DRN-5509605

The complaint

Mr H complains about the way AXA Insurance UK Plc ('AXA') handled his home insurance claim.

What happened

The following is intended as a summary of key events only.

Mr H submitted a claim for an escape of water to AXA in 2023. AXA appointed loss adjusters who interviewed Mr H and produced a draft statement of fact which he did not sign. Following a previous complaint that this Service considered, Mr H provided an amended signed statement and supporting documents in October 2024. And he also provided the loss adjusters with written responses to their questions, including explanations about the kitchen he said had been damaged by AXA's contractors, the purchase price, the method of payment, and the absence of original receipts.

In December 2024, the loss adjusters wrote to Mr H and said the claim had been declined because AXA's concerns had not been allayed. The letter referred to concerns in the information Mr H had provided. Mr H raised a complaint to AXA and said their decision was unfounded and unfair, and that AXA had mishandled his claim and caused significant financial and emotional harm.

AXA responded to the complaint in February 2025 and said their concerns had been laid out in their loss justice letter and it was up to Mr H to provide further clarity in evidence in order for the claim to progress. And they said the claim had been closed and Mr H had been clearly advised as to the reasons for the decline. They also explained that a previous complaint had dealt with additional damage caused by contractors and compensation had been paid, so they wouldn't be able to comment further on this matter. Mr H remained unhappy with AXA's response to his complaint – so, he brought it to this Service.

An Investigator looked into what had happened and recommended the complaint to be upheld in part. She said she recognised Mr H had contributed to the confusion and delays experienced in progressing the claim, because he had provided conflicting information which had taken a long time to be submitted. But she also explained that's what AXA had concerns regarding the claim; she was satisfied they had been provided with enough information to provide a clear claim decision. The Investigator felt AXA should pay £150 compensation and reconsider the claim in line with the remaining policy terms.

AXA disagreed with the Investigator's outcome. They said they were not persuaded Mr H had sufficiently responded to their inquiries and the discrepancies from the information and evidence provided were still concerning to them. They said their claims team hadn't been provided enough information to reach a final decision on the claim.

Mr C also provided a response to the Investigator's outcome. He said he was concerned that AXA believed their decision to decline the claim was fair and reasonable. And he wanted them to provide a full and final settlement based on the comprehensive evidence he'd submitted. He also explained that he felt he'd experienced extensive hardship during the

course of the claim and felt the compensation awarded did not reflect the impact of what he had experienced.

AXA asked for an Ombudsman to consider the complaint – so, it'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, I've reached the same overall conclusions as the Investigator and I uphold this complaint in part.

I'd like to start by reassuring both parties that although I've only summarised the background to this complaint, so not everything that's happened or been argued is set out above, I've read and considered everything that's been provided. This isn't meant as a discourtesy – it simply reflects the informal nature of this Service. So, while I may not comment on each and every point made, or piece of evidence provided, I have taken it all into account.

I also need to explain what period I will be considering as part of my decision. I appreciate Mr H has raised several complaints to AXA during the life of his claim, but I won't be revisiting those previous complaints or looking at anything that happened prior to October 2024. This is because I can only consider the points Mr H raised to AXA following his submission of his signed statement and additional evidence that AXA responded to in February 2025.

I've considered this complaint very carefully and I think there is some remaining confusion over where things presently stand. I appreciate Mr H specifically complained to AXA about the decline of his claim following a letter from their loss adjusters in December 2024. And AXA's final response also refers to the fact that the claim had been declined as they didn't feel the information Mr H provided satisfied their questions over the claim.

The loss adjuster's letter from December 2024 did set out the claim had been declined, but I don't think it was a clear and fair communication, because it did not cite any relevant policy terms, and it repeated concerns AXA had about Mr H's written submissions without engaging or explaining why AXA felt they were inadequate. Since the complaint was referred to this service AXA has also been inconsistent with their submissions, sometimes referring to the claim being declined, but also outlining that no final decision could be made given their concerns.

Having weighed up Mr H's submissions alongside the evidence obtained by AXA, I'm satisfied they have demonstrated they were justified in their concerns they held about the validity of the claim. But that doesn't then mean they have acted fairly in how they communicated this to Mr H. I think their communication should have been clearer in outlining why they felt Mr H's submissions were not enough to meet the claim and providing clear directions on what they needed in order to allay their concerns.

I'm therefore satisfied the fair and reasonable conclusion to this particular complaint is for AXA to properly consider the evidence and submissions Mr H has made to date and provide a claim outcome which clearly outlines whether the claim is accepted or rejected, and if it is rejected, explains why Mr H's submissions have not addressed their concerns as well as citing any relevant and applicable policy terms.

Putting things right

I appreciate Mr H has asked me to direct AXA to pay his claim, and he's outlined the impact the process has had on him over several years. I want to make it clear that is not my role to tell AXA to pay his claim. The Service does not operate as claims handlers and I'm unable to substitute myself for AXA in making an initial claim decision. As I explained previously, I'm satisfied AXA had valid concerns about the claim Mr H had presented. But I do think they need to properly review all the information and issue a clear outcome.

In respect of compensation, I've read and considered everything Mr H has submitted about the impact this claim has had on him. But I'm only able to consider events between October 2024 and February 2025 given his previous complaints have already been considered by this Service, in which it was outlined that Mr H had not provided full information as requested by AXA until very late in the claim process.

As such I can only consider any unnecessary distress and inconvenience for the four months between the time in which Mr H submitted his statement and supporting evidence, and AXA issued their final response to the complaint. Having taken everything into account, I've reached the same conclusion as the Investigator, and I think that £150 is fair compensation to reflect the impact AXA's actions had on Mr H for the period I can consider under this decision.

My final decision

For the reasons I have set out above, my final decision is that I uphold this complaint in part. I direct AXA Insurance UK Plc to:

- Reconsider Mr H's claim and assess the information he has provided to date and issue a clear outcome which either accepts or declines the claim.

- Pay £150 compensation for distress and inconvenience.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H to accept or reject my decision before 6 October 2025.

Stephen Howard
Ombudsman