

## **The complaint**

Mr and Mrs K complain about the service they received from Inter Partner Assistance SA (IPA) when they tried to contact its medical assistance team abroad.

## **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 and Mrs K took out a travel insurance policy through a broker I'll call C. The travel insurance contract was underwritten by IPA. Mr and Mrs K travelled abroad on holiday. But, when they arrived, they noticed that Mrs K had forgotten to pack a regular medication. They tried to contact IPA's medical assistance team for help, but they said they couldn't get through. And when a call did connect, they said they could only hear background noise before the phone was put down.

Therefore, Mr and Mrs K arranged a private doctor's visit abroad and they were able to obtain a prescription for Mrs K. They incurred costs both for the doctor's visit and for the medication.

But Mr and Mrs K were very unhappy with the service they'd received from IPA, and they complained.

IPA said it didn't have any records of Mr and Mrs K's attempted calls. So, it didn't uphold their complaint.

Mr and Mrs K remained unhappy with IPA's position, and they asked us to look into their complaint. They were also unhappy because they said they'd been told that they could have contacted C's Teledoctor doctor for a consultation. They felt that if they'd been able to get through to the medical assistance line, they could have been directed to the Teledoctor. And they thought this would've allowed them to obtain a prescription for Mrs K through an online consultation. They believed this would have reduced their costs and would've saved them time.

Our investigator didn't think IPA needed to take any action. While he was persuaded the evidence showed Mr and Mrs K had tried to call IPA, he thought the costs of getting Mrs K's new prescription were specifically excluded by the policy terms. So, he didn't think the costs Mr and Mrs K had incurred were covered by the policy terms.

The investigator acknowledged that C provided a Teledoctor service. But, having looked at the way the Teledoctor service worked, he didn't think it was intended to help in situations like Mr and Mrs K's. And therefore, he didn't think IPA's failure to answer Mr and Mrs K's calls had had a detrimental impact on them.

Mr and Mrs K disagreed and so, 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, I've come to the same overall conclusions as our investigator, and I'll explain why. In reaching my decision, I've taken into account relevant considerations, such as regulatory rules and principles, the policy terms and the available evidence.

First, I'd like to reassure Mr and Mrs K that while I've summarised the background to their complaint and their 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.

IPA says it doesn't have any records of Mr and Mrs K trying to call its medical assistance line for help. But Mr and Mrs K have sent us a screenshot which shows their call history. I can see that a number of calls were made to the medical assistance team's number which IPA's detailed in the policy terms. On balance, I'm satisfied it's most likely that Mr and Mrs K did try and call IPA's medical assistance team and weren't able to speak to anyone.

So, I now need to think about whether I think any failing here caused Mr and Mrs K to lose out financially or to suffer material distress and inconvenience. I'll explore this further.

Section two of the policy explains the cover IPA provides for 'Medical emergency and repatriation expenses'. It also sets out a list of things IPA specifically excludes from cover under this section. This list includes the following:

*'Expenses incurred in obtaining, replenishing or replacing medication, which you know you will need at the time of departure or which will have to be continued whilst on your trip. Where possible and with the agreement of your medical practitioner, you should always travel with plenty of extra medication in case of travel delays.'*

In my view, IPA has made it clear that it won't pay for the costs of obtaining or replacing medication a policyholder already knows they'll need at the time they travel. Mrs K knew she needed the medication she forgot to take with her. So, I think it's clear that any costs Mrs K incurred in getting the prescription she needed wouldn't be covered by the policy.

As such, it seems to me that even if Mr and Mrs K had been able to get through to the medical assistance company, it's most likely they'd have been told there wasn't contractual cover for their situation.

I appreciate Mr and Mrs K also feel that if they'd been able to speak to the assistance team, they'd have been directed to C's Teledoctor and could have obtained a prescription following an online consultation. They believe this would have avoided them incurring the costs of seeing a private doctor. The provision of a Teledoctor isn't something which is specifically provided by IPA under this policy. This is a service offered by C. But, like the investigator, I've looked at C's website. This says:

*'Free access to a Teledoctor while you travel'*

*All of our policies provide you with access to a 24x7 emergency medical team for major medical emergencies.*

***For more minor injuries, your policy covers the costs (by reclaim) of seeing a local private doctor. While sometimes seeing a doctor in person is required in many cases it's***

*more convenient to speak to a Teledoctor.*

*Our Teledoctor service is available 24x7, in English, from the comfort of your hotel and it's totally free. In most cases they'll be able to issue you a prescription you can use locally if needed.'* (My emphasis added).

I think the information given on the website makes it clear that the Teledoctor service is intended for policyholders who've suffered minor injuries or minor illness and may not need to see a doctor face-to-face. I don't think that it's intended for a policyholder who isn't unwell or injured and is seeking to get a prescription for medication they've unfortunately forgotten to bring on holiday – especially when those costs aren't covered by the terms of their policy.

So, even if Mr and Mrs K had been able to get through to the medical assistance team, I don't think it's likely they'd have been referred to the Teledoctor service. Nor do I think it's more likely than not that they'd have been able to benefit from a free consultation and prescription. And this means I think it's most likely they'd still have had to pay to see a doctor to get a prescription for Mrs K. As such, I don't think I could fairly find that IPA has caused them to suffer a financial loss.

I do appreciate that it must have been frustrating for Mr and Mrs K when IPA didn't answer their calls while they were already worried about Mrs K not having access to her regular medication. And I also accept that IPA's assertion that there was no record of their calls must have caused Mr and Mrs K additional frustration. But, in the round, I'm not persuaded that any error IPA may have made here caused them a level of material distress and inconvenience for which I could reasonably direct IPA to pay compensation. Therefore, I'm not telling IPA to do anything more.

With that said, I understand Mr and Mrs K have other concerns about the way IPA handled things while it was looking into their complaint. It doesn't appear that they've raised those concerns with IPA though or that IPA's had a chance to investigate the further points they've made. So, I agree with our investigator that it wouldn't be appropriate for me to comment on those issues within this decision. It's open to Mr and Mrs K to make a new complaint to IPA about those issues alone should they wish to do so.

### **My final decision**

For the reasons I've given 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 K and Mrs K to accept or reject my decision before 14 August 2025.

Lisa Barham  
**Ombudsman**