

The complaint

Miss H has complained about the way a claim she made following a burglary was handled by Admiral Insurance (Gibraltar) Limited. She also complained about the way it communicated with her about missed payments under her home insurance policy.

All reference to the insurer Admiral in my decision includes agents acting on its behalf.

Miss H is being represented by Mr H in her complaint.

What happened

Miss H's home was burgled and so she made a claim to Admiral.

Admiral asked Miss H to provide evidence of the stolen items Miss H wished to claim for. But Miss H didn't provide any evidence to support her claim.

Miss H complained to Admiral. She was unhappy with the questions Admiral asked when it investigated the claim. She didn't receive a call back when agreed. Miss H said Admiral caused delays. She was unhappy with the way it communicated with her about missed payments under her policy. Admiral increased the premium at renewal which Miss H thought was unfair.

Admiral upheld Miss H's complaint in part. It agreed it had failed to call back Miss H when agreed. And it said its communication with Miss H about the missed payments could have been clearer. To resolve these complaints, Admiral paid £50 compensation and removed a balance due of £59.33 under the policy.

Miss H remained unhappy and asked us to look at her complaint. She wanted us to look at a complaint that Admiral had unfairly declined her claim.

The Investigator explained that this was a new complaint which Miss H needed to first raise with Admiral – as it didn't form part of their responses to Miss H's other complaints. Admiral confirmed this decision after it replied to the complaints brought to this service.

For the complaints this service could look at, the Investigator thought Admiral had acted reasonably and done enough to resolve them.

Mr H on behalf of Miss H doesn't agree. He is unhappy that we haven't considered the complaint about Admiral's decision to decline the claim.

So the case 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.

When a claim is made, it is reasonable for an insurer to ask for information to evidence a

customer's loss. Miss H's policy with Admiral says;

"Basis for settling claims

We may ask you for more information to support your claim, such as:

- original receipts, invoices or valuations dated before the item was insured, and*
- instruction booklets, photographs or details of where and when an item was purchased.*

Do not get rid of a damaged item (unless it could cause harm) as it could help us settle your claim faster. If you do not provide everything we need, it could mean we do not pay your claim or we reduce the amount you can claim for."

Miss H told Admiral she no longer held receipts for the items she was claiming for. Admiral asked Miss H if she had any photos, but Miss H said she didn't.

I understand Miss H was unhappy with the questions Admiral asked in order to validate the claim. It is industry standard for an insurer to ask questions in order to reasonably assess a claim. It will rely on the information provided by a customer – in order to be able to decide how to deal with a claim.

In response to the Investigator's view, Mr H says the complaint is about Admiral's decision to decline the claim. However, Admiral told Miss H of this decision after it issued the second of two final response letters, which form part of my decision.

As the Investigator explained, if Miss H is unhappy with Admiral's decision to decline the claim, she will need to first raise this with Admiral. If she is unhappy with Admiral's response, she can bring that new complaint to us.

When a claim is made, an insurer will evaluate the risk and take this into account when providing a price for insurance. We do not interfere with an insurer's pricing decision. This is a commercial judgment. Insurers have a different appetite for risk – and this is why we see such a wide range of prices for the same information on comparison websites.

It is not unusual for an insurer to apply a rating for providing insurance where a claim has been made. I don't find Admiral acted unreasonably in taking the claim into account when providing a renewal premium to Miss H.

Admiral said it would listen to a key call recording and call Miss H back. But it failed to do this. Admiral apologised to Miss H and paid her £50 compensation for the distress and inconvenience caused. I think this was reasonable for its failing here. I can see Admiral addressed Miss H's query about the call when it replied to her complaint.

On 7 April 2025 Admiral said the amount Miss H owed was correct due to missed payments under the policy. But it agreed it hadn't let Miss H know she owed a balance of £59.33. For this error Admiral apologised and waived the outstanding amount. And it paid Miss H £50 compensation for the distress and inconvenience caused.

There's no dispute that Admiral made two errors when handling Miss H's complaint. When things go wrong, we look at what the impact was and what an insurer did to put things right.

In this case, I think Admiral has done enough. It apologised for the errors and paid

compensation in line with what we would award in similar circumstances.

I understand that it is upsetting to experience a burglary. And Miss H was unhappy with the back and forth with Admiral. But it is inevitable that having to make a claim will take up time. And as I've said, I think Admiral's request for some evidence of ownership of the items being claimed for was reasonable. So I don't think Admiral needs to do any more.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss H to accept or reject my decision before 25 December 2025.

Geraldine Newbold
Ombudsman