

The complaint

Mr M complains that Great Lakes Insurance SE has not settled a claim on his gadget insurance policy.

Where I refer to Great Lakes, this includes its agents and claims handlers acting on its behalf.

What happened

Mr M made a claim on his gadget insurance policy in 2022. Great Lakes declined the claim and said the policy was void as there had been a misrepresentation by Mr M. He complained and in December 2022 another ombudsman issued a decision on that complaint. They directed Great Lakes to reinstate the policy and reconsider the claim.

The claim was reconsidered but Great Lakes declined it again, so Mr M made a further complaint. Our investigator said Great Lakes had asked Mr M to provide further documents to prove his claim and that was reasonable – it was for Mr M to provide that evidence so Great Lakes could assess his claim.

Mr M didn't reply to the investigator's view but there was then some further correspondence about the information Great Lakes wanted. Mr M said he had provided everything and Great Lakes had not been in touch again. He wasn't happy with the way the claim had been dealt with and said he would be getting advice about how to pursue the claim.

In 2025 Mr M made a further complaint. Great Lakes sent a final response to him in which it said –

- It had explained to Mr M the evidence needed to assess his claim.
- There were five items and although he had provided some of these, he hadn't provided all of them. So he hadn't proved his claim.
- The claim couldn't be processed until he provided the remaining evidence.

Our investigator said this was the same complaint we had already considered; there was no new evidence, and we couldn't reconsider the complaint in the absence of any material new evidence. He said the complaint should be dismissed without considering its merits.

Mr M disagreed and the case was referred to me.

I issued a provisional decision saying I thought this was a complaint we could consider, and Great Lakes should make a decision on the claim to bring it to a conclusion.

I set out my reasons for reaching these conclusions as follows:

My provisional decision

The Dispute Resolution ("DISP") Rules, under which our Service operates, say we can dismiss a complaint without considering the merits in certain circumstances. DISP 3.3.4A [R]

says

“The Ombudsman may dismiss a complaint referred to the Financial Ombudsman Service on or after 9 July 2015 without considering its merits if the Ombudsman considers that:

...

(5) Dealing with such a type of complaint would otherwise seriously impair the effective operation of the Financial Ombudsman Service.”

Examples are given of the types of complaints that would seriously impair our effective operation and one of these is where

“the subject matter of the complaint has previously been considered or excluded under the Financial Ombudsman Service (unless material new evidence which the Ombudsman considers likely to affect the outcome has subsequently become available to the complainant)”

I appreciate Mr M has referred previous complaints to this Service about the same claim. But having considered events since his last complaint, I consider there are new issues that we can consider.

The previous complaint addressed Great Lakes' actions based on the information available at the time. The subject matter of that complaint was whether it was reasonable for Great Lakes to request information. Our investigator thought it was. But things have moved on since then.

In May 2025 Great Lakes said the claim hadn't been declined; it's still open but Mr M hasn't proved his claim. Great Lakes says it explained which documents it needed to deal with the claim after the last complaint. There were five items. It says Mr M has provided two of these (proof of travel and insurance validation) but not the others.

This complaint is not about whether it was reasonable for Great Lakes to request information; it's about how it has dealt with the information and comments Mr M has provided.

Mr M provided further comments to Great Lakes. Looking at his comments, he sets out the information he's unable to provide but provides comments on this. There's some additional explanation about the circumstances of the claim. I think he's provided everything he can.

As it stands, Great Lakes hasn't made a decision on the claim. It has said Mr M needs to provide further evidence and it can't process the claim until he provides the remaining evidence. But Mr M has provided all the evidence he is able to. For the remaining items he has provided further comments and an explanation as to why he is unable to submit anything else.

I've considered whether Great Lakes' position – that it still can't process the claim – is reasonable in these circumstances.

Insurers have a duty to deal with claims promptly. Great Lakes has looked into the claim and obtained the evidence that is available, but not made a decision. It isn't reasonable to leave Mr M without a decision on his claim. Great Lakes needs to decide one way or the other whether the claim will be settled and tell Mr M what its decision is. If it declines the claim, it needs to explain the reasons for this. This will bring the claim to a close. If Mr M's unhappy with the decision, he can then make a complaint about that.

To avoid any further delay, Great Lakes should inform Mr M of the decision within four

weeks of the date on which we tell it Mr M accepts my final decision.

I appreciate Great Lakes doesn't consider it has enough information to deal with the claim. But Mr M says there isn't anything further that can be provided. He's asked Great Lakes to deal with the claim and referred to "going round in circles", being asked repeatedly for information, even after he's said he has provided everything he can and explained why he can't submit anything else. He's explained how frustrating this has been for him. Great Lakes could have avoided this by giving him a decision on his claim. Having the claim left unresolved has caused Mr M distress, not knowing whether it will be covered. Great Lakes should compensate him for the distress and inconvenience caused.

For these reasons, I don't consider this is a complaint I should dismiss without considering its merits. I'm satisfied I can consider the merits of the more recent events and give a direction to bring matters to a conclusion.

Replies to the provisional decision

Mr M says he accepts the provisional decision, which he considers to be fair. But he has highlighted a number of issues with the way the claim was handled and says the provisional decision doesn't address the underlying causes of all the problems he experienced.

Great Lake has clarified that the claim has been closed, but it hasn't been declined; there was no reason to reject it under the policy terms. Great Lakes says the claim can be reopened if Mr M is able to provide the evidence needed to support his claim.

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 considered the comments from Mr M and Great Lakes carefully, but these don't lead me to change my provisional decision.

Mr M has referred to issues with the way the claim has been handled overall. In this decision I can only consider the position Great Lakes has taken recently. While I have decided I can consider this, that doesn't mean I can review all the issues that were considered in the previous complaints. I appreciate this will be disappointing for Mr M but I'm not reviewing past events.

I take on board what Great Lakes says about being able to reconsider the claim if Mr M provides further evidence. However, he's provided all the evidence he can and given an explanation about why he can't provide further documents. There's doesn't seem to be anything further he can produce.

In these circumstances I don't think it is reasonable to leave the claim unresolved. It remains my view that Great Lakes should make a decision on the claim, based on the evidence it has received, and let Mr M know what that decision is.

My final decision

My final decision is that I uphold the complaint and direct Great Lakes Insurance SE to:

- Consider the claim in line with the policy terms and either pay the claim or, if it wishes to decline the claim, explain why it's not covered.

- Inform Mr M of the decision and reasons for it within four weeks of the date on which we tell it Mr M accepts my final decision.
- Pay compensation of £200 for the distress and inconvenience caused.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 23 December 2025.

Peter Whiteley
Ombudsman