

The complaint

Miss C's complaint is about a claim she made on her HDI Global Specialty SE ('HDI') pet insurance policy.

Miss C says she received substantially less than she expected to be paid on that claim and feels that she has been treated unfairly.

What happened

The details of this complaint are well known to both parties, so I won't repeat them here. Instead, I'll focus on giving my reasons for my 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.

Having done so, I don't uphold Miss C's complaint. Before I explain why I wish to acknowledge all of the submissions Miss C has made. Whilst I've considered them all I won't be addressing them point by point. That's not intended to be disrespectful. Rather it's representative of the informal nature of the Financial Ombudsman Service. Instead, I'll concentrate on the crux of Miss C's complaint, namely whether HDI treated her fairly here.

The starting point is the policy terms. They say:

“Cruciate ligament treatment is covered up to the amount shown on your chosen policy and is provided per leg. If treatment of a claim involving a cruciate(s) includes complementary therapy, those costs will be put under the complementary therapy benefit limit rather than the cruciate ligament treatment limit.”

“Treatment” is defined as “Any examination, consultation, advice, tests, x-rays, ultrasound, CT scan, MRI scan, drugs, or medication administered or prescribed surgery, nursing, or care; provided by, or under the direction of, a vet.”

Miss C's renewal letter sets out that the cover provided for “Cruciate Ligament” is £1,500. The policy schedule sets out that she has an overall veterinary fee limit of £6,000 with an applicable excess of “£200.00 + 10% co-insurance excess (10% applicable only for pets aged 5 years +)”.

Miss C's policy started to run on 11 April 2025. The claim that is the subject of this complaint was made over two policy years. The treatment was to Miss C's pet's cruciate ligament and totalled over £5,400. From what I've seen HDI have paid out the policy limit in respect of this treatment, which is £1,500. The remainder of the claim has been borne by Miss C.

Having considered the way in which HDI administered the claim, I'm satisfied that it has been calculated it is in line with the policy terms. The policy contains an inner limit for the treatment of cruciate ligaments per limb of £1,500 and this includes all x rays and scans

associated with that treatment.

Miss C is unhappy about the way in which the policy was presented and feels that she was misled. In this case I'm primarily considering the way in which the policy was administered by HDI as the underwriter and not a complaint against the seller. Based on my review of HDI's actions, I am satisfied that they did comply with the policy terms and have paid out the claim correctly based on those.

That said I have also looked at the renewal documents presented to Miss C and what information she would have had available to her before deciding whether to proceed with the cover. From what I've seen the renewal took place in writing- either by email or by post. The documents I have seen support that the sale was non advised. This means that HDI had to provide Miss C with enough information to allow her to decide whether to take the cover out rather than to ensure it was suitable for her demands and needs. The renewal letter does explicitly refer to a limit of £1,500 for cruciate ligaments. Likewise, the Insurance Product Information Document (IPID) sets out "*Cruciate ligament treatment is limited and up to £1,500 per leg.*" I appreciate that those documents don't go on to explain whether x rays and associated treatments for cruciate ligament problems are included in this limit, but I wouldn't expect them to. The IPID and renewal letter aren't intended to provide every detail about what is and isn't covered, but rather a summary of the significant features of the cover offered. I think that the explanation given about the limit applicable was clear enough here and that Miss C could have consulted the policy terms further if she was unclear about what specific treatments this limit would extend to.

Miss C has said that she was not warned that the limit available would not be sufficient to cover veterinary fees in respect of a cruciate problem. As the investigator explained, it is not for an insurer to explain the likely cost of possible treatments a pet might require in future. HDI only needed to provide Miss C with enough information to enable her to determine whether the cover was suitable for her own needs and circumstances. I think HDI did this by confirming the policy limit applicable for cruciate ligament treatment. It was up to Miss C to decide whether that was suitable for her specific needs.

I appreciate that Miss C feels that her policy should provide the £6,000 veterinary fee limit it purports to. I understand why she feels that way but in this case the policy has an inner limit for this specific condition and as such the £6,000 limit doesn't apply here. If she was claiming for a different condition that was covered by the policy, then Miss C would have benefitted from that limit. In the circumstances however I can't say that HDI have applied the policy limit unfairly.

My final decision

For the reasons set out above, I don't uphold Miss C's complaint against HDI Global Specialty SE.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C to accept or reject my decision before 15 April 2026.

Lale Hussein-Venn
Ombudsman