

## **The complaint**

Mr O is unhappy with the assistance received from AWP P&C SA under his travel insurance policy ('the policy'), when he was abroad and needed urgent treatment.

All reference to AWP includes its medical assistance team.

## **What happened**

The details of this complaint are well known to both parties, so I won't repeat them again here. I'll focus on giving the reasons for my 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.

AWP has a regulatory obligation to handle insurance claims fairly and promptly.

Subject to the remaining terms and conditions of the policy, the policy does provide cover for emergency medical expenses.

In its final response dated June 2025, AWP accepts that it should've provided Mr O with better assistance. Mr O had emailed AWP a number of times advising he had appendicitis with risk of rupture and that the hospital wasn't willing to operate until they'd heard from AWP. Mr O says that he and the hospital attempted to call AWP without success.

AWP accepts that it didn't promptly reply communications and by the time it did respond, the hospital had agreed to take a part-payment from Mr O and surgery had been arranged.

AWP apologised, said internal feedback will be provided and offered £300 compensation to Mr O to reflect the impact on him. Since bringing his complaint to the Financial Ombudsman Service, AWP has offered to increase compensation to a total of £500.

Medical expenses have been covered so the crux of the issue for me to determine is whether AWP's offer to put things right fairly reflects the impact on Mr O.

I know Mr O feels very strongly about AWP's errors in this case. I agree – and AWP accepts - that AWP should've provided better assistance.

I'm satisfied that AWP's failure to respond to his requests for assistance would've been upsetting and worrying. He'd been medically advised that he needed surgery and that his appendix could rupture. Once AWP did respond, it was able to quickly confirm cover was in place. However, if it had responded more quickly to Mr O's requests for assistance, this would've been done earlier. On the balance of probabilities, I'm satisfied that the operation would've taken place earlier.

I've seen no medical evidence which persuades me that the delay in having surgery impacted Mr O's recovery from surgery, caused complications or that the worry has caused long lasting impact on Mr O's mental health.

However, I am satisfied that Mr O would've been in discomfort and worried about his appendix rupturing for longer than he needed to be.

I'm also satisfied that this delay, and AWP's failure to promptly respond, unnecessarily exacerbated an already distressing time for Mr O and put him to unnecessary inconvenience when he wasn't well and situationally vulnerable.

Further, Mr O says that he is now worried about travelling abroad and he ended his travels early. Although, I accept this would've been a worrying time for him, based on the available evidence, I'm not persuaded that the reason for him returning to the UK early was primarily due to the delays in AWP providing assistance.

I know Mr O will be disappointed as he'd like AWP to pay more compensation than it's offered. However, I'm satisfied that £500 compensation fairly reflects the impact on him.

### **My final decision**

I uphold this complaint and direct AWP P&C SA to pay Mr O £500 compensation for distress and inconvenience (less £300 originally offered, if this has been already paid).

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr O to accept or reject my decision before 13 January 2026.

David Curtis-Johnson  
**Ombudsman**