

The complaint

Mrs D complains about Admiral Insurance (Gibraltar) Limited's handling of a claim on her motor insurance.

What happened

Mrs D had a motor insurance policy with Admiral. In April 2023, she was involved in an accident when another driver drove into the back of her car. She said, in summary:

- Admiral didn't close the claim for two years.
- This meant she was paying too high a premium for her insurance during this time.
- The open claim had a negative impact on her mental health.

Admiral upheld the complaint and offered her £200 to apologise for its handling of the claim. However, Mrs D didn't think this was enough for the distress and inconvenience she'd suffered and complained to this service.

Our investigator didn't recommend that the complaint should be upheld. She explained that Admiral originally closed the claim in September 2023 when Mrs D didn't reply to its attempts to contact her. It reopened it when Mrs D got in touch again in August 2024 and settled the claim in February 2025. She thought Admiral's offer to apologise for taking six months to settle the claim was fair. She was satisfied that the status of the claim hadn't affected Mrs D's premiums.

Mrs D didn't agree, so her complaint was passed to me to make a final 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.

Admiral's records show that the claim was closed as 'notification only' in September 2023 when it couldn't contact her. It reopened the claim in August 2024, and noted that she hadn't continued her earlier claim "*due to things happening in her personal life.*" That's consistent with what she told us and I understand this. Admiral confirmed that she could still make a claim but would have to pay her £500 policy excess.

Generally, a policy excess is payable in the event of a claim and only repaid to a policyholder where the insurer is able to recover its costs from the third party's insurer. Mrs D didn't reopen her claim until over a year after the accident, so I understand why Admiral told her the excess would be payable. However, it waived the excess ten days later. In the circumstances, I think this was fair.

We asked Admiral about Mrs D's 2024 and 2025 renewal premiums. It sent us detailed underwriting information showing how they were calculated. This included a breakdown of the risk factors that go towards her premium and the risk rating applied to each. This information is commercially sensitive and Admiral has asked us to keep it confidential, so I

can't share it with Mrs D. But I've reviewed everything Admiral sent us and I'm satisfied that her premiums were rated as a non-fault claim. Given her account of the accident, I'm satisfied that this was correct. So I'm satisfied that Mrs D has been treated fairly.

Admiral upheld Mrs D's complaint about the progress of her claim in February 2025:

- It accepted that it didn't close the claim until February 2025, six months after it reopened the claim.
- It acknowledged that it "*could have acted with greater urgency at multiple points throughout the claim.*" I agree with that.
- It also acknowledged that she hadn't been called as promised.
- It agreed that its agent shouldn't have recommended using an in-house company to manage her claim.
- It was sorry she'd had difficulties accessing her online account.
- It apologised for closing her complaint too early.

Overall, I think this response was reasonable, and I'd have come to broadly the same conclusions. I don't think it should have taken Admiral six months to settle this claim, however I'm satisfied that this didn't have any adverse impact on her insurance premiums.

Admiral offered Mrs D £200 to apologise for its failings. I've considered what this service might award in similar circumstances. Having done so, I'm satisfied that its offer is fair.

I recognise that Mrs D feels strongly about this and she'll be disappointed with my decision. But based on everything I've reviewed, I think Admiral's offer is fair. I won't be asking it to do anything more.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs D to accept or reject my decision before 27 October 2025.

Simon Begley
Ombudsman