

The complaint

Mr and Mrs O complain about a claim they made with Astrenska Insurance Limited trading as Collinson Insurance ('Astrenska') under their travel insurance policy.

All references to Astrenska include the agents appointed to handle claims and complaints on its behalf.

What happened

Mr and Mrs O held a travel insurance policy covering themselves and their children. The policy was provided by Astrenska.

Unfortunately, while on holiday abroad, Mrs O and her young child became ill. Mrs O's child was seen in hospital and the family subsequently isolated in their hotel room for the remainder of their trip.

Mr and Mrs O made a claim with Astrenska, who paid them £100 inpatient benefit.

Unhappy, Mr and Mrs O complained to Astrenska seeking an increased inpatient benefit payment and/or a payment under the 'trip interruption' section of cover. Astrenska, in a final response to Mr and Mrs O's complaint dated 25 July 2025, said there was no medical evidence supporting a requirement to isolate.

Unhappy, Mr and Mrs O brought the matter to the attention of our Service. One of our Investigators looked into what had happened and said she didn't think Astrenska had acted unfairly or unreasonably in the circumstances. Mr and Mrs O didn't agree with our Investigator's opinion, so the complaint has now been referred to me to make a decision as the final stage in our process.

Since Astrenska's final response to Mr and Mrs O's complaint in July 2025 and after the original complaint was referred to our Service, Mr and Mrs O provided additional evidence (namely, a letter from the hotel abroad dated 13 August 2025 and evidence from the treating hospital dated November 2025). This information was shared with Astrenska, who subsequently increased the inpatient benefit payment and paid part of Mr and Mrs O's claim under the 'trip interruption' section of cover. Mr and Mrs O dispute Astrenska's calculation of the 'trip interruption' claim settlement.

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.

It's not possible for Mr and Mrs O to continually 'add-on' complaint points to their existing complaint. Under the rules that govern our Service, I have no power to consider a complaint issue and/or evidence unless the business involved has been given the opportunity to comment on the matter first.

So, as our Investigator explained, we can only comment on the events that took place and

the evidence presented up until the date of Astrenska's final response in July 2025 under this complaint reference number. Within this final decision, I cannot comment on the new information presented by Mr and Mrs O or on anything that happened after that date.

If Mr and Mrs O are unhappy with the 'trip interruption' claim settlement which Astrenska has since paid to them then they'd need to complain to Astrenska about this in the first instance before bringing a new complaint to the attention of our Service under a new complaint reference number.

I don't wish to be unhelpful, but I simply cannot comment on or make directions about events or evidence where I do not have the power to do so.

Industry rules set out by the regulator say insurers must handle claims promptly and fairly and shouldn't unreasonably reject a claim. I've taken these rules into account when reaching an independent and impartial final decision about the events which took place in this case up until July 2025.

It wouldn't be fair or reasonable to expect an insurer to pay a claim based only on the policyholder's version of events. Contemporaneous medical evidence and/or evidence from a third party such as an accommodation provider is generally required in support of a claim like this one. If the circumstances of a claim don't meet the requirements set out under the terms and conditions of a policy, then there's no obligation on an insurer to offer any payment as a gesture of goodwill.

Based on what I think was the very limited information available to Astrenska up until July 2025 and taking into account the terms and conditions of Mr and Mrs O's policy, I don't think Astrenska acted unfairly or unreasonably by only paying a £100 inpatient benefit payment at that time.

I don't think Astrenska acted with any excessive or unreasonable delay from the time Mr and Mrs O made their claim until the date of Astrenska's final response in July 2025. I've carefully considered the timeline of events, and I think it's clear the delays here were due to Mr and Mrs O's failure to provide reasonable evidence which Astrenska was asking for in support of their claim. I appreciate the provision of information by the treating hospital abroad was outside of Mr and Mrs O's control, but it wasn't within Astrenska's control either. It wouldn't be reasonable or practical to expect Astrenska to have followed up on the progress of the claim as Mrs O is suggesting. Astrenska's email of February 2024 was clear in explaining that it needed further information. The onus was on Mr and Mrs O to provide this further information if they wanted to proceed with their claim.

I'm sorry to hear about the experience Mr and Mrs O and their children had abroad. I have no doubt this will have been upsetting, disappointing and inconvenient. Falling ill on holiday is very unfortunate and will inevitably be distressing, but a travel insurer's obligations to a policyholder are limited to what's set out in the terms and conditions of their policy.

Having considered the events which took place up until July 2025, I don't think Astrenska acted unfairly or unreasonably in the circumstances, and I won't be directing it to do anything more.

My final decision

My final decision is that I don't uphold Mr and Mrs O's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr and Mrs O to accept or reject my decision before 4 March 2026.

Leah Nagle
Ombudsman