

The complaint

Mr H complained that The Royal London Mutual Insurance Society Limited gave misleading information during a phone call.

What happened

Mr H has a life and critical illness policy with Royal London. Mr H had tried to claim on his policy, but the claim was declined. This service has previously looked into a complaint about the outcome of his claim. However, during a call in February 2024, Mr H believes he was given incorrect and misleading information about being able to claim on his policy. As a result, Mr H complained to Royal London.

Royal London upheld Mr H's complaint. They agree that they could have provided more information during the call. Royal London offered Mr H £200 compensation to put things right. Mr H was unhappy with the amount of compensation offered and so brought the complaint to this service.

Our investigator didn't uphold Mr H's complaint. They didn't think Royal London had done much wrong during the call and so didn't think any further compensation needed to be paid. Mr H appealed. He still didn't think the compensation was enough. As no agreement could be reached, the complaint has been passed to me to make a final 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, and whilst I appreciate it'll come as a disappointment to Mr H, I've reached the same outcome as our investigator.

At the outset I acknowledge that I've summarised his complaint in far less detail than Mr H has, and in my own words. I'm not going to respond to every single point made. No discourtesy is intended by this. Instead, I've focussed on what I think are the key issues here. The rules that govern the Financial Ombudsman Service allow me to do this as it's an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every individual point to be able to reach an outcome in line with my statutory remit.

I'm very sorry to hear about Mr H's personal circumstances. I wish him and his family the best.

Mr H has told us that the information on the call has led to turmoil over the last 12 months. He's said it has caused stress, anxiety and sleepless nights and is still having a significant impact on his health.

I've listened to the call between Mr H and the adviser. The adviser makes it clear that Mr H only has the standard children's critical illness cover and not the enhanced. The adviser also

confirms that there's no claim available through the policy.

The bit of contention during the call is when Mr H asks the adviser who is liable if a policy has been mis-sold. The adviser informs Mr H that it would be the salesperson. The adviser then informs Mr H that he can put in a complaint about the sale and it might be that if it was mis-sold, it may be that the claim can be covered. However, the adviser caveats this by saying this is not guaranteed and also says it could be wishful thinking.

The sales adviser was empathetic to Mr H and clearly wanted to help. The information the adviser has given to Mr H isn't incorrect. If a policy is found to be mis-sold, this service can instruct a broker to compensate a customer, and this can be inline with any claims that might have been paid but for the advice, as a financial loss. But I can understand why the information gave Mr H hope.

I've thought hard about the compensation offered by Royal London, Mr H's testimony of the impact it's had on him and what was said during the call. Having done so, I agree with our investigator that the compensation is fair and reasonable in the circumstances based on our compensation guidelines. However, this isn't meant to undermine or belittle what Mr H has been through.

I'm very sorry that my decision doesn't bring Mr H more welcome news at what I can see is a very difficult time for him. But in all the circumstances I don't find that Royal London needs to do anything further to put things right.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint. I don't require The Royal London Mutual Insurance Society Limited to do anything further.

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

Anthony Mullins
Ombudsman