

The complaint

Mr D and Mrs D complain about the way Inter Partner Assistance SA (IPA) handled a repatriation 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 main events.

Mr D and Mrs D were abroad on holiday. As their trip was extended due to unforeseen reasons, they took out a travel insurance policy through a broker which was underwritten by IPA.

Unfortunately, on 7 February 2024, Mr D had to be admitted to hospital due to a deterioration in his mental health. So Mrs D and Mr D's father contacted IPA's emergency medical assistance company to make a claim.

After some avoidable delays in requesting medical evidence it needed, IPA appointed a local agent to obtain a medical report from the hospital. It also asked for confirmation that Mr D was well enough to be repatriated back to the UK.

On 20 February 2024, Mr D's treating doctor provided confirmation that Mr D was fit to be repatriated by land, with a medical escort and if he was suitably medicated. However, there was a delay in IPA asking its providers to obtain quotes for the repatriation arrangements.

Mrs D and Mr D's father had to contact IPA numerous times to try and get updates. And one of the IPA's providers indicated to Mrs D that Mr D would need to undergo further medical assessment to ensure he'd be fit to travel, despite the treating doctor's existing confirmation. Given the delays they'd experienced, Mrs D and Mr D's father made their own arrangements for Mr D to be brought back to the UK. Mrs D claimed the cost of the repatriation back from IPA.

Mrs D was very unhappy with the way IPA had handled the claim and she complained. IPA accepted there'd been shortfalls in the service it'd provided and so it paid Mrs D and Mr D £250 compensation.

But Mrs D and Mr D remained unhappy with IPA's position and so they asked us to look into their complaint.

Our investigator thought IPA had made a number of errors in its handling of the claim. He felt there'd been unreasonable delays in its requests for information; he felt the way IPA had communicated with Mrs D had caused unnecessary trouble and upset and he understood why Mrs D had made her own repatriation arrangements for Mr D, given the breakdown in the relationship between Mrs D and IPA. He recommended that IPA should pay Mrs D and Mr D total compensation of £1000 to reflect the trouble and upset it had caused them.

IPA accepted the investigator's recommendation but Mrs D and Mr D did not. In brief, Mrs D said Mr D had been forced to stay abroad in hospital for several days longer than he'd needed to. And she said this had subsequently had a real impact on his health.

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, whilst I'm very sorry to disappoint Mrs D and Mr D, I think the fair outcome to this complaint is for IPA to pay them total compensation of £1000 and I'll explain why.

First, I'd like to say how sorry I was to hear about the extremely difficult and upsetting situation Mrs D, Mr D and Mr D's father found themselves in while they were abroad. It's clear Mr D suffered a sudden and very worrying deterioration in his mental health and I appreciate what a frightening time this must have been for the whole family.

I also need to make it clear that this decision will only consider how IPA handled Mr D's repatriation claim. I understand Mrs D and Mr D may also be unhappy with the settlement they've been paid for other expenses they incurred while they were abroad. But it doesn't look like IPA's investigated a complaint about the settlement of the claim yet or issued a final response to it. So it wouldn't be fair or reasonable for me to comment on the way the claim was settled. It's open to Mrs D and Mr D to complain about the settlement they've been paid to IPA should they wish to do so.

And I'd like to reassure Mrs D and Mr D that while I've summarised the background to their complaint and Mrs D's detailed submissions to us, I've carefully considered all they've said and sent us. In this decision though, I haven't commented on each point they've made and nor do our rules require me to. Instead, I've focused on what I think are the key issues.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And they mustn't turn down claims unreasonably. I've taken those rules into account, amongst other relevant considerations, such as regulatory principles, the available evidence and the policy terms, to decide whether I think IPA handled this claim fairly.

IPA acknowledges that it didn't handle Mrs D and Mr D's repatriation claim as well as it could and should have done. It's now agreed to pay Mrs D and Mr D total compensation of £1000. So I need to decide whether I think this is a fair and reasonable award, in the specific circumstances of this complaint.

I can see from IPA's contact notes that there were a number of occasions on which it failed to progress Mr D's claim as quickly as it could have done and it failed to keep Mrs D and Mr D's father properly updated. I think it could have asked Mrs D for more detailed information about the situation, about the policy and about the trip at the outset, rather than putting repeated requests to Mrs D when her son had just been hospitalised. IPA then didn't take any further action for three days – it didn't refer the claim on and it didn't ask for a medical report. And on 12 February 2024, five days after the claim had been made, Mrs D was told that the claim wouldn't be covered. It wasn't until 15 February that Mrs D was told that in fact, IPA would cover the claim and it would look to arrange repatriation. I don't doubt that this delay and the uncertainty over cover caused Mrs D additional upset at a worrying time.

