

The complaint

Mr R complains that Allianz Insurance Plc declined a request for pre-authorisation of a claim on his pet insurance policy.

What happened

Mr R has had pet insurance for his cat for a number of years. The policy is underwritten by Allianz.

In January 2025 Mr R went to the vet as he was concerned about his cat's teeth. The vet diagnosed periodontal disease and gingivitis and said some teeth would need to be extracted. He submitted a request for pre-authorisation of the costs for this.

Allianz declined the request. It said Mr R had not complied with policy conditions that required him to have a dental check up at least once every 12 months. Mr R complained but Allianz didn't change its decision, though it did acknowledge a short period of delay replying to Mr R and offered to waive a month's premium.

When Mr R referred the complaint to this Service, our investigator said it was fair for Allianz to refuse the pre-authorisation.

Mr R disagrees and has requested an ombudsman's decision.

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.

The relevant industry rules and guidance say insurers must deal with claims promptly and fairly, support a policyholder to make a claim, and not unreasonably reject a claim.

The starting point when deciding whether Allianz dealt with this fairly is the policy terms, as these set out the terms of the insurance contract between Mr R and Allianz.

The policy includes cover for dental treatment. But it's a condition of the policy that a pet has their teeth checked by a vet at least once every 12 months and, if the vet recommends any treatment during this check, this takes place within six months. Treatment for a dental illness is not covered unless there has been a dental check within the last 12 months.

Mr R has made a number of points, including that he followed advice the vet gave in October 2023 to use teeth gel and monitor the situation. I've considered all of his comments carefully but I think Allianz's decision was fair, for the following reasons:

- The policy terms are clear that there needs to be a dental check every 12 months. This isn't unusual and having these checks is part of the routine care that a pet owner is expected to undertake, as set out in the policy documents.
- Allianz has provided copies of the policy documents for each year and these show

the conditions about dental checks remained throughout, the only change being in July 2021 where the period for any recommended treatment as a result of a dental examination was extended from three months to six months.

- In January 2025 the vet advised treatment was needed to deal with periodontal disease and gingivitis; teeth extractions were recommended. There had not been a check-up in the 12 months before then.
- Mr R says he was advised in October 2023 to use teeth gel and monitor the situation, and make an appointment if things got worse. The clinical record from then doesn't include anything about advice to do this. In the absence of advice to the contrary, the requirement was to have another check-up within 12 months.
- Mr R didn't take his cat to the vet again until January 2025, around 15 months later. But he says he noticed a change from around September 2024. So if he had been advised to monitor things and make an appointment if things changed, he didn't in fact follow the advice but waited until January to go to the vet.
- The evidence is of quite severe problems – the clinical record in January 2025 says, "TEETH BAD LEFT UPPER AND LOWER ARCADE NEED EXTRACTIONS" and "Diagnosis periodontal disease and gingivitis; need extractions". By their nature, these are things that develop over time. If there had been a check-up, it's likely issues would have been picked up sooner, before they had deteriorated as much and required the amount of treatment needed.
- Mr R made use of the online veterinary advice service that's provided with the insurance. He says this was an opportunity to remind him of the policy requirements, and he wasn't told that would not count as a check-up. This service provides general veterinary support and advice. It's an added benefit provided alongside the policy, but is not run by Allianz itself. He sought advice about a separate issue, not related to the teeth, and getting advice about that wouldn't replace regular checks with his vet. And I wouldn't expect someone giving veterinary advice (a service they provide on behalf of more than one insurer) to be familiar with the policy terms or advise Mr R about the policy requirements.
- Mr R has referred to a previous claim that was authorised, but the circumstances of that claim were quite different, with a check having been done within the previous 12 months.
- Taking all of the above into account, I think Allianz's decision was in line with the policy terms and was fair.

Mr R was also concerned about what cover he had going forward. The policy still provides dental cover; Allianz hasn't changed this or added any additional exclusions. So the position remains that he has cover, but with any claim for dental treatment subject to the same requirement for dental checks every 12 months.

There was some delay but it was a very short period of a few weeks. Allianz made an offer to waive a month's premium to acknowledge that. I don't think Mr R accepted this offer but he can contact Allianz about that if he wishes to.

My final decision

My decision is that I don't uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr R to accept or reject my decision before 11 December 2025.

Peter Whiteley
Ombudsman