

The complaint

Mr G has complained that Inter Partner Assistance SA (IPA) declined a claim he made on a travel insurance policy.

What happened

Mr G was on a trip abroad in August 2024 when he became unwell and required emergency surgery. He therefore made a claim on the policy for medical and other associated costs. IPA declined the claim on the basis that the circumstances are not covered under the policy terms.

In response to the complaint, IPA ultimately maintained its position with regard to the claim. However, it accepted that there had been some poor service, so it offered £150 compensation for distress and inconvenience.

Our investigator didn't think that IPA had acted fairly in declining the claim. He therefore recommended that it should settle the medical expenses, consider the remainder of the claim for Mr G's upfront costs and increase the compensation for distress and inconvenience to £750.

IPA disagrees with the investigator's findings and so the complaint has been passed to me for a 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.

I've carefully considered the obligations placed on IPA by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for IPA to handle claims promptly and fairly, and to not unreasonably decline a claim.

IPA has declined the claim on the basis that the medical condition giving rise to the claim was a pre-existing condition.

There's no dispute that pre-existing conditions are not covered under the policy, unless they appear on a list of relatively minor ailments. There's also no dispute that Mr G had a pre-existing chronic condition of the large intestine. The crux of the matter then, is whether the health episode he suffered abroad was related to this chronic condition and therefore excluded under the policy terms.

IPA's initial reason for declining the claim, in October 2024, was because of his previous diagnosis of the chronic condition (IPA has told us that it didn't actually issue this decline letter but the available evidence suggests that it did). However, his operation abroad was for an obstruction to the small bowel. In declining the claim, IPA had apparently considered the bowel as one organ. However, physiologically, the large and small intestines are separate, distinct, organs of the body.

At the end of October 2024, in response to the claim being declined, Mr G sent IPA a letter from his treating surgeon. This letter stated:

'Mr G has a chronic condition involving his large bowel, which has been managed conservatively and remains stable. However, I would like to emphasize that his recent emergency was an acute and unrelated incident. The small bowel obstruction he experienced was independent of his underlying chronic large bowel condition and did not result from any complications or progression of his chronic issue. This obstruction was localized to the small bowel and required immediate surgical intervention to relieve the obstruction and address the urgent threat it posed to his health.'

'It is essential to understand that Mr G's chronic large bowel condition did not contribute to or cause this recent small bowel obstruction. The surgical intervention was necessary solely due to the acute nature of the obstruction, which developed without connection to his longstanding large bowel condition.'

I would say that this information, from a highly credible source, is as clear cut as it can be that Mr G's chronic condition was confined to his large intestine and that the condition he suffered whilst abroad was totally unrelated to that.

IPA's focus at the time was on obtaining a fuller medical history from Mr G's GP, that covered the entire relevant date span. It subsequently declined the claim again, in June 2025, again citing his pre-existing chronic condition as the reason. So, it appears it hadn't taken much notice of the treating surgeon's letter at the point it was received. It was only in liaison with our investigator in September 2025 that it said it was still discussing internally, in light of the surgeon's letter, how it could evidence a link to the pre-existing condition.

IPA then provided information sourced by its Chief Medical Officer, setting out that a high proportion of intestinal blockages are due to adhesions resulting from surgery. Therefore, it considered there to be a link between the claimed for event and prior surgeries for the pre-existing condition.

I've thought very carefully about this point. I accept what the medical research says about the causal relationship between adhesions from surgery and blockages. However, I'm not persuaded that IPA has done enough to show that's what happened in this case. On balance, as the professional that actually treated Mr G, I find the surgeon's letter more compelling, and it is unequivocal that the blockage to the small intestine was not a consequence of the chronic condition, nor any previous treatment of the chronic condition.

Overall, based on the available evidence, I'm satisfied that the blockage to the small intestine was not related to a pre-existing condition. Therefore, it was not fair or reasonable for IPA to decline the claim for medical costs.

In terms of claims handling, I agree with our investigator that the £150 offered by IPA is insufficient to compensate Mr G for the distress and inconvenience caused. It prematurely declined the claim before having access to the full medical history and didn't pro-actively manage its progress. Additionally, it doesn't appear to have fully assessed all the evidence and only belatedly sought to address the contents of the surgeon's letter. It is also disappointing that it has more recently stated to this service that it will look at the claim again if Mr G provides more information from his UK surgeon. There's no need for Mr G to go to any further trouble, as I'm satisfied that he has already provided sufficient evidence of a valid claim. On balance, I consider that £750 is a more appropriate amount of compensation for the distress and inconvenience caused by the poor claims handling.

Putting things right

IPA should put things right by:

- Paying the claim for the outstanding medical costs directly to the providers.
- Considering the part of the claim for additional expenses incurred by Mr G, in line with the remaining policy terms. Any settlement amount should include 8% simple interest per annum from the date of the original decline in October 2024 to the date it is paid.
- Paying £750 for distress and inconvenience.

My final decision

For the reasons I've explained, I uphold the complaint and require Inter Partner Assistance SA to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr G to accept or reject my decision before 3 February 2026.

Carole Clark
Ombudsman