

The complaint

Mr S complains that AXA France IARD (AXA) declined a claim he made on his Guaranteed Asset Protection (GAP) insurance policy.

Reference to AXA includes its agents.

What happened

Mr S held a GAP insurance policy with AXA. Mr S made a claim on the policy after he said his car was involved in an accident.

Ultimately AXA declined the claim under the fraud condition in Mr S's policy. It said it thought Mr S's circumstances of the incident were untrue.

Mr S complained about this decision. He didn't think it was fair and said English wasn't his first language. He wanted a second interview to be carried out. He also complained about how long it took AXA to reach that decision.

AXA didn't agree to a second interview. It said it could translate Mr S's statement into his preferred language if that was something he wanted to do. AXA didn't think it had caused any delay to the claim and maintained its decision to decline it was fair.

Mr S didn't agree and so brought his complaint here.

Our Investigator didn't recommend it be upheld. She thought AXA's decline was reasonable and she didn't think it had caused any delay.

Mr S didn't agree and provided further explanation, including explaining his medical history which he says can lead to memory loss and confusion.

Our Investigator didn't change her mind. She said it was her role to assess AXA's decision based on the information it had available to it at the time. She didn't think Mr S had shown his medical history to AXA previously, so she didn't think it fair to consider it in this complaint.

Mr S didn't agree, so the case has come to me for an Ombudsman's 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'm not upholding it. I'll explain why.

Firstly, I've reviewed everything we've been sent. But in line with our service's role, which is an informal one, I'll not be commenting on every piece of evidence or argument raised. Instead, I'll focus on what I consider key to the complaint. Importantly too, like our Investigator, I'm looking at AXA's decision based on the information it had when it made it.

Anything provided after that, isn't covered in the scope of this complaint. And that includes Mr S's medical history.

But I can also look at whether it was reasonable it made that decision at that time, or whether it should have waited for more information to be provided.

In short, from everything I've seen, I'm satisfied AXA's decline of Mr S's claim under the fraud condition was fair. It's not my role to determine whether or not Mr S acted fraudulently. What I have to determine is whether it was fair AXA declined his claim on the basis it thinks he did.

The relevant term in the policy says:

"You must not act in a fraudulent manner. If you, or anyone acting for you:

- make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or*
- make a statement in support of a claim, knowing the statement to be false in any respect or*
- submit a document in support of a claim, knowing the document to be forged or false in any respect or*
- make a claim in respect of any loss or damage caused by your wilful act, or with your collusion."*

Based on what I've seen and the concerns AXA has surrounding the claim, I'm satisfied its decision to rely on this term to decline Mr S's claim is reasonable. I understand Mr S has concerns around his statement and points out it's not signed. But I'm satisfied the statement reflects the interview and that AXA is acting reasonably when relying on it.

I'm satisfied that when AXA made that decision, it had enough information to do so. I understand Mr S has since provided more information. But that information is for AXA to assess first. Therefore it's not appropriate for me to say whether that means it should pay his claim or not.

I'm also satisfied AXA is entitled to conduct investigations into a claim and require information to be sent to validate what's been said if it has concerns. This will naturally increase the time taken to come to a decision. But here, in this case, I don't think AXA caused any substantial unavoidable delays.

My final decision

For the reasons set out above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S to accept or reject my decision before 13 June 2025.

Joe Thornley
Ombudsman