DRN-5595983

The complaint

Mrs W is unhappy with the way in which Inter Partner Assistance SA ('IPA') handled a claim made on her single trip travel insurance policy ('the policy') for medical costs whilst she was on holiday, abroad – including not paying the claim in full.

All reference to IPA includes its agents and medical assistance team. And although Mrs W is being represented in this complaint, as she's the policyholder, I've referred to her throughout.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. 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. And it mustn't unreasonably decline a claim.

The decision to pay a proportion of the claim

In the circumstances of this individual case, I'm not persuaded that IPA has acted fairly and reasonably by only paying around 25% of Mrs W's claim. I'll explain why.

- IPA has only paid around a quarter of the costs claimed under the policy because, relying on the The Consumer Insurance (Disclosure and Representations) Act 2012 ('CIDRA'), it concluded that Mrs W didn't disclose all her medical conditions when applying for the policy. And had she done so, it says that the policy would've cost much more. So, it's settled the claim in proportion to how much Mrs W paid for the policy and how much she should've paid had all medical conditions been declared (around 25%).
- Even if I found that IPA had, in principle, acted fairly and reasonably by relying on CIDRA by reducing the amount claimed, in the circumstances of this case, I don't think that leads to a fair and reasonable outcome. That's because I'm satisfied that the vast majority of the medical costs would've been avoided had IPA arranged for Mrs W to be moved from a private hospital to a public hospital very soon after admission.
- Had IPA done this, Mrs W's exposure to having to pay for her medical costs wouldn't have occurred. She'd been visiting a country which accepted a UK Global Health Insurance Card ('GHIC') which she had. So, the cost of emergency treatment in a public hospital would've been covered.
- I'm satisfied that Mrs W was admitted to hospital in early May 2024 and IPA was

promptly notified of this. IPA was told the name of the hospital Mrs W had been taken to and I'm satisfied that IPA identified this as a private hospital.

- Private medical treatment isn't covered under the policy unless it's authorised by IPA's emergency medical assistance team.
- IPA's internal contact notes reflect that on 15 May 2024, Mrs W's grandson was told that IPA should've informed Mrs W's family at the outset that the costs might not be covered under the policy. I'm satisfied that it's common for a travel insurer to not verify cover immediately. That's because until medical records have been received from the GP surgery in the UK and an insurer has reviewed whether the medical condition needing treatment abroad was pre-existing (or has considered whether the policyholder declared all medical conditions when applying for the policy), it's usual industry practice that cover won't be confirmed.
- The contact notes dated 15 May 2024 also reflect that Mrs W's grandson was told that IPA should've suggested Mrs W be moved to a public facility at the outset and that didn't happen. I think that's an important consideration in this case.
- I've considered, on the balance of probabilities, what would've happened had the family been told at the outset that the claim might not be covered so it couldn't guarantee the private medical costs would be met and it could arrange for Mrs W to transferred to a public hospital.
- I've thought about whether Mrs W would've been well enough to have been transferred to a public hospital at the outset. I'm not a medical expert but I've considered the available evidence around that time.
- IPA's contact notes dated the morning of 3 May 2024 – shortly after Mrs W had been admitted to hospital and after it had received a medical report from the treating hospital - reflect that an internal meeting had taken place and it had been noted that Mrs W was being well cared for at the hospital she was in. And there was no need to transfer her to a public hospital "for the moment". However, importantly, it doesn't say that it would be unsafe to transfer Mrs W.
- So, I'm satisfied that there's nothing to suggest from a medical perspective that it would've been medically unsafe for Mrs W to have been transferred at that stage. And I'm persuaded there was an opportunity to do so then which was missed.
- I've also listened to a call recording dated 5 May 2024 between IPA's representative and a family member of Mrs W. It's reflected that Mrs W was in critical care and the family member says that as she's on a ventilator Mrs W wouldn't be able to be moved. However, I've seen nothing to support that this was the medical opinion at the time.
- The medical evidence supports the claim that Mrs W was very unwell but there's no medical evidence from the time commenting on whether and why it would or wouldn't be medically safe to transfer her then. During that call, IPA's representative does mention that the medical report from the treating hospital suggests that the hospital isn't planning to move Mrs W to a public facility anytime soon. However, it doesn't say why or that she shouldn't be transferred from a medical perspective.
- Further, even if Mrs W wasn't medically fit to be transferred on 5 May 2024, I've seen nothing to suggest from a medical perspective that she wouldn't have been medically fit to transfer her to a public facility earlier, had this been considered and arranged at the outset.
- In response to our investigator's view, recommending Mrs W's complaint be upheld, IPA says it would be optimal for Mrs W to have remained in the private hospital for 48-72 hours after admission to allow time for any unexpected events to occur that

may require treatment. So, making a transfer during this time would've been ill-advised. However, I can't see that this was a consideration at the time or is supported by a medical professional.

