

## **The complaint**

Mr and Mrs M complain that Inter Partner Assistance SA (IPA) hasn't settled a medical expenses claim they made on a travel insurance policy.

## **What happened**

The background to this complaint is well-known to both parties. So I've simply set out a summary of what I think are the key events.

Mr and Mrs M were abroad in June 2024. Unfortunately, Mrs M was admitted to hospital as she required treatment. Mr M got in touch with IPA's medical assistance team to make a claim. Ultimately, Mr and Mrs M went on to settle Mrs M's medical expenses and sent evidence of their costs to IPA. By mid-July 2024, they'd also provided IPA with the evidence it had requested, including booking invoices and a medical report which had been completed by Mrs M's GP.

Despite repeated chases to IPA by Mr M, there was a significant delay in it assessing the claim. On 3 September 2024, IPA's medical team reviewed the claim and it concluded that it would require Mrs M's full medical history for the two years prior to the purchase of the policy before a claims decision could be made. So Mr and Mrs M obtained a copy of Mrs M's medical records for the relevant period and sent this back to AXA on 26 September 2024.

Mr and Mrs M were unhappy with the overall delays in handling of their claim and they complained. IPA acknowledged there'd been unreasonable delays during the course of the claim and so it said it had processed a compensation payment of £200 to reflect this.

Remaining unhappy with IPA's position, Mr and Mrs M asked us to look into their complaint.

Our investigator recommended that Mr and Mrs M's complaint should be upheld. In brief, he noted that despite Mr M providing evidence that Mrs M's medical history had been sent to IPA on 26 September 2024, IPA still hadn't made a claims decision. He thought Mr and Mrs M had been put to significant time and trouble while the claim had been ongoing and he didn't think the £200 IPA had agreed to pay Mr and Mrs M fairly reflected their distress and inconvenience. Therefore, he thought IPA should pay Mr and Mrs M total compensation of £300 and that it should make a claims decision within 28 days.

IPA didn't respond by the deadlines we gave and so the complaint's 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 IPA has handled this complaint fairly and I'll explain why.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. I've taken those rules into account, together with other relevant considerations, including

regulatory rules, the policy terms and the available evidence, to decide whether I think IPA has treated Mr and Mrs M fairly.

I've first considered the policy terms and conditions, as these form the basis of the contract between Mr and Mrs M. Mr and Mrs M made a medical expenses claim after Mrs M was treated abroad. I note the 'Claims Evidence' section of the policy explains that sometimes, IPA will need a policyholder to provide it with their medical history as part of its assessment of a medical expenses claim. I can see that following IPA's medical review of the claim, it concluded that it did need a copy of Mrs M's medical history for the two years before the policy was purchased. On that basis, I don't think it was unreasonable for IPA to request that information before it would be in a position to make a claims decision.

However, it's clear that IPA accepts it hasn't handled this claim as well as it should have done. Its notes indicate that Mr and Mrs M promptly complied with its claims information requests and that they'd sent IPA the evidence they'd initially been asked for by 18 July 2024. However, despite repeated chases by Mr M and requests for updates, IPA's notes show that the claim wasn't fully reviewed until 3 September 2024, at which point Mrs M's full medical history was requested. In my view, this was an entirely unreasonable delay.

Mr M has provided us with copies of his call history, showing the volume of calls he made to IPA and the duration of those calls. It's clear to me that he was put to unnecessary time, trouble and inconvenience in chasing things up with IPA. While IPA's notes suggest this was due to a claims backlog, there's little evidence that IPA took steps to proactively contact Mr M to provide him with any updates. And I'm mindful that during this period, Mr and Mrs M were out of pocket for the medical expenses they'd paid for themselves. So I don't doubt that the delays in assessing this claim have caused them additional worry and frustration. I'd add too that I can see IPA made errors in some of the communications it's had with Mr and Mrs M, causing unnecessary inconvenience.

As such then, I don't think the £200 compensation IPA said it would pay Mr and Mrs M is sufficient to recognise the trouble and upset they've been caused as a result of IPA's claims handling errors (up until the point IPA issued its final complaint response on 9 September 2024). In my view, a total award of £300 to reflect this period of delay is more commensurate with the actual trouble and upset I think Mr and Mrs M have been put to. And so I now direct IPA to make this award.

I'm aware that after IPA issued its final response to this complaint on 9 September 2024, Mr and Mrs M sent in Mrs M's medical history for the required period on 26 September 2024. Yet, it appears that to date, more than three months later, Mr and Mrs M still haven't been given a claims decision. I can't reasonably award compensation when IPA hasn't had a chance to respond to a complaint about further claims delays between 9 September 2024 and today's date. Mr and Mrs M would need to make a new complaint about the further delays they've experienced if they'd like us to consider those delays.

However, it seems to me that Mr and Mrs M have complied with all of IPA's information requests and there seems to be little to explain why IPA hasn't yet made a decision on their claim. Nor did IPA respond to our investigator's assessment to provide any reason why it hadn't yet decided whether or not this claim was covered. Given IPA's regulatory obligations to handle claims promptly and fairly, along with its other regulatory obligations, I find that it must now make a decision on Mr and Mrs M's claim within 28 days of the date we let IPA know Mr and Mrs M accept my final decision. And it must communicate that decision to Mr and Mrs M in writing. If Mr and Mrs M are unhappy with the outcome of their claim, they'll need to complain to IPA about its decision before we can potentially look into a complaint about that issue.

## **Putting things right**

I direct Inter Partner Assistance SA to:

- Pay Mr and Mrs M total compensation of £300 (less any compensation amount it's already paid); and
- Make a claims decision in line with the policy terms and conditions and communicate that decision to Mr and Mrs M within 28 days of the date on which we tell it Mr and Mrs M accept my final decision.

Inter Partner Assistance SA must pay the compensation within 28 days of the date on which we tell it Mr and Mrs M accept my final decision. If it pays later than this it must also pay interest on the compensation from the deadline date for settlement to the date of payment at 8% a year simple

## **My final decision**

For the reasons I've given above, my final decision is that I uphold this complaint and I direct Inter Partner Assistance SA to put things right as I've set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M and Mrs M to accept or reject my decision before 7 February 2025.

Lisa Barham  
**Ombudsman**