

The complaint

Mr and Mrs M are unhappy that Inter Partner Assistance SA (IPA) declined their travel insurance claim.

Any reference to IPA includes all its agents.

What happened

Mr and Mrs M took a single trip travel insurance policy in November 2024. The policy is underwritten by IPA and provided cover from 9 November 2024 until 12 November 2024.

Mr M was unwell on 9 November 2024. As he couldn't travel, he submitted an online cancellation claim. IPA requested information relating to the claim as well as a GP medical certificate to be completed.

Mr and Mrs M provided information about Mr M's symptoms and a letter from A&E where he had attended. He said he requested his GP to complete the medical certificate in December 2025 but he didn't get a response.

IPA said it couldn't validate the claim until it received the completed medical certificate. It declined the claim pending this information.

Unhappy Mr and Mrs M made a complaint, but IPA maintained its decision to decline. So, they brought their complaint to this service.

Our investigator didn't uphold the complaint. She didn't think IPA had treated Mr and Mrs M unfairly.

Mr and Mrs M disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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 won't be upholding the complaint. I'll explain why below.

- When making my decision, the law is a relevant consideration which I've taken into account. But I'm not bound by legal precedent. Regulatory rules and industry guidelines say that insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules into account. But my overriding remit is to decide what I think is fair and reasonable in the overall circumstances of Mr and Mrs M's complaint.

- It's not in doubt that Mr M had a genuine medical condition which resulted in him having to attend A&E. But the process for validating a claim in this situation is for the GP to complete a medical certificate.
- The terms and conditions on page 16 under the Claims section and on page 27 under the Cancellation or Curtailment section of the policy are clear. Both sections state it is a requirement to explain why it was necessary for Mr and Mrs M to cancel their trip. And a medical certificate is required to be completed by a medical practitioner.
- Mr and Mrs M said the doctor who treated Mr M at A&E is a medical practitioner. They say therefore the terms and conditions aren't fair and breach the Consumer Rights Act 2015 and the FCA rules. I understand Mr M's comments, but I don't agree. The issue isn't that the A&E doctor is not a medical practitioner. The issue is that IPA requires a completed medical certificate by Mr M's own GP who can provide his medical history. The A&E doctor can't provide this information. I don't think the terms and conditions are therefore unclear or unfair.
- The medical certificate form itself states it must be completed by the registered GP of the person making the claim. It also states that if it is completed by a hospital, specialist or consultant, it won't be accepted.
- Whilst IPA would also consider the A&E discharge letter and any other relevant information provided by Mr and Mrs M, alone these are not sufficient. A completed GP medical certificate provides a full medical history for a patient which is relevant and requested by an insurer as part of the claims process. IPA needs to check that Mr and Mrs M made the correct declarations at the point of sale and to see if anything in Mr M's medical history was related to the claim. This request therefore isn't unfair or unreasonable.
- The amount Mr and Mrs M are claiming for isn't relevant here. If Mr and Mrs M would like the claim to progress, a completed medical certificate must be provided by Mr M's GP. So, if the GP surgery hadn't responded, I would expect Mr M to have chased for the information.
- Overall, I think IPA has acted fairly and reasonably in requested the medical certificate to be completed so it can validate the claim. I'm satisfied IPA has acted in accordance with the requirements of the policy terms and conditions. So, if Mr and Mrs M require their cancellation claim to be validated, they should provide this information to IPA directly.
- It follows that I don't require IPA to do anything further.

For the reasons given above, I'm not upholding this complaint.

My final decision

My final decision is that I don't uphold Mr and Mrs M's complaint about Inter Partner Assistance SA.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M and Mrs M to accept or reject my decision before 22 October 2025.

Nimisha Radia

Ombudsman