

The complaint

Mr and Mrs L are unhappy about how Great Lakes Insurance UK Limited handled a claim under their travel insurance policy.

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 broadly agree with the overall conclusions reached by the investigator for the following reasons:

- Mr and Mrs L's policy provides cover following a necessary and unavoidable cancellation of a trip due to an illness. Unfortunately, they had to cancel a trip due to Mr L's sudden illness. Mrs L sent two letters from the hospital to Great Lakes in support of the claim – these were dated on 27 and 30 July 2024. Great Lakes said on 1 August 2024 that it also needed a medical certificate completed by a GP to assess Mr L's pre-existing medical history.
- The policy terms and conditions state under "claims conditions" for cancellation claims that if a policyholder cancels a trip for medical reasons, their GP should complete the medical certificate on the claim form. And the cancellation section terms say that in this situation, the policyholder must provide a medical certificate from a medical practitioner. The terms also say this will be at the policyholder's expense.
- These are common terms found in most, if not all, travel insurance policies. And it's also standard practice for insurers to request a medical certificate to consider a cancellation claim due to an illness.
- Whilst the letters from the hospital confirmed Mr L's illness and that he wasn't fit to travel, these didn't include information about his previous medical history. So, I think Great Lakes acted fairly and reasonably, and in line with the policy terms and conditions, when it asked Mr L's GP to complete the medical certificate.
- I can see that Great Lakes first told Mrs L that if the GP couldn't answer some questions, they could answer "not applicable". But it later said that all the questions would need to be completed in full. I appreciate Mrs L found this contradictory. But I don't think Great Lakes was in a position to confirm if more information was needed before it received the completed medical certificate from the GP. And as a starting point, I don't think it was unreasonable for Great Lakes to ask the GP to complete all the sections. A GP should have access to a patient's full medical records, including information about any hospital admissions.

- Mrs L sent the completed medical certificate to Great Lakes on 19 August 2024. Great Lakes has accepted that Mrs L had provided reasonable information for it to consider the claim at this point. And I agree. The GP information confirmed Mr L's condition wasn't pre-existing, and the hospital letters confirmed he wasn't fit to fly. So, Great Lakes should have accepted the claim at this point.
- Instead, Great Lakes told Mrs L on 21 August 2024 that it needed the GP to complete all the information on the claim form. Great Lakes didn't change its position until after Mrs L complained about this. It finally accepted the claim on 28 August 2024, and paid it on 3 September 2024. Great Lakes should have accepted the claim already on 21 August 2024, after reviewing the information Mrs L sent on 19 August 2024, instead of asking for further information. So, there was a week delay in accepting the claim.
- Great Lakes acknowledged in its final response that Mrs L had provided reasonable evidence in support of the claim on 19 August 2024. It apologised for the distress and inconvenience this caused Mrs L, as well as when it addressed Mrs L as Mr L. Great Lakes said it had given the claim handler and their manager feedback so this wouldn't happen again.
- It's clear that Great Lakes caused Mrs L unnecessary distress and inconvenience. And I appreciate Mrs L found it frustrating when Great Lakes asked for information that wasn't necessary in the circumstances of Mr L's claim. But Mrs L always needed to get information from the GP, and I can't see that she had to go back to the GP unnecessarily. Overall, I'm satisfied that Great Lakes resolved the issue when Mrs L raised a complaint, and it settled the claim promptly after this. Great Lakes also apologised for its mistakes. I think this is fair and reasonable in the circumstances.
- Mrs L's main concern is that she doesn't think Great Lakes' medical certificate claim form is fit for purpose, and it should be reviewed and changes made for ease of claimants. This is not something I have the power to ask Great Lakes to do. I can only consider what it did in the circumstances of Mr and Mrs L's individual complaint, as I've done here.

My final decision

My final decision is that I don't uphold Mr and Mrs L's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr L and Mrs L to accept or reject my decision before 18 April 2025.

Renja Anderson
Ombudsman