

The complaint

Mr T has complained about the way Inter Partner Assistance SA (IPA) handled a claim he made on a travel insurance policy.

What happened

Mr T was on a trip abroad in March 2025 where there was an incident that resulted in him losing some property. He therefore made a claim on the policy for lost jewellery, a smartphone and cash.

The claim didn't run smoothly. However, the valuables and gadget part of the claim have now been settled. The claim for the cash remains outstanding.

In response to the complaint, IPA accepted that there had been some poor service and so it paid £50 compensation.

Our investigator didn't think that IPA had acted fairly. He recommended that IPA should settle the outstanding claim for the cash, without the need for Mr T to provide further evidence. He also recommended that it should pay a further £250 compensation (that being £300 in total) for the distress and inconvenience caused.

IPA accepted the investigator's recommendations. Mr T disagrees as he feels that a higher level of compensation is warranted. His latest request is for £5,000 compensation.

As Mr T disagrees with the investigator's opinion, the complaint has been passed to me for a decision.

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.

The ombudsman was established to be a quick and informal service. This doesn't mean we apply any less rigour or care in reaching our decisions. But it does mean that we might not respond to each and every point that has been raised. Mr T has made detailed submissions in support of his complaint. Although I will not be addressing them all, I would like to assure him that I have read and considered everything he has provided.

I've carefully considered the obligations placed on IPA by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for IPA to handle claims promptly and fairly, and to not unreasonably decline a claim.

I've also considered the Financial Conduct Authority's overarching Principles for Businesses. That includes Principle 12 of the Financial Conduct Authority's Principles for Businesses ('the Consumer Duty') which says a firm must act to deliver good outcomes for retail customers (such as acting in good faith and avoid causing foreseeable harm).

Mr T has asked for a review of IPA's complaint handling process. It's important to make clear that we're not the industry regulator. We have no power to regulate the financial businesses we cover, nor to direct them to change their processes or procedures. Our role is to investigate individual complaints made by consumers to decide whether, in the specific circumstances of that complaint, a financial business has done something wrong which it needs to put right.

There has been delay, mishandling and miscommunication throughout the claims process.

Mr T first submitted the claim in March 2025. IPA failed to identify that the claim for the smartphone needed to be made under the gadget cover part of the policy, which was dealt with by a different underwriter. The claim for the phone was settled in July 2025. The claim for jewellery was partly settled in August 2025, with two further payments made in October 2025. The claim for the cash remains outstanding, with IPA belatedly requesting evidence of this loss, contradicting what Mr T was told in response to his complaint.

Mr T was put in the position of having to chase IPA at every turn, to dispute the situation. IPA dealt with his concerns under three separate complaint references, upholding them all. However, it failed to act on the outcomes reached, leaving the claim unsettled.

None of this is in dispute. The question is, what level of compensation would be appropriate for the impact of those errors on Mr T.

When taking out the policy, Mr T disclosed some mental health conditions. He's been going through a difficult time recently, with his medication being increased and going off sick from work in July 2025, due to increased stress and anxiety. He moved to unpaid sick leave and has fallen behind with his rent, leading to possible eviction. He's said that IPA's poor handling of his claim has led to a worsening of his mental health conditions.

I need to consider whether his current circumstances flow directly from IPA's actions or from any other source. Whilst earlier payment of the claim might have helped slightly, I'm not persuaded that his financial difficulties result mainly from a delay in paying the claim. It seems clear that the loss of his income is the primary reason for that.

Looking at the occupational therapy report, it states that he's had an exacerbation of symptoms triggered by perceived work place stressors. Therefore, his reasons for being off work appear to stem from issues relating to his job.

I understand that Mr T is not solely blaming IPA for his current circumstances and acknowledge his point about it worsening them and contributing to his harm. I have no doubt that having to deal with the claim, and the complaint, in addition to everything else going on in his life, would have added to his stress and had an impact on his mental health.

I have a great deal of sympathy for Mr T's situation and can certainly understand why I feels that he deserves a higher level of compensation. However, as an alternative dispute resolution service, our awards are more modest than he might expect and likely less than a court might award. On balance, I'm satisfied that a total of £300 is reasonable and proportionate compensation for the impact of the errors that occurred.

Putting things right

IPA should put things right by:

- Paying £200 for the claim for the lost cash now, without any requirement for Mr T to provide any further evidence.

- Paying a further £250 compensation for distress and inconvenience.

My final decision

For the reasons I've explained, I uphold the complaint and require Inter Partner Assistance to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr T to accept or reject my decision before 19 March 2026.

Carole Clark
Ombudsman