

The complaint

Miss N has complained about delays by The Royal London Mutual Insurance Society Limited in assessing a life insurance claim.

What happened

The background to this complaint is well known to the parties so it serves no purpose for me to repeat the details in full here. In summary Miss N held a joint life policy with Mr W. Very sadly Mr W died in July 2022. Miss N made a claim, and her complaint concerns delays in the assessment of the claim.

Royal London accepted there had been some delays and offered compensation in the sum of £400. Miss N remained unhappy and referred the matter here.

The investigator didn't find that Royal London needed to take any further action. They found that it was fair for Royal London to request the information it did.

Miss N appealed.

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'd like to reassure Miss N that whilst I've summarised the background to this complaint, I've carefully considered all the submissions that she has made. In this decision though I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered, amongst other things, the contract terms, regulatory rules and the available evidence to decide whether I think Royal London treated Miss N fairly. Having done so, and although I recognise that she will be disappointed by my decision, I don't uphold this complaint for the following reasons:

- Miss N has made the point that the matter has been ongoing for over three years. However I don't find it unreasonable for Royal London to require sight of the death certificate establishing the cause of death. This is standard procedure. Unfortunately, this wasn't received until September 2024. Royal London requested further information from the coroner – this wasn't received until October 2024. I can see that some medical information could have been requested sooner, and Royal London has accepted that there was insufficient follow-up. But on receipt of the final death certificate Royal London was able to target its assessment of the claim, but it required further medical information to do so. I do appreciate Miss N had made the claim promptly and had been waiting for a resolution, but I don't find that the delay before this time was due solely to Royal London.

- Miss N accepts that the coroner's process did take time but feels that the delay attributed to Royal London has been understated. I don't agree. The delay has been explained, acknowledged and compensation offered together with an apology. I accept that Miss N has called Royal London on numerous occasions, been left on hold and sometimes the call abruptly ended, all this exacerbating her anxiety. I note too that she had advised she preferred correspondence to be by email. But I find that the compensation of £400 is fair in the circumstances for the service provided.
- What is important here is that the claim hasn't yet been determined, because Royal London is still requiring sight of medical records from the rehabilitation centre. It is not for this Service to direct insurers how to process claims but in the circumstances here I don't find that the requirement for the medical information in order to fully assess the claim is unreasonable.
- Miss N has appealed partly on the basis that she feels that The Consumer Insurance (Disclosure and Representations) Act 2012 (CIDRA) has been misapplied. But although Royal London is bound to take the Act into account when reaching a conclusion on Miss N's claim – it hasn't yet done so as it hasn't had access to the medical information it requires. Accordingly, it hasn't at this stage refused the claim. This being so I find Miss N's detailed 'legal summary' is premature.
- There is no doubt this has been a very distressing time for Miss N and I was sorry to read about the impact this has had on her. But for the reasons given I don't uphold her complaint. This is not to say that she wouldn't be able to bring a further complaint when a claims decision is made, should she not agree with the outcome.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss N to accept or reject my decision before 5 February 2026.

Lindsey Woloski
Ombudsman