

## **The complaint**

Mr W is unhappy that Liverpool Victoria Financial Services Limited (LV) declined a claim he made on his income protection policy.

## **What happened**

Mr W claimed on his income protection policy. The claim was declined and Mr W provided more information. He's unhappy because when LV reassessed the claim they declined it again. Mr W complained to LV but they maintained their decision was fair.

Our investigator looked into the reassessment of the claim and concluded that LV had fairly declined it. Mr W didn't agree and asked an ombudsman to review the complaint.

## **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.

I'm sorry to read of the circumstances which gave rise to Mr W's claim. I can see that he's experienced a difficult and worrying time in relation to his health.

The relevant rules and industry guidelines say that LV has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

In order to successfully claim on the policy Mr W needs to demonstrate that he met the relevant policy definition of incapacity. It says:

“...we will pay a claim if, following your waiting period because of sickness or accident, you're unable to carry out the main tasks of your occupation and aren't doing any other paid or unpaid work”.

I think LV acted fairly when they reassessed the claim. I say that because:

- I think LV reasonably concluded that the medical evidence didn't demonstrate that Mr W was unable to meet the policy definition of incapacity.
- Mr W was clearly experiencing physical symptoms at the relevant time. However, I don't think the available evidence demonstrates that he couldn't carry out the main tasks of his occupation. For example, the medical evidence doesn't persuasively explain why Mr W's symptoms affected his functionality to the extent that they prevented him working.
- I've considered what Mr W has said about his mental health and that he needed to access support with this via his employee benefits programme. However, I don't think this evidence demonstrates Mr W was too unwell to work. I think LV reasonably concluded that there wasn't adequate evidence to show that Mr W was unable to work.

- Mr W was signed off work by his GP. But this doesn't automatically mean that the policy definition of incapacity is met. LV is entitled to consider the overall medical evidence and the policy definition which I've outlined above. I'm persuaded they've done so and fairly concluded that the definition wasn't met in the circumstances of this case.

### **My final decision**

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 17 July 2025.

Anna Wilshaw  
**Ombudsman**