

The complaint

Miss B and Mr S complain about how Inter Partner Assistance SA (IPA) handled a claim against their travel insurance policy. Reference to IPA includes its agents.

What happened

In summary, Miss B and Mr S had a single trip travel insurance policy underwritten by IPA. Unfortunately, Miss B's suitcase was damaged during their outbound flight on a trip and some of the items in her bag were lost. Miss B made a claim against their travel insurance policy.

Miss B was frustrated with the requests IPA made for further information and its delay in dealing with the claim. She said she was given inconsistent information about the progress of the claim and was promised return calls from a manager, which didn't happen. Miss B complained to IPA. IPA didn't uphold the complaint. Miss B and Mr S didn't think that was fair and complained to this service.

Since referring the matter to this service, IPA settled Miss B's claim. Miss B and Mr S remain concerned about how IPA handled the claim.

One of our Investigators looked at what had happened. She said the policy terms provide that IPA may ask for further information in claims like this. The Investigator said IPA acted fairly in asking Miss B for further information and for clarification of the circumstances of the loss. She said there was delay in IPA dealing with the claim and Miss B had to chase for updates and her calls weren't returned.

The Investigator thought IPA hadn't adequately supported Miss B in making the claim. She recommended IPA pay compensation of £150 in relation to distress and inconvenience. Miss B didn't agree with the investigator. She said she wants compensation of £1,000.

IPA provided the Investigator with recordings of its calls with Miss B in the claims process during the relevant period. The Investigator said Miss B called IPA multiple times for updates and it told her repeatedly her claim would be escalated and a manager would be in touch. She didn't think IPA had treated Miss B rudely or been unhelpful but there were no meaningful updates for Miss B. And Miss B was frustrated and suffered inconvenience as a result of IPA's decision not to give a timescale for settling the claim. The Investigator remained of the view that compensation of £150 was fair and reasonable.

Miss B said the compensation of £150 wasn't sufficient. She said her mental health had suffered tremendously and she still hasn't received an apology. Miss B said she hadn't once received a call back from IPA. She wants to know what IPA will do to prevent this happening again and she wants an apology and reimbursement of her phone costs.

The Investigator considered what Miss B said but didn't change her view. Miss B asked that an ombudsman consider the complaint, so it was 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.

The relevant rules and industry guidance say insurers should deal with claims promptly and fairly and must act to deliver good outcomes for retail customers. They should provide helpful and accessible support to their consumers at all stages of the relationship, ensuring post sale processes, such as making a claim, are just as easy to access as the product was to purchase.

In this decision, I'm looking at IPA's actions up to the date of its final response letter of 6 October 2024. That's because IPA has had an opportunity to respond to the allegations made up to that date. So, I'm not looking at its handling of the claim after that date or its settlement of the claim in January 2025. If Miss B and Mr S wish to complain about matters after 6 October 2024, they should complain to IPA in the first instance and refer the matter to this service if they are not satisfied with IPA's response.

Based on what I've seen, Miss B made the claim in early July 2024. I don't think IPA acted unfairly or unreasonably in asking Miss B for further information to support the claim – it's entitled to do that in accordance with the terms and conditions of the policy.

I've listened to the recordings of several phone calls Miss B made to IPA during the relevant period. I agree with Miss B that she was given inconsistent information about which department was dealing with her claim. In its final response to Miss B of 6 October 2024, IPA said it had referred to '*the management team*' in error and said because of the value of Miss B's claim it was assessed by a separate team within the claims team. I can understand why Miss B was frustrated when she was given conflicting information on several occasions about which department was dealing with the claim.

In the recordings of the phone calls IPA provided about the claim, it didn't tell Miss B when it would make a decision in relation to her claim. I think that caused Miss B distress and inconvenience, as she contacted IPA regularly for updates. Miss B also asked to be contacted by a manager, but IPA didn't make those return calls.

Based on what I've seen and heard, I don't think IPA treated Miss B and Mr S fairly and reasonably in that it gave Miss B inconsistent information, didn't keep her sufficiently informed about the time scale involved, delayed dealing with the matter and didn't return calls when Miss B asked for a call back.

The remaining matter for me to decide is what steps IPA should take to put matters right. Miss B says she wants to know what IPA will do to prevent this happening again. This service isn't the regulator and we can't direct IPA generally about how it conducts its business. But we can look at the effect of what happened here on Miss B and Mr S.

In assessing compensation, we look at the effect of the error on the individuals concerned. Miss B says she wants compensation of £1,000. I don't think a fair and reasonable outcome requires compensation of that amount. Miss B hasn't provided any evidence to support what she's said about the effect this matter had on her mental health or in relation to her phone costs. And whilst IPA's actions caused Miss B to contact it more often than she otherwise might have done, there would always have been some cost in pursuing a claim.

Miss B says she hasn't received an apology from IPA. In one of the calls I've listened to, IPA apologised for the delay in dealing with the claim. And in its final response to Miss B IPA

apologised for giving inconsistent information about which department was dealing with the claim. I don't direct IPA to apologise to Miss B further or in a different way, as I don't think a forced apology has much value.

Considering everything, I agree with the Investigator that compensation of £150 for distress and inconvenience is fair and reasonable in this case. In reaching that view, I've taken into account the nature, extend and duration of Miss B's distress and inconvenience arising out of IPA's errors up to 6 October 2024 in this case.

Putting things right

In order to put things right, IPA should pay Miss B and Mr S compensation of £150 in relation to distress and inconvenience.

My final decision

My final decision is that I uphold this complaint. Inter Partner Assistance SA should now take the step I've set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss B and Mr S to accept or reject my decision before 8 July 2025.

Louise Povey

Ombudsman