

## **The complaint**

Miss M's complaint is about a claim she made on her Wakam pet insurance policy.

Miss M says Wakam treated her unfairly.

## **What happened**

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

Having done so, I agree with the conclusions reached by the investigator for these reasons:

- Wakam declined Miss M's claim on the basis that the behavioural therapy costs she was seeking were not recommended by her vet. But when Miss M contacted Wakam about the claim she had already told them that the consultation she wanted to claim for had followed her vet's referral.
- The claim was made on 21 December 2023. Wakam declined the claim on 26 June 2024, some six months later. In between that period Miss M chased Wakam several times and at one point they asked for the pet's clinical history, which she supplied.
- On the same day they declined the claim Wakam reached out to Miss M's vet to ask whether they had referred her pet to the behavioural therapist. The vet replied two days later confirming the referral and attaching evidence. Despite this it took Wakam a further 5 months to accept that the claim had wrongly been declined by them. When they did so by way of final response letter, Wakam accepted the claim should have been covered and offered Miss M £100 in compensation for their handling of the claim.
- Wakam were wrong to have declined the claim in the way that they did. It was clear from Miss M's initial contact with Wakam that the referral had been made by her vet to the behavioural therapist. Rather than decline the claim, Wakam should have asked for a copy of the referral at the same time it requested the pet's clinical notes, but both of those things should have happened in a far more timely manner.
- Wakam accepted that the delays in their dealing with the claim (around 11 months from start to finish) were down to an error in their systems, that the decision to decline the claim was wrong and that it took them too long to deal with it, but their award of compensation does not in my view go far enough to compensate Miss M.
- We wouldn't expect an insurer to take much longer than a month to consider a claim and

deal with it accordingly if the claim was as straightforward as Miss M's. 11 months is far in excess of that and does not recognise the loss of use of the sums she was entitled to be paid out under the policy.

- For those reasons I uphold Miss M's complaint against Wakam and direct them to put things right in the way I have set out below.

### **Putting things right**

Wakam should pay:

- the claim subject to the remaining policy terms, if it hasn't already done so.
- Miss M interest at 8% simple per annum from one month after the claim was made by her, until it is settled.
- a further £100 in compensation in addition to the amount they have already offered to account for the 11-month delay in dealing with the claim as a whole.

### **My final decision**

For the reasons set out above, I uphold Miss M's complaint against Wakam.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss M to accept or reject my decision before 31 March 2025.

Lale Hussein-Venn  
**Ombudsman**