

The complaint

Miss C complains that Zurich Insurance Company Limited turned down a medical expenses claim she made on a travel insurance policy.

What happened

The background to this complaint is well-known to both parties. So I've simply set out a summary of what I think are the key events.

Miss C took out a single trip travel insurance policy on 2 July 2024, to cover a forthcoming trip. During the sales process, she declared that she'd suffered from urinary tract infections (UTI) in the previous two years. Miss C travelled abroad as planned.

Unfortunately, on 11 July 2024, Miss C was admitted to hospital suffering from severe low back pain. She was diagnosed with a herniated disc. The treating hospital concluded that Miss C wasn't fit to fly and that she needed an operation. Following Miss C's hospitalisation, her family got in touch with Zurich's emergency medical assistance team (the MAT) to make a claim.

Zurich asked for medical evidence so it could assess Miss C's claim, including reports from the treating hospital and Miss C's UK GP notes. The evidence was considered by the MAT's clinical team, who concluded that the planned surgery wasn't medically necessary. Instead, it stated that Miss C's condition could be managed conservatively, through sessions of physiotherapy, followed by being repatriated to the UK.

Therefore, on 15 July 2024, Zurich declined Miss C's claim for surgery, although it agreed to pay Miss C's initial medical expenses she'd already incurred, as well as the cost of physiotherapy and a return to the UK.

Miss C was very unhappy with Zurich's decision and she asked us to look into her complaint. She told us that as well as being unhappy with the decision to turn down her surgical claim, she felt the MAT had unreasonably delayed in making a claims decision. And she also considered the delay in making that decision had had a long term impact on her health.

Our investigator thought Miss C's complaint should be upheld. In summary, she accepted that the policy terms stated that it was for Zurich to decide whether or not treatment was medically necessary. But she felt that the evidence from the treating hospital showed that Miss C's surgery had been medically necessary and that there was a risk of her condition worsening if she didn't undergo the operation. So she recommended that Zurich should pay Miss C's claim plus interest.

Zurich disagreed. Amongst other things, it noted that Miss C had seen an out of hours doctor with back pain only two days before she bought the policy. While it said a declaration of back pain wouldn't have affected the price of the policy, it questioned whether Miss C was fit to travel on 6 July 2024.

The complaint was passed to me to decide.

I issued a provisional decision on 10 November 2025, which explained the reasons why I didn't think it had been fair for Zurich to turn down Miss C's claim. I said:

'The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. I've taken those rules into account, amongst other relevant considerations, such as regulatory principles, the policy terms and the available medical evidence, to decide whether I think Zurich handled Miss C's claim fairly.'

Miss C's fitness to travel

While Zurich didn't raise its concerns about Miss C's fitness to travel with her directly, it has raised this issue with us. And in line with my inquisitorial remit, I find it's reasonable and appropriate for me to comment on this point.

I've carefully considered the policy terms and conditions, as these form the basis of the contract between Zurich and Miss C. Page three of the policy says:

'We will not cover you for any medical condition or disability (pre-existing or otherwise) if:

- you are not fit to travel on your journey.'*

Zurich has provided us with Miss C's GP records, which include consultations she had with the NHS 111 service and out of hours services on 29 and 30 June 2024. I can see that amongst the number of symptoms Miss C described, middle back pain, which radiated into her lower back and abdomen, was listed. On 29 June 2024, the likely diagnosis given was 'MKS? Cystitis?' Miss C was prescribed analgesia and cystitis medication. It also appears she'd been prescribed antibiotics, which she declined. During the consultation the following day, Miss C was told to monitor her condition overnight, take paracetamol and drink plenty of water. She was also told to contact her GP if those steps weren't helping.

The records of those consultations don't suggest that Miss C was advised against travelling. Indeed, it seems that given Miss C didn't seek medical advice again ahead of travelling, that she'd likely believed the recommended treatment had been successful. In my view then, Zurich hasn't provided enough evidence to show that Miss C wasn't fit to travel on 6 July 2024.

