

## The complaint

Mr W is unhappy with what Assurant General Insurance Limited told him he needed to provide to prove his claim and why it needed that particular information. From now on, I'll refer to Assurant General Insurance Limited as AGI.

## What happened

Mr W and AGI already know what happened, so I will only describe what I believe are the most important parts of the complaint.

Mr W had an insurance policy with AGI which he could claim against if his, or his family's, mobile phones were lost or stolen. On 31 March 2025, Mr W made a claim because his partner's mobile phone had been stolen. AGI asked Mr W to send information to help prove he owned the phone.

Mr W sent to AGI the information which he thought proved everything it had asked him for. But AGI said some of the information wasn't the proof it needed. Mr W sent different information but AGI, again, said it wasn't what it needed.

When Mr W phoned AGI to ask what concerns it had about the legitimacy of his claim, and what information would be appropriate, he said AGI wouldn't tell him. So, Mr W complained to AGI because he thought it had not communicated with him in a fair and not misleading way, and he said the policy did not stipulate what documents AGI would or would not accept as validation. Mr W said the situation distressed him because it seemed like AGI thought he was making a fraudulent claim.

AGI accepted Mr W's claim on 16 April 2025.

AGI investigated Mr W's complaint and, on 17 April 2025, it sent him a written response to try to bring the complaint to an end. AGI agreed with Mr W that it hadn't given him enough information to explain what documents it needed and what wouldn't be appropriate. AGI sent £25 to Mr W's bank account as an apology.

Mr W didn't agree AGI had done enough to apologise, so he asked us to investigate his complaint. He wanted AGI to update the policy terms and conditions to explain exactly what documents policyholders would need to provide if they made a claim. Mr W also wanted AGI to pay him £250 because of the distress, inconvenience and delays it had caused unnecessarily.

One of our investigators read the information that Mr W and AGI sent to us and thought about whether AGI should have done more to help Mr W. Our investigator didn't agree that AGI had dealt with Mr W unfairly when it asked for different information. And our investigator said in his letter to Mr W that AGI had done enough by paying £25 to apologise for the confusion about the information it needed. Our investigator didn't agree that AGI needed to do anything else about Mr W's claim or complaint.

Mr W said he knew it was appropriate for AGI to ask him for information to help it decide

whether to accept his claim. But he said AGI had kept secret that it was investigating whether he had made a fraudulent claim. Because Mr W was unhappy with what our investigator said, he asked for his complaint to be investigated by an ombudsman.

### **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 have investigated Mr W's complaint and, although it made a mistake by not telling him exactly what information it needed, I have decided that AGI didn't do anything else wrong. So I am not going to ask AGI to do anything else about Mr W's complaint. I realise that Mr W will probably be disappointed with my decision, but I believe it's a fair and reasonable decision, and I've decided it by considering the evidence both Mr W and AGI provided. I have also considered the parts of the policy which are relevant to Mr W's claim.

The Financial Conduct Authority's rules (known as ICOBS 8.1.1) say that insurers must deal with claims promptly and fairly. And that they mustn't turn down claims unreasonably. AGI didn't turn down Mr W's claim, so I didn't need to consider this part of the rules.

Mr W made his claim on 30 March 2025. AGI accepted the claim on 16 April 2025, which means it took a little longer than two weeks to decide. During those two weeks, AGI asked Mr W for information, which he provided. And AGI considered the information when deciding whether to accept the claim. I don't agree that AGI took too long to accept Mr W's claim. That's because AGI needed information and enough time to read the information and consider the circumstances of the claim that Mr W described. I know that there was a small delay caused by AGI not explaining to Mr W exactly what it needed to assess his claim. But I don't agree that AGI caused excessively long avoidable or unnecessary delays.

AGI accepted Mr W's claim after it had received the information it needed. Before that, Mr W thought AGI had dealt with him as if he had made a fraudulent claim. He said that, when he phoned AGI, he asked what concerns it had about his claim, but it wouldn't tell him. Mr W is still upset that AGI wouldn't talk to him about this.

I've read the evidence but there isn't anything in AGI's documents that would persuade me that it had dealt with Mr W's claim as fraudulent. Instead, I am persuaded by the evidence that AGI simply made a mistake by not telling Mr W exactly what it needed to continue with the claim and why the information he had already provided wasn't quite enough. It would be unreasonable for me to conclude that AGI dealt with Mr W unfairly by not talking to him about fraud because I am persuaded that AGI didn't believe the claim was fraudulent.

AGI paid £25 into Mr W's bank account as an apology for not communicating with him as well as it should've done. The fact that Mr W thought AGI was investigating the possibility of fraud persuades me that AGI hadn't explained precisely what information it was asking for and why. While Mr W said that £250 would be a fair amount, I don't agree. AGI's mistake caused inconvenience to Mr W for a short time, after which it accepted his claim. The claim was made and accepted in a little over two weeks, so I don't agree it would be reasonable, or fair, to ask AGI to pay Mr W any more than it already has done to apologise for its mistake.

### **My final decision**

For the reasons I've given, my final decision is that I don't uphold Mr W's complaint, meaning that I will not be asking AGI to do anything different to resolve the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr W to accept or reject my decision before 3 December 2025.

Debra Vaughan  
**Ombudsman**