

## **The complaint**

Mr H is unhappy that The Royal London Mutual Insurance Society Limited ('Royal London') haven't paid a claim he made on an income protection policy.

## **What happened**

Mr H made a claim on his income protection policy. Royal London declined the claim as they didn't think the medical information demonstrated that a claim should be paid.

Mr H complained to Royal London, but they maintained their decision to decline the claim was fair. However, they awarded Mr H £300 compensation as they noted that there had been avoidable delays when handling the claim. Unhappy, Mr H complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. She thought Royal London had fairly declined the claim and that the compensation offered for delays was fair and reasonable.

Mr H didn't agree and asked an ombudsman to review his complaint. He highlighted the medical information about his heart function and that he'd persevered for months with symptoms. So, the complaint was referred to me to make 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'm sorry to read of the circumstances which led to Mr H making a claim on the policy. I empathise with what he's said about his health and how this has impacted him.

The relevant rules and industry guidelines say that Royal London have a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The policy terms and conditions set out the policy definition of incapacity. The relevant definition says:

Loss of the physical or mental ability, before age 70, through an illness or injury to the extent that the person covered is unable to do the material and substantial duties of their own occupation. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of their own occupation that can't reasonably be omitted or modified.

I'm not upholding Mr H's complaint because:

- It's for Mr H to demonstrate that he has a valid claim under the policy. It's not for Royal London to prove he doesn't. I'm not persuaded that Mr H has demonstrated he had a valid claim under the policy.

- I'm satisfied Royal London assessed Mr H's claim fairly and in line with the relevant policy terms, taking into account the available medical evidence.
- I think Royal London reasonably concluded that the policy definition of incapacity wasn't met, based on the medical evidence and other information provided by Mr H. The available medical evidence doesn't give a detailed or meaningful insight into Mr H's ability to do his own occupation. It doesn't explain how his symptoms impacted his ability to carry out the material and substantial duties of his role.
- I'm not suggesting that Mr H wasn't experiencing symptoms. However, the medical evidence doesn't clearly demonstrate how this prevented Mr H from working. Royal London explained in their final response letter that they were happy to consider any additional evidence. I think that was reasonable.
- I appreciate that Mr H was advised he could access state benefits. However, the policy has a specific definition which needs to be met before the benefit can be paid.
- I understand that Mr H has had further health issues more recently and I'm sorry to hear that. If he feels the more recent medical evidence further supports a claim under the policy, he can send that to Royal London to review.
- Royal London identified that there were delays in handling Mr H's claim. I agree and that this caused avoidable distress and inconvenience as Mr H could have been given a decision about the claim much sooner. However, I think £300 compensation fairly reflects the distress and inconvenience caused by the impact of these delays. Mr H was left in a position where he was caused worry and uncertainty at an already difficult time.

### **My final decision**

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H to accept or reject my decision before 30 October 2025.

Anna Wilshaw  
**Ombudsman**