

The complaint

Mr and Mrs W are unhappy with the way Inter Partner Assistance SA (IPA) handled a claim made on 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 the 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.

IPA has a regulatory obligation to handle insurance claims fairly and promptly.

IPA accepts that it should've handled the claim better. It's apologised, said internal feedback will be provided and paid £150 compensation for distress and inconvenience.

So, the crux of the issue for me to determine is whether IPA needs to reasonably do anything more to put things right.

IPA accepts that:

- there were unreasonable delays;
- it didn't pay the claim all at once, rather at different intervals and there was no explanation as to how the original settlement figure was reached; and
- overall, its communication has been very poor. It didn't proactively provide updates about the claim and Mr W didn't receive call backs as promised.

It took around three months for IPA to pay the claim amount due under the policy (the first tranche was received around a month after the claim was made). That's a long time and there's no reasonable explanation for this.

At the time of receiving the first payment (around a quarter of the sum Mr and Mrs W eventually received), there was also no explanation as to why this amount was being made in full and final settlement of the claim. I accept that would've been upsetting and confusing. This ultimately led to Mr W having to spend time seeking an explanation and thereafter chasing for replies. Mr and Mrs W were also left without some money for longer than they reasonably ought to have been. That would've been frustrating and distressing. I'm also satisfied that Mr W had to spend significant time contacting IPA because of its errors.

So, it isn't disputed that Mrs W, and particularly Mr W, were put to unnecessary distress and inconvenience in this case.

Having considered everything including the timeline of events, the amount of additional contact they had with IPA and IPA's poor communication, I'm satisfied that £150 compensation fairly reflects the impact IPA's error had on Mr and Mrs W.

After their claim was paid in line with the policy terms, Mr and Mrs W say another complaint was opened by IPA in August 2024 which was subsequently closed in November 2024 because all issues had been addressed in its previous response in July 2024. As part of the complaint I've determined, I'm only considering issues up to 23 July 2024; the date of IPA's follow up to its final response letter dated earlier in July 2024.

I know Mr and Mrs W feel very strongly about their case and they'll be disappointed. But I hope it helps them to know that their concerns have been considered by someone independent of the parties.

My final decision

Inter Partner Assistance SA doesn't need to do anything more to put things right. So, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr and Mrs W to accept or reject my decision before 31 July 2025.

David Curtis-Johnson
Ombudsman