

## **The complaint**

Mrs T is unhappy with delays when Legal and General Assurance Society Limited were considering a claim she made on her life and critical illness insurance policy.

## **What happened**

Mrs T claimed on her life and critical illness policy following a cancer diagnosis. She's unhappy with delays during the claims handling process.

Legal and General looked into these concerns and accepted that Mrs T had been given some incorrect information about the status of her complaint. However, they explained the delays in assessing the claim were due to relevant medical information being requested and this was outside of their control. Unhappy, Mrs T complained to the Financial Ombudsman Service.

Our investigator looked into what happened. She upheld the complaint and recommended £100 compensation as she thought Legal and General could have managed Mrs T's expectations better.

Legal and General accepted the investigator's findings. Mrs T didn't agree and asked an ombudsman to review the complaint. In summary, she said the lack of communication caused her significant distress, uncertainty and hardship during a difficult time, particularly as she was receiving treatment. She said there was a failure of duty of care, she was caused significant emotional distress and this had an impact on her wellbeing and recovery. She felt that the compensation should reflect the impact and the context.

## **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'm sorry to see the circumstances which led to Mrs T claiming on the policy. I can appreciate that it must have been a very challenging period of her life, particularly as the claim was made when she was receiving treatment. I have a lot of empathy with the circumstances she's described.

Legal and General have a responsibility to handle claims promptly and fairly. I'm sorry to disappoint Mrs T but I think a total of £100 compensation is fair and reasonable in the circumstances.

I say that because:

- I'm satisfied the claim was reasonably progressed and that Legal and General were actively trying to obtain medical evidence which was relevant to the claim.
- I haven't identified any unreasonable delays in the handling of the claim. Unfortunately, there were some issues which were outside of their control as they

were reliant on medical providers. Overall, I'm satisfied Legal and General were sufficiently proactive about chasing up information, within their usual timescales.

- I appreciate that Mrs T did chase matters up herself to try and move things forward. That's understandable and I can empathise with how challenging this must have been when she was receiving cancer treatment. However, I'm satisfied that Legal and General were progressing the claim as I'd expect them to.
- Legal and General accepts that they could have managed Mrs T's expectations better. I agree as I think they could have more clearly explained that the process was likely to take some time and what it would involve. So, I think they could have communicated this more clearly to her.
- I think £100 compensation fairly reflects the impact of the distress and inconvenience caused here. I don't think Legal and General caused delays, but Mrs T did feel she needed to get involved to chase up information. This could have been avoided had the process been more clearly explained and communicated to Mrs T.

### **Putting things right**

Legal and General needs to put things right by paying Mrs T a total of £100 compensation for the distress and inconvenience caused.

### **My final decision**

I'm upholding this complaint and direct Legal and General Assurance Society Limited to put things right in the way I've outlined above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs T to accept or reject my decision before 2 January 2026.

Anna Wilshaw  
**Ombudsman**