

The complaint

Mr P has complained about the way Red Sands Insurance Company (Europe) Limited has handled a claim he made on a travel insurance policy.

What happened

Mr P was due to go on a trip abroad in February 2025. Unfortunately, he sustained an injury just beforehand. He therefore cancelled his original booking and made a claim on the policy for the costs incurred.

Red Sands' position is that it is unable to progress matters further as Mr P hasn't provided enough information for it to verify the claim.

Our investigator thought that Red Sands had acted reasonably in the way it has assessed the claim so far. Mr P disagrees and so the complaint has been passed to me for a 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.

I've carefully considered the obligations placed on Red Sands by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for Red Sands to handle claims promptly and fairly, and to not unreasonably decline a claim.

Red Sands was assessing the claim under the 'Cancellation' section of the policy.

Looking at that part of the policy, it states:

'Our claims handlers will need to see:

- *Completed cancellation claim form.*
- *Booking invoice(s) for each part of the trip.*
- *Evidence to support the reason for your cancellation, including the medical certificate in your claim form completed and stamped by the General Practitioner of the person(s) whose illness, injury or death has led to the cancellation (if applicable).*
- *Proof of your payment for each part of the trip (bank /card statements).*
- *Cancellation invoice(s) for each part of the trip.*
- *Details of other insurance, or third party responsible, if applicable.*

You must inform your travel agent, tour operator, event or flight company as soon as you are aware you need to cancel and request a cancellation invoice.'

The policy wording goes on to state:

'General conditions and exclusions applying to all sections of cover

Applying to all sections of your policy

You are not covered under any section, unless specified, for any of the following circumstances:

(.....)

4. Any claim not supported by the correct documentation as laid out in the individual section.'

Mr P's claim was registered online in early February 2025, at which point he completed a claimant information form which captured basic details.

On 6 February 2025 Red Sands confirmed that a claim had been set up and that he had completed step one of the process. It asked him to return to the portal to complete step two, which was to provide more information about the claim and to upload supporting documentation.

On 26 February 2025 Red Sands thanked Mr P for sending additional information. Then on 2 March 2025 it sent a message saying the case had now been sent to the claims team for review. He took this as an indication that Red Sands had received everything it needed.

Mr P says he had uploaded copies of emails as proof of booking, payment, cancellation and refunds. He'd also provided a completed copy of a medical certificate that he had originally downloaded from the portal.

Red Sands' position is that the only information it had received was page one of two, of the medical certificate, plus the GP's receipt for the cost. It therefore contacted Mr P on 4 March 2025 with a list of further information that it required, including a specific request for the final page of the medical certificate, noting his pre-existing medical conditions.

Although Mr P says that he had earlier understood from Red Sands that he had provided all the necessary documentation, its message of 26 February 2025 simply thanks him for sending additional information. Neither that message nor the one on 2 March 2025 confirm that it has enough to conclude its assessment of the claim. In fact, the message of 2 March 2025 is clear that one of the possible next steps is that the claims team will contact him for any specific information they may need.

Mr P is insistent that he uploaded copies of invoices, so I don't know what happened there. However, based on the available evidence, I'm satisfied that Red Sands didn't receive them. Therefore, it was reasonable for it to specify what information it was still waiting for.

I understand it would be frustrating for him to be asked to provide documents he believed he had already sent. Rather than re-sending the information at that point, Mr P chose to make a complaint instead. He also objected to being asked to fill out an eight-page form with details he said he had already provided. He further objected to being asked to fill out another part of the medical form which his GP would make a further charge for.

Although Mr P says he was being asked to provide another medical certificate; to be clear, it was not a new certificate, it was the second page of the original certificate. Therefore, had the GP completed the entire form in one go, there would only have been the one charge. I do, however, acknowledge what Mr P has said about downloading the blank form and it only consisting of one page.

The second page asks for information about any medical conditions in the last two years. Mr P sees this as unnecessary prying into his medical history, especially as he had previously declared his medical conditions and the GP had signed to say that he had been fit to travel prior to his injury. I appreciate his point of view, however, Red Sands is entitled to see independent medical evidence to verify the claim. It told Mr P that he could ask the GP to provide a patient summary instead, which would give details of his medical history but which should also be free of charge. I find this to be a reasonable solution to the problem.

Overall, I'm satisfied that Red Sands is entitled to ask policyholders to supply all relevant information in support of a claim, and that this is clearly set out in the policy terms. Its position, in not being able to progress the claim until all the necessary information has been received, is reasonable. It follows that I do not uphold the complaint.

Mr P has more recently said that he will now re-send the invoices, plus a copy of his passport, as requested. He's also downloaded his NHS history and will also be sending this to Red Sands.

If, after Red Sands further assesses the claim, Mr P is dissatisfied with the outcome, it is open for him to make a new complaint about that.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr P to accept or reject my decision before 28 October 2025.

Carole Clark
Ombudsman