- IPA also says the earliest transfer would've been 8 May as by this point Mrs W had remained stable for over 24 hours with gradual improvement. However, there's nothing to say that this has been provided by a medical professional. And, again, there's no medical evidence from the time to support that it wouldn't have been medically safe to have transferred Mrs W to the public hospital before then – particularly shortly after she'd been first admitted to the private hospital and in light of what's reflected in the contact notes dated 3 May 2024.
- I've also thought about whether Mrs W (and/or her family) would've agreed to her being transferred to a private facility if this had been suggested by IPA at the outset.
- When, in mid-May 2024, Mrs W's family were told by IPA that it had concluded that she would be responsible for around 75% of the costs, Mrs W's family quickly arranged for her to be discharged from the private hospital and transferred to a public facility – which IPA's contact notes reflects was close by and had a good reputation. So, although the reason for Mrs W being so unwell had been ascertained by that stage and her health had started to improve, I'm persuaded that Mrs W's family would've made the same decision in early May 2024. And Mrs W would've been transferred to the public facility, avoiding her potential exposure to significant medical costs.
- I've also thought about whether the local public facility would've had capacity for Mrs W to have been transferred to its care. I've seen nothing to suggest from the time that enquiries were made, and the public hospital didn't have capacity. And I have no way of knowing now. Given that Mrs W was admitted to a public hospital upon being discharged from the private facility in mid-May 2024, on the balance of probabilities, I think it's likely that it would've had capacity a couple of weeks earlier.

The way the claim was handled

In its final response letter dated June 2024, IPA accepts that it should've provided better service to Mrs W. It says that there were delays obtaining and reviewing Mrs W's previous medical history so that a claims decision could be made and IPA should've chased more regularly for this given the urgency of the situation. It's apologised and offered £300 compensation.

In addition, and given my finding above, I'm also satisfied that Mrs W was put to the unnecessary and considerable worry of being told she was responsible for significant medical fees (in excess of 30,000 euros). She's been chased for medical costs, and she's had the worry about how she will pay such a large amount. This would've been very distressing given that she was situationally vulnerable and recovering from treatment abroad.

I'm satisfied IPA should pay £500 compensation to Mrs W to reflect the impact its errors had on her.

I've taken into account that Mrs W says that due to IPA's delays, she didn't have a procedure she needed at the time. And because this was delayed, her recovery was impacted. However, whilst I accept that this was worrying and I have a lot of empathy for Mrs W's circumstances, I haven't seen medical evidence which confirms that the delay in having the procedure delayed Mrs W's recovery or has had a lasting impact on her. So, I don't think it would be fair and reasonable to hold IPA responsible for this.

Other issues

Mrs W says that IPA hasn't paid for a wheelchair that she needed abroad and her travel costs back to the UK. IPA says that it didn't agree to cover these costs separately to the proportionate settlement already made.

I've only considered matters up to the date of the final response letter dated 20 June 2024. If Mrs W is unhappy that these costs haven't been paid by IPA, she is free to raise a separate complaint about those items if they've already been claimed for. However, this issue doesn't form part of the complaint I'm deciding.

Putting things right

I direct IPA to pay:

- the remaining medical costs it says Mrs W is responsible for (around 75%) – including the sum her grandson has already paid to the hospital (which I understand is around 5,400 euros).
- £500 compensation for distress and inconvenience. IPA can deduct the compensation sum of £300 it's offered to Mrs W if this has already been paid (but I understand it hasn't).

My final decision

I uphold this complaint and direct Inter Partner Assistance SA to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs W to accept or reject my decision before 8 October 2025.

David Curtis-Johnson
Ombudsman