

The complaint

Mr V, Mrs V, Mr V1 and Mr V2 are unhappy that Inter Partner Assistance SA ('IPA') has asked for more medical information to assess a claim made under their single trip travel insurance policy ('the policy') after they cancelled their holiday because Mr V1 was medically advised he wasn't fit to fly.

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.

I know Mr V, Mrs V, Mr V1 and Mr V2 feel very strongly that IPA hasn't acted fairly and reasonably when requesting more medical evidence to assess the cancellation claim made under the policy. I also know they'll be disappointed that for the reasons set out below, I'm not going to uphold their complaint.

I've seen a letter dated August 2024 from a consultant in dermatology reflecting that Mr V1 had been advised on medical grounds not to fly based on a finding of low platelet count. It's reflected that this was based on haematology specialist advice, and he'd been advised to remain in the UK to undertake further testing and investigation. This finding occurred at the end of July 2024 – a couple of days before they were due to travel.

I've considered Mr V's point that under the 'making a claim' section of the policy document, it lists the claim evidence needed (at the insured party's own expense) in support of a cancellation claim. It lists "confirmation from a medical practitioner that you or your travelling companion are not fit to travel". And that's what has been provided.

I appreciate Mr V's point, and what he says about section 2 of the policy (relating to medical emergency and repatriation expenses) explicitly mentioning needing information and medical history from a GP, whereas the cancellation section of the policy doesn't. However, it's standard industry practice for travel insurers to seek medical history before verifying a claim like the one made under the policy. That's because (like Mr V, Mrs V, Mr V1 and Mr V2's policy) travel insurance policies usually contain exclusions which might be relevant here - such as claims relating to a pre-existing medical condition which has not been declared when applying for insurance (and agreed to be covered by the insurer) will be excluded.

Mr V says that Mr V1's Psoriasis had been declared when taking out the policy and accepted by IPA. And that his low platelet count was due to his Psoriasis. That may be the case, however, the consultant dermatologist's letter dated August 2024 doesn't confirm that.

So, I think it was reasonable for IPA to want more medical evidence about what led to the test being carried out and the resultant low platelet count being identified. And when this was first requested and why.

In its final response letter, IPA says that its medical certificate says the document must be completed by the registered GP. Mr V also says Mr V1 has since changed GPs. But I've also seen an internal note which says, alternatively, medical history could be supplied by Mr V1 for IPA's medical team to assess in the first instance. IPA has also said that once it receives the information it needs it will assess the claim as a matter of priority. I think that's fair and reasonable and in line with what I'd reasonably expect in the circumstances of this case.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr V, Mrs V, Mr V1 and Mr V2 to accept or reject my decision before 20 August 2025.

David Curtis-Johnson
Ombudsman