DRN-5746267

The complaint

Ms C and Mr C have complained about the handling and settlement of a claim under a travel insurance policy by AWP P&C S.A. ("AWP")

In this decision references to AWP include authorised agents acting on its behalf.

What happened

The background to this complaint is well known to the parties so it serves no purpose for me to repeat all the details here. In summary on 9 September 2024 whilst on an island abroad Mr C was advised by his GP to go to a local medical centre. He did so and was sent to the mainland by helicopter.

AWP then requested medical records in order to approve the claim. It was approved on 12 September 2024 and Mr C was repatriated to the UK on 16 September.

Ms C complained about the service received until this point and AWP sent a final response offering compensation of £200.

AWP sent a second final response regarding the complaint raised about the settlement of expenses incurred. In this response it offered £300 for poor service and delays.

Ms C remained unhappy with the compensation offered and brought her complaint here. Our investigator thought that AWP had offered fair compensation.

Ms C appealed. She felt that £1500 was more appropriate and that £500 wasn't commensurate with the stress, anxiety and sheer amount of work that ensued.

As no agreement has been reached the complaint has been passed to me to determine.

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 aware I've summarised the background to this complaint and the sensitive medical details. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I've fully reviewed the complete file, and the representations made. I recognise that Ms C and Mr C will be disappointed my decision but for the following reasons I agree with the conclusion reached by our investigator:

- The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered all the circumstances here to decide whether I think AWP's offer is fair.

- Firstly I was sorry to note the circumstances surrounding this claim. I have no doubt that it was an extremely worrying time for Ms C and Mr C. I can see that the claim didn't go as smoothly as Ms C and Mr C would have hoped from the beginning and several calls needed to be made to establish what was happening and what was required from AWP. The telephone signal was poor abroad and Ms C's family assisted. It seems that different information was given by different case managers to add to the frustration.

- For example, AWP advised that it would need a GP report and a medical report from the hospital where Mr C was. After several phone calls AWP said it would need a report from the hospital first. Then I can understand that Ms C's confidence in AWP was further shaken when, having been given an incorrect password for the GP consent form, AWP advised that it hadn't received the medical records from Mr C's GP. The surgery had told Ms C they had been sent. I find that AWP had requested the records in a timely fashion and chased, but a change of email title meant that they didn't go to the right place.

- I don't underestimate how time consuming, inconvenient this process was for Ms C, who was trying to care for Mr C in hospital. I note too that there was further confusion when Mr C was to be discharged from hospital – due to which Mr C was discharged some hours later than he might have been. Although I don't doubt this would have been frustrating, having looked at the time line I don't find that the this impacted on the treatment Mr C received.

- I find that compensation is merited for the failure of clarity in what was needed and when. It doesn't seem to me that AWP provided the level of service it might have done, especially during the first 48 hours and I can see that several calls needed to be made by Ms C's family. In this decision though I'm looking only at the impact on Ms C and Mr C, not on the family members who kindly assisted. Having taken everything into consideration I find that £200 is fair compensation.

- The second final response dealt with the expenses claim. Again this didn't go as Ms C could have expected and caused further inconvenience. AWP has accepted this and offered £300 in compensation for poor service and delays. I think that was fair – although I can see that there were requests for further information from Ms C which then needed to be assessed. Ms C is now satisfied with the claim settlement but feels that the compensation offered is too low.

- I've thought carefully about Ms C's complaint and the compensation offered. I completely understand that she expected a better service in the situation in which they found themselves. But AWP does have to verify claims, and it should not ask for more medical information than it needs in order to make a claims decision. I have accepted that there could have been more clarity initially and I find it would have been helpful if AWP had been more proactive rather than Ms C's family needing to do all the running. But I note that AWP has accepted this and also acknowledged that the expenses claim wasn't handled as well as it might have been. Taking everything into consideration I am satisfied that compensation is merited but I find that a total of £500 is fair and reasonable.

My final decision

AWP P&C S.A. has already made an offer to pay £500 to settle this complaint and I find the offer is fair in all the circumstances.

So my final decision is that AWP P&C S.A. should pay Ms C and Mr C £500. It may deduct

any sum in compensation already paid.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms C and Mr C to accept or reject my decision before 23 September 2025.

Lindsey Woloski
Ombudsman