

The complaint

Mr L complained that Liverpool Victoria Insurance Company Limited (“LV”) failed to provide confirmation of his full period of no claims, didn’t tell him about a change in his underwriter or about other changes under his motor insurance policy.

What happened

Mr L said he asked LV to provide a letter confirming he had 29 years without a claim. But it refused. He also said his insurance cover was taken over by a different company without his knowledge. Mr L asked LV for £30 compensation, but he said LV refused. He said it also failed to provide an email and postal copy of its complaint’s procedure. And he was concerned that his cover had been reduced along with his policy premium.

Mr L didn’t think he’d been treated fairly and complained to LV. In its final complaint response, it explained the maximum no-claims bonus (NCB) it applied was nine years. But it said it was able to send a letter confirming how long Mr L had had cover with it without making a claim. The business explained that LV was acquired by another company in 2019. But that Mr L’s insurance remained with LV.

In its response LV said Mr L asked for a reduction of £30 off his renewal premium for the inconvenience it caused him. It said it hadn’t done anything wrong. But it did agree a discretionary discount for around £20.

Mr L didn’t think LV had treated him fairly and referred the matter to our service. Our investigator didn’t uphold his complaint. He said the information LV provided showed there was no reduction in cover, despite a reduction in his annual premium. He explained that Mr L’s policy was still insured by LV. He said some changes had been made to improve the clarity of wording in his policy terms. But he thought this had been communicated clearly. Our investigator was satisfied that LV had provided Mr L with the information he requested, and in a timely manner. So, he didn’t ask it to do any more.

Mr L didn’t accept what our investigator said and asked for an ombudsman to consider his complaint.

It has been passed to me to decide.

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.

Having done so I’m not upholding Mr L’s complaint. Let me explain.

Mr L was concerned that his policy cover must have changed for his annual premium to be lower than the previous years. But I haven’t seen any evidence to support this. LV has supplied excerpts from the underwriting information it used to calculate Mr L’s premiums in 2024 and in 2025. This shows a number of areas where the rating was reduced, resulting in

a lower premium. However, from looking at his policy documentation the cover hadn't changed. So, although I understand the reason behind Mr L's concern, I can't see that he was treated unfairly here.

As a result of Mr L's complaint LV applied a discretionary discount to his renewal. This reduced it from £391.29 to £371.73. I've thought about whether this was done fairly. LV has provided details of the process it has in place for when a discretionary discount can be applied. I can see that this was followed in Mr L's case. Ultimately, it's for LV to decide its approach to risk and what it charges for its insurance cover. But I can check to see that LV treated Mr L the same as it would any other customer. From what I've read it followed its processes using its established underwriting criteria – including when it decided to add a discretionary discount. So, I'm satisfied that it did treat Mr L fairly.

I've read Mr L's policy schedule and other insurance documentation. LV is confirmed as the insurer throughout. The parent company may have changed some years ago. But I can't see that this resulted in changes to Mr L's policy that have been to his detriment. Mr L will have been provided with a renewal quote every year. He had the opportunity to choose a different provider if he wasn't satisfied with LV's cover. I can't see that there has been a negative impact for Mr L or that LV treated him unfairly.

The first page of the renewal pack sent to Mr L dated 25 June 2025 refers to an "*important update section*". This section explained that he could now benefit from LV's multi-cover product. It also said that clearer wording had been introduced to the policy terms and conditions and some new exclusions had been added.

I think this information was clearly worded and prominently highlighted in Mr L's renewal information pack. If he didn't agree with any of the changes, he had the option to seek alternative cover. Mr L wasn't bound to accept the cover offered by LV. So, I can't see that he was treated unfairly.

I've thought about Mr L's concern that he wasn't provided with the information he requested concerning his NCB. In its initial response the business explained that Mr L had nine years NCB, which is the maximum it allows. However, it did explain that it could provide a letter confirming the total years cover he'd had with LV without making a claim. If this was something he needed. When Mr L requested this information it provided him with a letter that explained, in total, he had 29 claim free years.

From what I've read LV responded to Mr L with the information he requested and in a timely manner. The records LV supplied refer to this information being sent by email and post. I'm satisfied from this that it treated Mr L fairly.

Mr L said LV didn't provide a copy of its complaint procedure. In his correspondence with LV he said he required this to escalate to our service.

I can see from LV's final complaint response that it told Mr L had the right to refer his complaint to our service. Details of how to do this were provided, including a link to our website and a link to a leaflet providing additional information about the service. LV outlined its complaint process in a separate email to Mr L. I acknowledge that he wanted a postal copy that he said he didn't receive. But I can't see that this impacted on his ability to make a complaint to LV or to refer the matter to our service.

Having considered all of this I'm satisfied that LV communicated with Mr L effectively and provided the information he requested. I don't think it treated him unfairly so I can't reasonably ask it to do anymore.

My final decision

My final decision is that I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr L to accept or reject my decision before 5 February 2026.

Mike Waldron
Ombudsman