

The complaint

Mr C is unhappy with how Haven Insurance Company Limited (Haven) has handled his mobile phone claim on his home insurance policy. He's also unhappy with the delays and the lack of communication.

What happened

Mr C has a home insurance policy and Haven is the underwriter.

In July 2025, Mr C made a claim for a stolen mobile phone on his home insurance policy. He said the phone was stolen while he was walking. He reported the incident to the police the next day and received a crime reference number.

Haven logged the claim, and a report was completed by one of its contractors. Further investigation was required so a face-to-face interview was arranged. The interview went ahead but was cut short and not completed. Mr C emailed the investigator and Haven that he wanted to continue with the claim. Mr C, Haven and the investigation communicated, and an interview was rescheduled in September 2025.

Mr C made a complaint to Haven for its handling of the claim and with the delays caused in its communication. Haven reviewed what had happened and said it hadn't caused avoidable delays or that its communication was below expectations in handling the claim. It said there was a delay in acknowledging Mr C's complaint and apologised for this.

Unhappy, Mr C brought his complaint to this service. Our investigator didn't think Haven had treated Mr C unfairly.

Mr C disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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 insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS').

ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers, and that they should handle claims promptly and fairly. I've taken these rules into account when looking at this complaint.

The key issue in dispute is that Mr C says Haven has caused delays in handling his claim and its communication has been poor. Mr C says this has had a significant impact on him both financially and emotionally.

I appreciate Mr C's comments that he's been affected financially and emotionally. I understand that he's going through a difficult time and I'm sorry for this. He's had to purchase another phone which has led to him having a debt relief order so he was relying on his claim being paid promptly. He's also said his policy excess is £500 – this is a high cost and with the delays and broken promises and the direct financial detriment, this is all unreasonable. Mr C says that Haven failed to acknowledge his vulnerability which he made it aware of.

I understand Mr C also says, in his complaint to this service, that he wants Haven to settle his claim in full and without any more delays, to waive the policy excess in full and pay compensation to recognise for the service failures and for the impact caused on him financially and for the stress caused.

I note Haven issued a final response to Mr C on 17 September 2025. This was based on two complaint points he raised: delays with the claims process and a lack of communication throughout the claims process. I confirm that, in this complaint, I can only consider these two complaint points. I'll address these below. Any additional complaint issues Mr C has must first be made to Haven direct for it to be able to respond.

Delays caused with the claims process

From the information available, I note that when Mr C submitted his claim, a face-to-face meeting was arranged with an investigator on 30 July 2025. The meeting was cut short as Mr C was unwell and he wanted time to think about whether to continue with the claim.

Following the face-to-face meeting, Mr C emailed the investigator and said he would get back to him if he wanted to continue the claim and provided some information about the claim.

Mr C confirmed on 7 August 2025 to the investigator that he wanted the claim to continue and that he should let Mr C know of available dates.

On 12 August 2025, the investigator let Haven know that Mr C wanted to continue with the claim and that he's looking to reschedule the appointment.

Haven asked the investigator for updates to when the appointment will be rescheduled for on 18 August and 26 August 2025. Haven sent Mr C an email on 19 August 2025 that the investigator would be in touch as soon as possible to reschedule the appointment. An appointment was rescheduled for 25 September 2025, and my understanding is that this went ahead.

Based on the above overall summary timeline, I'm not persuaded that Haven caused avoidable delays. Whilst I can see there is a delay from the first meeting to the second, I can't say Haven is responsible for this delay. I say this because the initial meeting was scheduled and did take place on 30 July 2025. It was cut short which wasn't due to either party's fault. Mr C confirmed to the investigator on 7 August that he wanted to continue the claim, and I can see the investigator kept Haven updated of this and that he was due to reschedule the meeting. However, due to the investigator's workload, the meeting couldn't be rescheduled until 25 September 2025. I realise this was sometime later but I can't make Haven responsible for this or its contractor. The incomplete interview led to this later meeting and the workload of the investigator isn't within Haven's control. There's no evidence that had Haven or the investigator responded to Mr C sooner, then the meeting would have taken place before 25 September 2025. I do understand there was a delay but I don't think that Haven was responsible for this.

Lack of communication

I understand that claim was acknowledged, the contractor was instructed and a report was provided within a week. And the face-to-face meeting was set up for the following.

Mr C says he contacted Haven multiple times but didn't get a response. I note Mr C's email to the investigator on 30 July 2025 and on 7 August 2025.

I also note that Haven didn't always respond to the emails that Mr C sent chasing the second appointment. Haven says it chased the contractor in the meantime to ask for updates on when the meeting would be rescheduled but there was no update to provided to Mr C. I understand there was no update, but I think Haven could have acknowledged Mr C's emails to provide some assurance. Having considered the lack of communication, I think Haven could have done better but overall, this hasn't made a difference as the meeting would not have taken place sooner due to the investigator's workload. So, I'm not persuaded that the lack of updates means that Haven should pay the claim or waive the excess on the claim.

Conclusion

Mr C says he's experienced significant stress, and this has impacted him financially and emotionally. I understand this situation hasn't helped Mr C and it's been difficult for him. And I don't doubt that having to pay for a mobile phone added to his financial pressure, but I can't reasonably make Haven responsible for this. The delays on the claim weren't within either party's control as I've explained above. I don't think it's fair or reasonable for Haven to award Mr C compensation for the delays caused or the lack of communication. It follows therefore, in the circumstances of this complaint, that I don't require Haven to do anything further.

My final decision

For the reasons given above, I don't uphold Mr C's complaint about Haven Insurance Company Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 13 January 2026.

Nimisha Radia
Ombudsman