I'd add too that during the sales process, Miss C declared that she'd been seen and treated for UTIs. The medical evidence dated March 2024 from the urgent treatment centre shows that while Miss C presented with back pain (amongst other things), she was diagnosed with a UTI. And as above, the medical evidence from June 2024 also suggests that the treating doctors felt Miss C had cystitis – which I understand is a form of UTI. As such, I think Miss C provided Zurich with accurate information about her health when she took out the policy on 2 July 2024, as it seems her symptoms of back pain were considered to be caused by infection. And, in any event, I can see from the MAT's notes that the clinical team ultimately thought Miss C's back pain was a new, acute presentation.

Was it fair for Zurich to turn down Miss C's claim?

The medical expenses section of the policy provides cover for a policyholder's emergency surgical costs. However, it also sets out a list of costs Zurich has specifically excluded from cover. These include:

- 'Any expenses incurred following your decision not to be repatriated after our medical advisor deems it safe for you to be so.'*

- Any extra costs after the time when, in our medical advisor's opinion, you are fit to return to your home area.'

Zurich's MAT reviewed the available medical information and concluded that it wasn't medically necessary for Miss C to undergo surgery abroad. Instead, it considered Miss C could be repatriated to the UK following physiotherapy. So I've looked closely at the MAT's comments and the available evidence to decide whether I think these were fair conclusions for Zurich to draw.

Miss C's treating hospital provided a medical report, setting out a chronological record of her symptoms and treatment. It's clear she was diagnosed with a herniated disc. I've summarised below what I consider to be the key points:

'13.07 - 3.07. The patient complains of severe pain at the left leg. She reports that due to pain she is only able to sit for 15 minutes before the pain becomes too much and needs to lie down.... Her treatment continues. She is not fit to fly on her original flight home today.'

NOTE: Even due to the painkillers given to the patient the patient reports of severe pain and is not able to mobilise. The patient is not fit to fly on her original flight home today.'

At this point, Miss C was prescribed four medications, including strong painkillers and anti-inflammatory medications by IV.

'15.07. The patient complains of severe pain at the left leg. She reports that due to pain she is only able to sit for 15 minutes before the pain becomes too much and needs to lie down. She reports that standing up her pain worsens. She reports that she has started with pain at the left groin area.'

NOTE: Despite pain relief medications being given the patient complains of severe pain and is not able to mobilise. The patient requires an operation... The doctor reports that the longer the patient awaits surgery the higher the risk, of the patient not getting full strength back to her foot and leg.'

At this time, Miss C's IV treatment had increased to five medications.

On the other hand, a member of the MAT's clinical team concluded:

'Surgery not medically necessary. Most sciatica resolves with rest /analgesia/ physiotherapy/ muscle relaxant medication....'

'The symptoms are of acute sciatica due to disc herniation. Surgery is not medically necessary in location...'

They approved up to six sessions of physiotherapy for Miss C to improve mobility.

Another of the MAT's clinicians reviewed Miss C's notes and stated:

'Surgery is not urgent and...nerve root compression sciatica resolves with conservative RX (treatment).'

I've carefully considered the available medical evidence. It's important I make it clear that I'm not a medical expert. It isn't my role to interpret expert medical evidence to reach a clinical judgement and it would be inappropriate for me to do so. Instead, my role is to weigh up the available medical evidence to decide whether I think Zurich acted fairly and reasonably in the specific circumstances of this complaint.

It's clear that the policy terms exclude costs a policyholder has incurred after Zurich's medical advisor has concluded they're fit to return home. In this case, I'm satisfied that two of the MAT's clinical team, who I understand have specialist knowledge of aeronautical medicine, felt that Miss C didn't need to undergo surgery abroad and could be repatriated in business class, following physiotherapy. I also understand from the NHS website that conservative treatment is often recommended in the case of herniated disc.

