

The complaint

Miss O complains that Inter Partner Assistance SA declined a claim she made in relation to her young child who was named on the policy.

What happened

Miss O claimed on her policy because her young son became unwell with Covid-19.

The claim was declined because IPA didn't think she'd provided enough evidence in support of the claim. Miss O complained to IPA but they maintained their decision was fair. So, she made a complaint to the Financial Ombudsman Service.

Our investigator looked into what happened and partly upheld the complaint. He thought IPA had reasonably declined the claim and asked for further medical evidence in support of it. However, he identified issues in the overall service Miss O had received and recommended IPA paid her £200 compensation.

IPA accepted the investigator's recommendation but Miss O didn't. She said she didn't understand how someone was expected to travel with COVID. She wanted IPA to refund the full balance of the holiday which is around £1700.

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 Miss O making a claim, and the impact that her son's illness and the claims process had on her mental health. I can appreciate that it was a difficult and worrying time for her.

The policy offers up to £1000 cancellation cover for unused travel and accommodation costs if the insured person becomes unwell with illness or disease. However, the terms also say:

1.If you cancel the trip or one-way trip due to:

b. Any other bodily injury, illness, disease or complications of pregnancy, you must provide (at your own expense) a medical certificate from a medical practitioner stating that this necessarily and reasonably prevented you from travelling. We need the medical certificate completed as soon as you find out it is necessary to cancel the trip, as any delay in seeing a medical practitioner could mean that your symptoms are no longer present. If you cannot get an immediate appointment, please make one for as early as possible and keep all details of this to help substantiate your claim.

I'm partly upholding Miss O's complaint but I think £200 compensation for poor service is fair and reasonable. I say that because:

- I've considered the letter which Miss O provided from her GP which is dated October 2024. Whilst it says Miss O's son had Covid and that she contacted 111 for

assistance, it's dated months after the trip was cancelled. It's also unclear from the letter whether that's based on information Miss O provided to her GP (about her calling 111) or whether that's something the GP was able to view on the medical records. So, I think it's reasonable that IPA has concluded it's not sufficient evidence to pay the claim.

- The GP surgery also told IPA that Miss O had been in contact with them in February and October 2024 regarding positive Covid tests for the child. However, there's no record of a contact in May 2024 or on a date in close proximity to the trip cancellation. So, I think this further supports IPA's position that there's not enough medical evidence to support the claim.
- I appreciate that Miss O says she contacted the NHS 111 service for guidance and support at the time as she couldn't contact her GP. But IPA hasn't been provided with, for example, a screenshot or phone bill demonstrating that. So, as the GP's letter doesn't refer to any specific record on the system, and there's no independent evidence of a call being made, I think IPA has fairly declined the claim in line with the policy terms.
- I've thought about whether it's fair and reasonable for IPA to step outside the policy terms and pay the claim. I don't think it is in the circumstances of this case. I think there's other evidence Miss O could reasonably obtain and/or access in support of the claim.
- I'm not suggesting Miss O's son should, or could, have travelled with Covid. The key issue is whether IPA have reasonably asked for further evidence in support of the claim. For the reasons I've outlined above, I'm satisfied they have.
- IPA accepts Miss O didn't always receive the level of customer service she should have done. They acknowledge they could have been more proactive with updates and chasing information. And they also acknowledged that they could have better responded to Miss O's needs when she explained the impact the claim process was having on her mental health. However, I also need to balance that with the fact that making a claim isn't always hassle free and IPA was reasonable in asking for asking for more information.
- I accept that Miss O was caused distress and inconvenience which was more than minimal. On balance, I think an award of £200 fairly reflects that Miss O was caused some frustration and annoyance which goes beyond what's reasonably expected during the claims process. In reaching that conclusion I've considered what she's said about the impact on her mental health. But I think a total of £200 is fair and reasonable for what went wrong here.

Putting things right

I'm partly upholding this complaint and direct IPA to put things right by paying Miss O a total of £200 compensation for the distress and inconvenience caused by poor customer 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 Miss O to accept or reject my decision before 5 February 2026.

Anna Wilshaw
Ombudsman