

## **The complaint**

Miss B is unhappy with how Chubb European Group SE trading as Combined Insurance (Chubb) has handled her income protection insurance claim.

## **What happened**

Miss B has an income protection policy. The underwriter is Chubb.

She submitted a claim in 2022. Miss B said she experienced significant delays, and it took Chubb three years to settle the claim.

Miss B made a complaint to Chubb in September 2024. It issued a final response on 9 October 2024. This is the subject of this complaint. Chubb said as previous complaints were addressed in final responses issued for each of those complaints, this one refers to points raised from 13 August 2024 onwards.

Chubb also said that a claim payment was issued on 9 September 2024. A further payment was made to cover a second period. Chubb said no errors were caused in the handling of the claim. There were no communication failings it had identified as it was unable to assess the claim until all the relevant information had been received by it.

Unhappy Miss B brought her complaint to this service. Our investigator didn't uphold it. She didn't think Chubb had handled the claim unfairly. It had been assessed within the expected timescales and payments were made to Miss B accordingly.

Miss B disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

## **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 insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS').

ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers, and that they should handle claims promptly and fairly. I've taken these rules into account when looking at this complaint.

This complaint relates to a complaint Miss B made in September 2024 and for which a final response was issued on 9 October 2024. I can only consider what's happened between this period. I understand Miss B would like everything looked at again. But the rules we are governed by do not allow us to consider a complaint outside of the issues that were considered by the business, and which only relate to this complaint.

In regard to this complaint, Chubb said as soon as it received the relevant information, Miss B's claim was assessed, and benefit payments were made in September 2024. I've looked at the terms and conditions that apply to this claim and it's clear that Chubb required written proof of loss including medical information. So, I'm not persuaded that it was unreasonable for Chubb to have requested further information to validate Miss B's claim. And it needed a continuation claim form to be completed before the claim could be settled further. Chubb made the payments as soon as the information was received.

Miss B says she had to pay fees to get her medical records from her GP. Chubb didn't pay these fees which delayed the claim being settled. I note that the policy terms are clear in that when proof of loss is provided, this will be at the insured's own expense. So, it wasn't unreasonable for Chubb to have asked Miss B to pay the cost to the GP for providing her medical information.

Miss B also says that Chubb lost her information and sent this on without her consent, which is a personal data breach. This happened three times. I appreciate that this caused her distress. But I can see that Chubb addressed this in a previous complaint and paid Miss B compensation for any errors caused. I can't consider this issue.

In response to the investigator's findings, Miss B said she wanted compensation for the errors caused by Chubb. I have a great deal of sympathy for the situation Miss B found herself in. And I can understand why she believes she should receive an amount for the distress she has incurred. However, having carefully considered everything, I don't think Chubb did anything wrong for the reasons I've explained above. I'm sorry to disappoint Miss B, but it follows that I don't require Chubb to do anything further.

### **My final decision**

For the reasons given above, I don't uphold Miss B's complaint about Chubb European Group SE trading as Combined Insurance.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss B to accept or reject my decision before 13 October 2025.

Nimisha Radia  
**Ombudsman**