

## **The complaint**

Mr B complains that Great Lakes Insurance UK Limited declined a claim on his pet insurance policy.

## **What happened**

Mr B took out pet insurance for his cat, underwritten by Great Lakes. In April 2025 he made a claim on the policy for treatment for a dental condition. Great Lakes declined the claim because cover for dental illness was an optional extra level of cover, which he had only added on 10 April, and the condition had started before then.

Mr B complained. He said when he took out the insurance it was a fully comprehensive policy and it wasn't made clear cover for dental illness was an optional extra. He thought this may have changed when the policy was rebranded.

Our investigator didn't think the complaint should be upheld. She said dental illness cover was an optional extra and there was no evidence showing Mr B had previously had this and it had been removed.

Mr B disagrees and has requested an ombudsman's 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.

The policy only includes cover for dental injury as standard. Cover for dental illness is available as an optional extra. So, unless Mr B chose to add this (and pay for it) his pet would only be covered for dental treatment relating to an injury, not a dental illness.

Mr B claimed for costs relating to treatment between 4 and 11 April 2025. The clinical notes show he saw the vet about the dental issue on 4 April and then added the additional cover after that. So at the point when the condition started he didn't have cover for this. If he didn't have that cover, it would be fair to decline the claim.

Mr B's argument is that when he took out the policy there were no exclusions or optional extras, but the policy was rebranded and when that happened, dental treatment was now an optional extra but he wasn't told about this. Essentially, he says he had cover for dental illness but this was removed following the rebranding without him knowing, and that's why he wasn't covered for this claim when he should have been.

I've considered his comments carefully but I'm not persuaded to uphold this complaint. I'll explain why.

I think the policy documents are clear about what's covered as standard and what's available as an optional extra.

The initial policy schedule shows Mr B had added two of the optional extras – Farewell

Cover and Missing Pet Cover. Dental Illness is shown as “Not Included”. There’s an amended schedule which shows dental illness as included, with the date of amendment 10 April 2025. Mr B doesn’t dispute that he added dental illness cover on that date.

In March 2025 the policy was rebranded and from then on had a different name. But the underwriter didn’t change and nor did the policy itself; this was simply a rebranding exercise. Mr B doesn’t have his original policy documents, but information about the rebranding available online confirms it was just a change of name.

Information available about the policy provided under the old name includes the following:

*“Dental accidents are covered as standard...*

*If you’ve bought our optional dental illness cover, you can claim to relieve suffering due to dental illness.*

*You can choose to add the following optional extras to your policy:*

- *Travel and Holiday cover*
- *Dental Illness*
- *Missing Pet cover*
- *Farewell cover”*

So that was the same as the cover on the renamed policy. And correspondence sent to Mr B at the time said it was just a change of name and his policy was still active, with his cover levels staying the same. I haven’t seen any evidence showing the level of cover changed when the policy rebranded.

The evidence I’ve seen shows Mr B had two of the optional extras until he added dental illness cover on 10 April. I note also he’s said he added this because he was concerned about his pet’s dental health and thought he would need to make a claim. If he thought he already had that level of cover and it had been removed, I’d expect him to have pursued that at the time.

I appreciate Mr B says he can’t access his old policy documents. But weighing up the evidence available, on balance I’m satisfied that before 10 April 2025 he only had two of the optional extra covers and not the optional dental illness cover. There isn’t anything to persuade me this had been removed from his policy.

### **My final decision**

My decision is that I don’t uphold the complaint.

Under the rules of the Financial Ombudsman Service, I’m required to ask Mr B to accept or reject my decision before 11 December 2025.

Peter Whiteley  
**Ombudsman**