

## **The complaint**

Miss H has complained that Zurich Insurance Company Ltd (“Zurich”) failed to provide emergency support under her travel insurance policy.

## **What happened**

The background to this complaint is well known to the parties, so it serves no purpose for me to repeat it in detail here.

In summary Miss H had a single trip travel insurance policy underwritten by Zurich. Unfortunately, whilst abroad Miss H injured her foot. She tried to contact Zurich but has said that the telephone numbers she called weren’t registered. Accordingly, she didn’t seek emergency treatment abroad and waited until she arrived back in the UK to get medical treatment.

Zurich said that there were no issues with the numbers given in its policy booklet and didn’t uphold her complaint.

Unhappy Miss H referred her complaint here. Our investigator didn’t recommend that the complaint be upheld. They concluded that Miss H had not dialled the number set out in the policy booklet. They didn’t find that Zurich had done anything wrong.

Miss H appealed. She felt that it was unfair and unreasonable to blame her for Zurich’s failure to provide accessible emergency support at a critical time. She said that she took every reasonable step that she could be expected to take. Miss H said she attempted to call Zurich using the exact number provided in the welcome e-mail. She felt that the fact her call did not connect due to a missing international dial code wasn’t a personal failure but a failure of Zurich’s system to function as intended during an emergency.

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’d like to reassure Miss H that whilst I’ve summarised the background to this complaint, I’ve carefully considered all the submissions she has made. In this decision though I’ve focused on what I find is the key issue 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.

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, amongst other things, the policy documents, regulatory rules and the available evidence, to decide whether I think Zurich treated Miss H fairly. Having done so, and although I recognise that she will be disappointed by my decision, I agree with the conclusion reached by the investigator. I’ll explain why.

On the first page of Miss H's policy document under Important Contact Information, Emergency & general contact numbers are given. Set out clearly is the number to call *Before you leave*, and then two numbers *When you are away*. The numbers to call for Zurich Assist both in the UK and outside the UK are shown.

I do appreciate that Miss H had an injury, and I can see she tried to contact Zurich. It seems that she didn't add +44 as indicated to reach the UK. Zurich has also confirmed that it was experiencing no issues with its phone lines. Miss H did also call an 0800 number – but this was to be used for policy amendments. Having looked at all the documentation and given the clear information Miss H was provided with regarding numbers to call, I can't conclude that Zurich is responsible for her not getting through to its 24-hour emergency assistance help line.

I'm sorry to read that Miss H spent some days in pain and then needed to take time off work when she returned home. I don't doubt that this was a difficult time for her. But for the reason given I don't find that Zurich has treated her unfairly or unreasonably – it didn't have the opportunity to assist her as contact wasn't made to its assistance line. I don't find that there was a failure of Zurich's systems to function as intended. This being so there is no basis for me to require Zurich to make any payment to Miss H.

As had been explained to Miss H, I can't consider her complaint about the handling of her complaint, as this isn't a regulated activity.

I'm sorry that my decision doesn't bring her welcome news.

### **My final decision**

My final decision is that I don't uphold this complaint about Zurich Insurance Company Ltd

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss H to accept or reject my decision before 2 December 2025.

Lindsey Woloski  
**Ombudsman**