DRN-5934456

Financial Ombudsman Service

The complaint

Mr J has complained that Inter Partner Assistance SA (IPA) has delayed in assessing a claim he made on a travel insurance policy.

What happened

Mr J was due to go on a trip abroad in December 2024. Unfortunately, he suffered a serious medical event in October 2024 which necessitated major surgery. He was then undergoing rehabilitation and remained too unwell to travel. He therefore cancelled the trip and made a claim on the policy.

IPA's position is that it can't progress the claim as it can't confirm coverage until his GP provides information about his past medical history.

In responding to the complaint, IPA maintained this stance. However, it accepted that it had asked him for some other information that was unnecessary in the circumstances. It therefore apologised and sent him £100 compensation for distress and inconvenience.

Our investigator thought that IPA had acted reasonably in requiring the past medical history. Mr J disagrees 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.

The complaint involves the actions of the claim administrators, acting on behalf of IPA. To be clear, when referring to IPA in this decision I am also referring to any other entities acting on its behalf.

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.

In order to verify the claim, IPA asked Mr J to sign a consent form that could be sent to his GP to obtain his past medical history (PMH). Mr J provided this and IPA contacted the GP surgery directly with its request on 10 March 2025. Despite the surgery confirming they have received it, the form hasn't yet been returned to IPA.

Mr J has said that IPA is suggesting that he's made his illness up, so it needs to investigate it more, whereas he has provided everything he's been asked to about the cancelled trip and his illness and treatment. However, as far as I can see, IPA isn't challenging any of that.

He's also said that he hadn't suffered previously from the condition that caused him to cancel the holiday. However, that's not the crux of the issue here.

What IPA needs, in addition to what Mr J has already provided, is information about his medical history. It's asking for this to ensure that the policy was offered on the correct terms when it was first sold. So, it needs to look at his medical history to check that he declared everything that he needed to when buying the policy.

Mr J says that he hasn't had any recent ill health and so the surgery won't be able to provide a previous medical history. But the GP records will simply show he hadn't been in contact if that is the case. IPA is entitled to find out for itself if Mr J had any conditions prior to purchasing the policy that he should have declared.

Mr J has more recently said that the GP surgery requires payment for supplying the records. That's standard practice, so there's nothing unusual there. And the policy terms set out that information must be provided at the policyholder's own expense.

I know that Mr J is going through a very difficult time at the moment, to say the least, and I'm truly sorry about that. It's true that he's not at fault in terms of the lack of response from the GP. However, the matter at hand is whether IPA has done anything wrong – and I'm unable to conclude that it has. Based on the available evidence, it progressed the claim as I would expect it to and any delays now are as a result of not having received the PMH back from the GP. It follows that I do not uphold the complaint.

As our investigator has said, I would expect IPA to carry on chasing the GP for a response. If the GP is awaiting payment, then Mr J would need to deal with that as a way of getting things moving.

If, once IPA has the necessary information to conclude the claim, if Mr J is unhappy about the outcome of that, he could make a new complaint about that if he so chooses.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr J to accept or reject my decision before 16 December 2025.

Carole Clark
Ombudsman