DRN-5962337

The complaint

Mr C has complained that Chubb European Group SE (trading as Chubb) mis-handled a claim he made on a travel insurance policy and has declined to pay out on the claim.

What happened

Mr C was due to take a trip abroad in April 2025. However, he didn't travel and made a claim on the policy, stating that the airline had cancelled his outbound flight, resulting in him abandoning the entire trip. When Chubb declined the claim on the basis that the circumstances were not covered under the policy terms, Mr C then said that the cancellation was due to his ill-health and that he had been medically unfit to travel.

In responding to the complaint, Chubb said that it was taking his initial submissions to be the matter of fact and was therefore maintaining its declinature of the claim. However, it acknowledged that there had been some delays and that it had repeated requests for an interview even after Mr C had said he wasn't willing to consent to a video call. It therefore paid him £150 compensation for distress and inconvenience.

Our investigator thought that Chubb had acted reasonably in declining the claim, in line with the policy terms and conditions. Mr C 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.

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

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

Mr C has accepted the £150 compensation as a resolution to the part of his complaint about delay and poor service. Therefore, I don't need to consider that element any further. This decision will focus on whether it was reasonable for Chubb to decline the claim.

Mr C had been due to depart the UK on 22 April 2025. Early that morning he received notification from the airline that his flight had been cancelled for mechanical reasons. He provided evidence of this, and Chubb has also independently verified this with the airline. Looking at the policy wording, it states:

'We won't provide any cover for flights being cancelled by the airline or by the airport, we will also not cover any trip delays under 8 hours.'

There's no dispute that the flight was cancelled by the airline. As I understand it, Mr C also doesn't dispute that that scenario is not covered under the policy terms.

As there is no cover under the policy for abandonment of trips or for flight cancellation by the airline, it follows that it was reasonable for Chubb to decline the claim.

Upon the claim being declined, Mr C mentioned for the first time that he had been medically unfit to travel and that was the main reason for cancelling the trip. I'm sure Mr C can see why this would raise some concerns with Chubb. So, although it had declined the claim, it did agree to explore the matter further.

In support of his claim, Mr C then provided a letter from an online GP, dated 22 April 2025, which stated:

'*I have reviewed (Mr C's) medical history and found that he has been affected by an unforeseen health condition. As a result, he is required to cancel his holiday and travel plans. I have advised and confirmed that he should not travel and should cancel his plans. (Mr C) has also been advised to rest until his condition subsides and to call NHS (111) so as to get additional medical support and I kindly request that you take his medical symptoms and current health into consideration.'*

This document is unusual as it doesn't follow the usual form of a doctor's letter in explaining the symptoms that Mr C presented with or what a possible diagnosis might be. Furthermore, Chubb made enquiries to the medical provider who said that the letter doesn't match the copy they have on file.

Whilst Chubb said that it was under no obligation to re-open a declined claim, it did ask Mr C if he would be interviewed by video call so that it might better understand why the discrepancies had occurred. Its position is that he failed to attend three appointments. Mr C says that he didn't receive invites for any of the interviews.

In its final response letter dated 12 August 2025, Chubb acknowledged that it had continued to send him interview requests after 28 July 2025 when he'd confirmed he would not agree to be interviewed. It also explained that its reason for declining the claim was based on Mr C's original submissions, which it considered to be the factual basis for the claim.

Essentially, Chubb has put little weight on Mr C's later medical submissions as these were inconsistent with the original claim, arose suddenly after the initial declination and appeared to be supported by unreliable documentation.

I've thought about everything Mr C has said. I understand the particular difficulties he has and therefore appreciate his concerns and anxieties around submitting to a video interview. As our investigator has said, we wouldn't normally interfere with how an insurer conducts its assessment of claims. But, regardless of that, I don't need to make a finding on the reasonableness of Chubb's request for a video interview. That's because, overall, I'm satisfied that it was fair for it to decline the claim on the basis of his original submissions, without further investigation of his medical claim. It follows that I do not uphold the complaint. I can only look at the complaint up to the point when Chubb provided its final response on 12 August 2025. Things have moved on since then.

Mr C had wanted Chubb to assess the entirety of his claim based solely on the documentary evidence that he had provided so far. Chubb has now done that. It wrote to him on 14 October 2025 to set out its position. It has invoked the fraud clause within the policy to further decline the claim on the basis that he sought to change the claim circumstance to

that of a covered loss after the original declinature and that he has submitted a fraudulent doctor's letter in support of that claim.

I understand that Mr C denies any wrongdoing and that he has made subject access requests to the medical provider and his own GP to try and obtain evidence in support of his claim that he was medically unfit to travel.

Mr C would need to provide any new evidence to Chubb in the first instance to see if it will reconsider its position. If he is unhappy with its response, he can then make a new complaint about that matter.

My final decision

For the reasons set out above, I do not uphold the complaint. As Chubb has already paid the £150 compensation for distress and inconvenience, I am not asking it to do anything more.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 27 January 2026.

Carole Clark
Ombudsman