It appears there was some difficulty in IPA obtaining a medical report from the treating hospital. So it appointed a local agent to try and get a copy of the evidence. But it didn't tell

Mrs D (or Mr D's father) that it had done so. This meant Mrs D had to repeatedly chase IPA for updates when I don't think she should have needed to do so. IPA was aware of the situation and I don't think it took the steps it could have done to minimise the impact of the claim on her.

Subsequently, a medical report was received on 19 February 2024. And on 20 February 2024, Mr D's treating doctor issued a confirmation that Mr D was fit to be repatriated by land and with medical care. IPA seems to have indicated that it would need more evidence to show that Mr D would be safe to travel, despite the treating doctor's report. In my view, the tone of that communication would have been very distressing for Mrs D (and for Mr D's father). IPA went on to ask its providers for repatriation quotes on 22 February 2024.

One provider suggested it could repatriate Mr D on 25 February 2024. However, on 24 February 2024, IPA sent an email which said the repatriation had had to be suspended due to Mr D's health and that a further appointment with the treating doctor had been scheduled. It isn't at all clear where this information came from, because it doesn't tie-in with the medical evidence IPA had been sent. I don't doubt how upsetting this was for the family when they'd been under the impression that IPA was already making arrangements for Mr D's repatriation.

So Mr D's father indicated that he and Mrs D were looking to make their own arrangements and intended to claim the costs back from IPA. It agreed to cover the costs. Later on 24 February 2024, IPA went on to offer repatriation through another of its providers. Given the communication the family had received earlier that day, I can understand their frustration and confusion. And I can also understand why Mrs D and Mr D's father opted for their own provider to repatriate Mr D on 25 February 2024.

Overall then, I'm satisfied that IPA did make serious mistakes in its handling of this claim – particularly in regards to delays in moving things along and in the way it communicated with Mrs D. And I find that IPA's mistakes caused Mrs D and Mr D wholly unnecessary frustration and upset at an already very worrying time. I think it could have done more to ensure the claim progressed smoothly and to keep Mrs D updated about the steps it was taking.

I also need to bear in mind though that given Mr D's illness and his emergency admission to hospital, he and Mrs D would always have suffered worry and stress. The situation would always have been difficult for the family and caused them distress. I can't fairly or reasonably hold IPA responsible for that. And while I understand Mrs D says that IPA's handling of this claim caused Mr D's health to suffer subsequently, I haven't seen any persuasive medical evidence to indicate that this was the case.

We're not the industry regulator and we have no power to fine or punish the financial businesses we cover. Our investigator has shared information with Mrs D which explains our general approach to awards for distress and inconvenience.

It seems to me that the earliest IPA could have been in a position to repatriate Mr D was after it received the doctor's report of 20 February 2024. Given the nature of the repatriation, I think it's likely that it would always have taken at least a day to make ground ambulance and medical arrangements, if not longer. So I can't fairly conclude exactly how much longer Mr D remained in hospital abroad than he would have done if IPA had promptly acted on the confirmation that he was fit to travel.

On balance though, I think Mr D likely could have been repatriated a couple of days earlier than he was, although it seems to be accepted that he was under appropriate medical care in hospital. And as I've said, I think there were real failings in the way IPA communicated

with Mrs D and Mr D's father which I think caused them a substantial trouble and upset at an already extremely worrying time.

In my view, total compensation of £1000 is a substantial award which I think is fair, reasonable and proportionate to reflect what I believe to be the likely impact of IPA's mistakes on Mr D and Mrs D. I understand Mr D and Mrs D don't think this award goes far enough and believe a significantly higher award should be made. But in my view, the award is fair and reasonable to recognise the substantial amount of trouble and upset IPA's mistakes likely caused them over a broadly two-week period. And therefore, I find the fair outcome here is for IPA to pay Mr D and Mrs D a total award of £1000 compensation (less any compensation award it's already paid).

Putting things right

Inter Partner Assistance SA must pay Mr D and Mrs D a total award of £1000 compensation (less any compensation award it's already paid).

IPA must pay the compensation within 28 days of the date on which we tell it Mr D and Mrs D 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.

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 outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs D and Mr D to accept or reject my decision before 19 June 2025.

Lisa Barham
Ombudsman