

The complaint

The estate of Miss V is unhappy with the service received from Inter Partner Assistance SA ('IPA') under Miss V's travel insurance policy ('the policy'), including the way a claim was handled.

What happened

Miss V was involved in an accident abroad which resulted in a catastrophic head injury. She was airlifted to the capital city of the country she'd been visiting and placed on life support.

Miss V's family arranged for her to be repatriated back to the UK by air ambulance. Very sadly, Miss V did not survive her injuries.

The estate of Miss V made a claim on the policy for various expenses including the costs of the air ambulance and the costs incurred by those travelling abroad to be with Miss V.

The estate of Miss V is very unhappy with the service received. IPA looked into the complaint and accepted that it should've handled the claim better. It offered £750 compensation to reflect the impact of its errors.

The estate of Miss V then raised a complaint with the Financial Ombudsman Service. Our investigator looked into what happened. He empathised with the distressing situation Miss V's family found themselves in. However, he explained that we were limited in terms of compensation we can ask a financial business to pay to reflect the impact on the representatives of an estate. He didn't think IPA was required to take any further action in this case.

The estate of Miss V didn't agree and raised further points in reply. So, this complaint has been passed to me to consider everything afresh to decide.

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.

At the outset, I would like to express my deepest condolences to those close to Miss V at such a difficult and traumatic time.

I know the estate of Miss V will be very disappointed but I'm not going to direct IPA to do anything more in this case. I'll explain why.

IPA has a regulatory obligation to handle insurance claims fairly and promptly.

In its final response letter dated October 2024, IPA accepts that there had been:

- an unsatisfactory level of service; including not responding to emails or updates on the claim.

- poor and insensitive communication, including multiple attempts to ask Miss V for more information about the claim rather than the estate. That's because the correct notification hadn't been added to its system.

IPA apologised and paid £750 compensation. It also said that appropriate feedback had been provided internally.

I find that IPA's errors would've been extremely upsetting for Miss V's mum who is managing the estate and was in communication with IPA. And that it would've needlessly exacerbated a very distressing situation.

The estate of Miss V says that Miss V's mum made over 50 calls to IPA (some lasting around one hour), sent numerous emails and spent many unnecessary hours trying to sort out the claim and ensuring all payments due under the policy had been made.

Further, Miss V's mum says that she's receiving counselling because of what's happened including the way in which IPA has handled the claim. I have every empathy for the situation she finds herself in.

However, Miss V is named as the sole policyholder on the schedule of insurance and the only beneficiary of the policy.

So, Miss V's mum isn't an eligible complainant for the purpose of this complaint. Although she is authorised by law to bring the complaint on behalf of Miss V, I have no power to direct IPA to pay any compensation personally to Miss V's mum (or any other relative of Miss V) for the impact IPA's errors had on her (or others who were close to Miss V). They are not party to the contract of insurance between Miss V and IPA.

I can direct IPA to pay compensation to the estate of Miss V to reflect the impact its errors directly had on Miss V. However, in the circumstances of this complaint, I'm satisfied that IPA's errors didn't have an impact on Miss V before she very sadly died.

The estate of Miss V says that Miss V's family did try to call two underwriters, on the advice of the British Embassy, to assist with repatriation whilst Miss V was on life support abroad, including IPA. That's because Miss V's family couldn't locate any travel insurance documents at the time. However, they say IPA had no record of Miss V being insured with them at the time and Miss V's mum only discovered that IPA was indeed the underwriter after Miss V died and she'd located the policy documents.

However, from what I've seen, I don't think Miss V would've been aware of those issues whilst she was abroad, and I've seen nothing which persuades me that this had a direct impact on her.

From what I've seen, Miss V was receiving medical care whilst abroad, and her family were able to arrange her repatriation. If they had been able to access support and assistance from IPA during this time, I accept that these arrangements would've most likely been taken care of. Although, this would've prevented some unnecessary distress and inconvenience to Miss V's family, as I've explained above, I don't have any power to direct IPA to pay them compensation in the circumstances of this complaint.

My final decision

My final decision is that Inter Partner Assistance SA doesn't need to do anything more to put things right. So, I don't uphold the complaint brought by the estate of Miss V.

Under the rules of the Financial Ombudsman Service, I'm required to ask the estate of Miss V to accept or reject my decision before 18 December 2025.

David Curtis-Johnson
Ombudsman