

## **The complaint**

Mr R complains about the actions of esure Insurance Limited ('esure') when recording a fraud marker against his name on the national fraud database ('CIFAS').

## **What happened**

The background to this complaint is well known to Mr R and esure. I won't repeat in detail what's already known to both parties, instead, in my decision I'll focus mainly on giving the reasons for reaching the outcome that I have.

In February 2025 Mr R contacted esure. He said he'd lost out on an employment opportunity because of a fraud marker esure had recorded against his name. Mr R made a complaint, esure didn't uphold it and Mr R referred his complaint to our Service for an independent review.

Our Investigator considered the complaint and recently recommended that it not be upheld. Mr R didn't accept our Investigator's recommendations and the complaint has been referred to me for 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.

Our Service is an alternative, informal dispute resolution service. Although I may not address every point raised as part of this complaint - I have considered them. This isn't intended as a discourtesy to either party – it simply reflects the informal nature of our Service.

### *The scope of my decision*

It's not the role of our Service to decide if fraud has taken place or not, or who the perpetrator of the fraud was. In this decision, I will be considering if it was fair and reasonable of esure to make the report to CIFAS.

Mr R maintains it was not him who took the policy out. I'm not considering the policy cancellation in this complaint or any action esure took under The Consumer Insurance (Disclosure and Representations) Act 2012 (CIDRA). However, I will refer to that cancellation as it is linked to the complaint event I'm considering here.

### *My key findings*

A policy was taken out in Mr R's name on 8 January 2024. As part of their policy validation checks, esure contacted Mr R to request further documents to confirm his identity. It wouldn't be uncommon for these types of checks to be carried out following policy inception. These included utility bills, driving license summary, V5 document, land registry information and no claims discount information. esure contacted the local council following receipt of a council tax document. They confirmed it wasn't genuine. Based on the evidence, it was reasonable

of esure to rely on the opinion of the local council when concluding the document wasn't genuine.

esure considered the account given by Mr R and ultimately contacted CIFAS - as they concluded Mr R had provided the fraudulent document. The filing made was: *'False Application – facility granted. Applying for an account, insurance policy, or other facility with one or more material falsehoods in the information provided.'* This information was in the subject access request that Mr R made to CIFAS.

Having very carefully considered all the evidence provided by both parties and the alternative explanations provided by Mr R, on balance, I'm satisfied that esure acted fairly and proportionally when reporting the fraud. I've also kept in mind the National Fraud Database principles that esure had to adhere to when making a report, as well as what's fair and reasonable in the overall circumstances of the complaint. More information can be found here, under 'Principle 4: Lawfulness (Standard of Proof)': <https://www.cifas.org.uk/fraud-prevention-community/member-benefits/data/nfd/nfd-principles>

In the very specific circumstances of this complaint, our Service wouldn't seek to interfere with the actions esure have taken. It follows that I make no finding or compensation award in relation to the impact of the CIFAS marker on Mr R - as I've not found esure have done anything wrong.

My decision will disappoint Mr R, but it ends our Service's involvement in trying to informally resolve this dispute between him and esure

### **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 Mr R to accept or reject my decision before 17 October 2025.

Daniel O'Shea  
**Ombudsman**