

## **The complaint**

Mr G complains about the way AXA Insurance UK Plc handled a claim he made on his home insurance policy for a stolen bike.

## **What happened**

In November 2024 Mr G made a claim on his home insurance policy, he said his bike had been stolen from outside his home.

AXA carried out enquiries with Mr G and asked some information from him relating to previous claims he'd made, which hadn't been disclosed when the policy was taken out. Mr G complained to AXA, he said one of the underwriting team had threatened him with putting some type of block on him that would've stopped him securing insurance in future. In December 2024 AXA responded to that complaint, it accepted there had been a slight delay in contacting him for further information, it said it would pay £50 compensation for the inconvenience that caused.

Following that, AXA said it would proportionately settle the claim. It said owing to issues about non-disclosure of claims, Mr G had paid 89% of the premium he would've paid, had everything been disclosed, so it will settle the claim at 89%. Mr G complained further, he was frustrated with the length of time the claim had taken, as well as the fact that AXA asked him for more information when he told it he'd be away. AXA responded to that complaint in January 2025, it maintained it had reviewed matters fairly.

Mr G remained unhappy, so he referred his complaint to the Financial Ombudsman Service. He said the proportionate settlement of the claim wasn't his issue, but he remained frustrated at how AXA had handled matters.

Our Investigator didn't recommend AXA take any further action to put matters right for the issues Mr G had raised. He said he'd listened to the call Mr G was particularly unhappy about, but didn't think he'd been threatened with being blocked from taking out insurance.

He thought the £50 paid was reasonable for the small delay AXA caused; he didn't find any further delays in the claim process. Our Investigator noted Mr G had complained about a further issue, relating the policy being cancelled (unrelated to this claim), but he said he wouldn't review that as part of this complaint as AXA hadn't had an opportunity to respond.

Mr G didn't accept that, he said we hadn't considered that AXA had fabricated a timeline, and that he was driving the process, by calling it repeatedly. Mr G also said he'd asked AXA if it needed information in writing, it said it didn't, but then after he went away, it said it *did* need the information in writing.

## **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 reviewed matters, I agree with the outcome reached by our Investigator, for similar reasons. As such I'm not going to detail my findings as thoroughly as our Investigator did, instead I'll focus on Mr G's reasons for wanting a decision.

I note Mr G has said AXA has fabricated a timeline, but I can't see he's provided anything which shows dates AXA has used are incorrect or have been misrepresented. I accept there were various departments involved in the claim (and complaint), that is simply how insurers are set up to handle matters and isn't something this Service can interfere with.

This Service can review if there has been any miscommunication between departments which has impacted a policyholder, or if there have been delays during the claim which have caused unnecessary distress and inconvenience. Here AXA accepted there was a short delay in referring matters to the underwriting department. It recognised this caused Mr G inconvenience as he then had to call to chase matters up, and it offered compensation by way of recognising that. That is what we'd expect an insurer to do when it has made a mistake or got matters wrong.

Mr G says he was asked to confirm matters in writing, when he'd previously been told that wouldn't be needed. I accept that would be frustrating, but I'm not persuaded it means AXA should increase its compensation offered for that frustration caused. I think it's important to set out that our awards aren't meant to be punitive, it isn't for me to 'punish' AXA for making a mistake.

I don't accept Mr G's overall complaint about the claim taking too long to resolve. Even if some dates in AXA's timeline were wrong, from the claim being reported to settlement was around 10 weeks. Much of the delay in processing the claim was caused because Mr G hadn't disclosed numerous previous claims made when he took out the policy with AXA. And this meant he was referred back to previous insurers to obtain details for AXA to review. It isn't AXA's role to do this for Mr G. AXA has access to limited information, recorded on an industry claims database, it reasonably asked Mr G to provide more detail on those. I can't say any frustration caused by that is the fault of AXA.

I also don't accept AXA was threatening on the call Mr G's referred to. Having listened to it, the adviser actually said that AXA didn't consider he'd withheld claims deliberately. It said *if* it thought he had, it would look to avoid the policy. It also told him that the claim being outstanding, because of information not being received, might impact his ability to get insurance. I don't find the adviser did anything wrong in saying either of those things.

AXA explained it did need information about claims that should've been disclosed. The adviser offered to provide Mr G with all of the information it did have on those claims, and dates, to assist him. I think this was a reasonable offer for it to make.

It seems to me from listening to that call that Mr G's wider point was that, if AXA has access to the previous claims data when he takes a policy out, then why does he need to provide it? But this is simply how insurance works, the law surrounding insurance says a consumer – so in this case Mr G – needs to take reasonable care not to make a misrepresentation when taking out a policy. So if he's asked about previous claims, he's expected, in law, to take reasonable care to answer those questions correctly. It seems in this case, he accepted he didn't, which is why AXA took longer to settle the claim that it likely would otherwise have done.

### **My final decision**

My final decision is that I'm not going to require AXA Insurance UK Plc do anything further to resolve the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr G to accept or reject my decision before 10 September 2025.

Michelle Henderson  
**Ombudsman**