

## **The complaint**

Mr S complains about how Royal & Sun Alliance Insurance Limited (RSA) dealt with a claim he made on his home insurance policy; in particular he complains about delays.

## **What happened**

Mr S had home insurance with RSA. He submitted a claim to RSA for damage to his home following a storm.

Mr S wasn't happy with the service he received at the time. He says RSA took his details down and called him back but didn't give him enough time to answer the call. When Mr S called RSA back the call was cut off.

Mr S says RSA arranged for its loss adjustor to visit his home but was unable to specify a date or time. He then received a confirmation letter that said he reported the claim on 5 May, but he actually reported it on 7 May. So, this made him lose confidence in the process.

RSA's surveyor attended Mr S's home in June – he took photographs of the damage and the rest of the house. The surveyor wasn't able to check the roof as he didn't have a ladder. Mr S contacted RSA to report this. RSA arranged for its surveyor to attend Mr S's home to validate the claim and assess the damage, but no appointment has been made to progress the repairs.

Mr S wasn't happy with the delays in the handling of the claim so, he complained.

In response RSA said Mr S asked to be contacted by letter in the post only. It says its contractors have sent Mr S multiple letters asking for him to make contact in order for it to make an appointment to validate the claim, but Mr S hasn't made contact. So, it didn't uphold the complaint since it didn't agree it caused any delays.

Mr S remained dissatisfied so referred his complaint to this service. One of our Investigators looked into the complaint for Mr S. He concluded he thought RSA acted fairly and reasonably.

The Investigator said Mr S had asked for RSA to communicate with him by post which it did. RSA asked Mr S to make contact in order to arrange an appointment, but no contact was made. The investigator said RSA had a right to inspect the damage before accepting the claim and so he didn't uphold the complaint.

Mr S didn't agree. He said all correspondence received from RSA were promptly responded to. And so, the matter has been 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.

Having done so, I've broadly reached the same conclusion as our Investigator. I appreciate this will not be the answer Mr S was hoping for. I'll explain my decision.

I think it would be useful to explain my decision deals with matters responded to in RSA's final response letter dated 17 January 2025. I'm aware Mr S has made a complaint to this service previously, and this has been dealt with separately.

I can understand Mr S's frustration that the claim has not yet been settled. And he's explained how he found it particularly stressful because of his health issues. I was sorry to hear Mr S has been unwell.

On review of the information provided to me by both parties I can see a lot of work has gone into trying to resolve the claim for Mr S. Mr S told RSA he only wanted to receive correspondence by post, so RSA wrote to him on a number of occasions in order to try and arrange an appointment for its surveyor to attend and assess the damage. I think RSA has tried to be fair to Mr S in writing letters to him, and that is reasonable given his communication preference.

Mr S has complained about the delays in resolving his claim. I've thought carefully about this. It must be noted that insurance claims like this are likely to cause some distress and inconvenience by their very nature, and that isn't the fault of RSA. I have reviewed the claim notes and can see RSA explained to Mr S that in order to establish whether the damage being claimed for was covered by the policy, it needed to send out its contractor. But I can't see an appointment was made.

### *Evidence of loss*

When considering this complaint, I've started from the general principle that where a policyholder makes a claim for loss, the onus in the first instance is for them to show there's been an insured event that is covered under the terms of the policy.

Under the terms of the policy, it says, *"You'll need to give us any help and evidence we need about the cause of your claim and its value"*.

In order for the claim to progress RSA needs to validate it. RSA has asked Mr S to make an appointment for the contractor to attend in order to assess the damage. And until that happens I don't think it's unreasonable for RSA not to proceed with the claim.

I appreciate Mr S wants the damage repaired and the matter has caused him some distress. I think it is reasonable for RSA to ask for further information to substantiate the claim. Under the terms of the policy RSA is entitled to request this.

I want to be clear that I'm not saying Mr S hasn't been through a distressing and worrying time. I empathise with the situation he's found himself in. I know my decision will be disappointing for Mr S. But having considered everything, I can't say RSA acted unfairly or unreasonably.

### **My final decision**

For the reasons explained I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S to accept or reject my decision before 25 August 2025.

Kiran Clair  
**Ombudsman**