However, I also need to take into account the expert opinion of Miss C's treating doctor, a consultant neurosurgeon, who examined Miss C at first hand. As I've set out above, they concluded that Miss C wasn't able to mobilise (although it's apparent she was taking strong medication), that she wasn't fit to fly and that she needed surgery. Moreover, the treating doctor also stated that if surgery was delayed, there was a higher risk of Miss C not getting full strength back to her foot and leg. In my view, the medical report is compelling evidence that in Miss C's particular circumstances, surgery was medically necessary.

I also note that the MAT's clinical team didn't comment on Miss C's pain or how this might be managed during any repatriation – especially given she was on IV medication. So it's unclear whether she would have been deemed fit to fly.

Weighing up the totality of the evidence I have, I'm currently more persuaded by the medical report from Miss C's treating hospital which indicates that she did need urgent surgery. So, on balance, I currently think it was unfair and unreasonable for Zurich to have turned down this claim. And therefore, I intend to tell Zurich to reconsider Miss C's claim, in line with the policy terms and conditions.

Other considerations

Miss C says that Zurich unreasonably delayed making a claims decision and that this ultimately led to an impact on her long-term health. Like the investigator, I find that it was reasonable and appropriate for Zurich to ask for medical evidence in support of Miss C's claim, as well as her UK medical records. This is standard practice in cases of this nature. Nor do I think there were unreasonable delays in Zurich asking for or progressing this information. It seems that some of the delays were because not all of the medical information was available to Zurich at the outset. But I think it made prompt and reasonable information requests and assessed the evidence in a timely way. This means I don't find that it unfairly delayed making a claims decision.

I also haven't seen persuasive medical evidence that any delay in Miss S undergoing surgery caused a long-term impact on her health. The medical evidence shows that the possibility of a delay in surgery potentially causing a higher risk of long term damage was first noted on 15 July 2024. But Miss C underwent surgery on the following day. And post-surgical records state that Miss C was mobilising in her room and reported no leg pain. So I'm not satisfied I could reasonably conclude that any of Zurich's actions led to long-term health implications for Miss C.

Additionally, Miss C also felt that Zurich should potentially pay compensation for a family member needing to assist her. However, the family member wasn't covered by Miss C's policy. So even if I had felt Zurich had made claims handling errors, it wouldn't be appropriate for me to award compensation to a person who isn't insured by the policy.

Zurich told Miss C it would pay for her initial medical expenses. However, it remains unclear whether those expenses have been settled. So if Zurich hasn't yet settled Miss C's initial medical expenses, as it agreed to do, I find it must now do so and that it must add interest to the settlement at an annual rate of 8% simple, from one month after the claim was made until the date of settlement.'

I asked both parties to send me any further evidence or comments they wanted me to consider.

Miss C accepted my provisional findings. Zurich didn't respond by the deadline I gave.

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.

Having done so, as neither party has provided me with any further substantive evidence or comments, I see no reason to change my provisional findings.

So my final decision is the same as my provisional decision and for the same reasons.

Putting things right

In summary, I don't think that Zurich acted fairly when it turned down Miss C's claim for medical expenses. So I now direct Zurich Insurance Company Ltd to:

- Reassess Miss C's medical expenses claim in line with the remaining terms and conditions of the policy; and
- If it hasn't yet done so, pay the initial medical expenses it's already agreed to settle, in line with the contract terms and add interest to that amount at an annual rate of 8% simple from one month after claim was made until the date of settlement. *

*If Zurich considers that it's required by HM Revenue & Customs to deduct income tax from that interest, it should tell Miss C how much it's taken off. It should also give Miss C a tax deduction certificate if she asks for one, so she can reclaim the tax from HM Revenue & Customs if appropriate.

My final decision

For the reasons I've set out and in my provisional decision, my final decision is that I uphold this complaint and direct Zurich Insurance Company Ltd to put things right as I've outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C to accept or reject my decision before 30 December 2025.

Lisa Barham
Ombudsman