaint Zurich had agreed to

reconsider the claim for medical expenses.

- I acknowledge that Ms V experienced some distress and inconvenience during the claims process. That included poor communication from Zurich and Ms V experiencing difficulties contacting them. I think the £120 compensation offered fairly reflects the impact of the poor customer service she received. So, I don't think Zurich needs to pay any further compensation to put things right.

My final decision

Zurich Insurance Company Ltd has already made an offer to pay £120 to settle the complaint and I think this offer is fair in all the circumstances. So my decision is that Zurich Insurance Company Ltd should pay £120 compensation to Ms V.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms V to accept or reject my decision before 23 April 2025.

Anna Wilshaw
Ombudsman