

The complaint

Ms G and Mr G are unhappy with the service they received from Inter Partner Assistance SA when they claimed on their travel insurance policy.

What happened

Ms G and Mr G were abroad when Ms G became unwell. She was unable to contact IPA by phone and didn't receive satisfactory responses to email contact either. Ms G was unable to complete her trip as planned but she did return to the UK on her planned return flight.

Ms G complained to IPA. In their final response letter they said that they weren't able to cover the costs she'd incurred by not continuing with the trip as planned. They said Ms G didn't contact the medical assistance team and there wasn't evidence to suggest that it was medically necessary to change her travel plans. Unhappy, Ms G and Mr G complained to the Financial Ombudsman Service.

Our investigator looked into what happened. In the meantime IPA advised that they had looked at the claim and had settled some of the medical expenses. Our investigator thought IPA should pay £300 compensation to Ms G and Mr G. But she didn't think IPA had unreasonably declined to pay for the additional expenses and unused costs incurred due to the disruption to the trip.

IPA accepted the investigator's opinion, but Ms G and Mr G didn't agree. They highlighted their repeated attempts to contact IPA and said that Ms G wasn't well enough to take the internal flight required to continue their trip as planned. So, they didn't think the settlement of the claim was fair.

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.

IPA has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The policy terms and conditions say:

You must obtain a medical certificate from your treating medical practitioner and prior approval of us to confirm the necessity to return home prior to curtailment of your trip due to death, bodily injury or illness.

The terms also say:

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of curtailment necessitating your early return home, or in the event of you incurring medical expenses in excess of £500, you must contact us. The service is available to you and operates 24 hours a day, 365 days a year for advice, assistance, making

arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment you must contact us as soon as possible. Private medical treatment is not covered unless authorised specifically by us.

I think IPA needs to pay Ms G and Mr G a total of £300 compensation. I say that because:

- It's unclear why Ms G and Mr G were unable to contact IPA by phone. There's no explanation as to why they encountered issues, but they ought to have been able to get through to the assistance line. They also didn't receive a satisfactory response to their email contact. This was poor service at a time when Ms G was unwell and needed support and guidance.
- I've carefully considered the available medical evidence. I appreciate Ms G was unwell and accessed treatment. However, on balance, I'm not persuaded that the available medical evidence demonstrates that Ms G was so unwell she couldn't take the internal flight and travel as planned. The medical evidence does indicate that she needed rest. But I don't think that it demonstrates that she was too unwell to continue with that element of the journey. So, I don't think it was unreasonable for IPA to decline to cover those expenses.
- There were delays in handling the claim and this further added to Ms G and Mr G's frustration. This caused them additional distress and inconvenience after an already difficult and frustrating experience.
- I understand that Ms G and Mr G feel that some of the medical expenses haven't been fully settled. If that's the case, they'll need to make a further complaint to IPA as the claim wasn't settled until after this complaint was referred to the Financial Ombudsman Service.
- Ms G and Mr G have referred to the Consumer Rights Act 2015. However, I don't think I need to make a finding about whether IPA has breached this legislation. That's because I'm satisfied that it's fair and reasonable to conclude that they haven't handled the claim promptly and fairly, in line with the relevant rules and industry guidelines I've summarised above.
- Ms G and Mr G have experienced a number of issues. This had an impact on them whilst they were abroad, and caused them a lot of worry. And they've been caused avoidable ongoing inconvenience due to delays in handling the claim. However, I think £300 compensation fairly reflects for the impact of this, which was more than minimal.

Putting things right

IPA needs to put things right by paying Ms G and Mr G a total of £300 compensation for the distress and inconvenience caused by poor service.

My final decision

I'm partly upholding this complaint and direct Inter Partner Assistance SA to put things right in the way I've outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms G and Mr G to accept or reject my decision before 12 January 2026.

Anna Wilshaw
Ombudsman