

The complaint

Mr K is unhappy with the information Mortgage Advice Bureau Limited provided to his insurer.

What happened

Mr K sourced three protection policies through MAB following the purchase of his home in 2020. Those policies were life, life and critical illness and income protection. Mr K was diagnosed with multiple sclerosis (MS) however, his claim was declined by the insurer in 2025 due to a careless non-disclosure. Mr K's complaint is borne from this event.

Mr K said MAB didn't ask him any questions about his family medical history in relation to MS as part of the health screening questionnaire. He also said the adviser made another mistake as he recorded Mr K drank alcohol on special occasions, which wasn't the case. Mr K would like MAB to accept it made a mistake and to pay compensation for the distress and inconvenience caused by this error.

MAB said there was limited information available from the time of sale in 2020. It said it was unable to locate any call recordings of the conversations it had with Mr K and that the adviser was no longer an employee. However, it was able to locate information related to the health screening questions asked and the answers recorded. MAB said Mr K didn't tell it, when prompted, about his family history with MS. It also said it shared this information with Mr K at the time and that he ought reasonably to have checked the documents to ensure the information provided was accurate.

Our investigator didn't uphold this complaint. She said although there was evidence to suggest the information provided to the insurer was incorrect, she couldn't definitively say whether the error was MAB's or Mr K's. But she said ultimately Mr K should have checked the information provided for accuracy.

Mr K, unhappy with this, asked that an ombudsman review his complaint. In summary, he said he never completed the application personally, it was completed by MAB. He also doesn't recall the adviser ever asking him questions about his family's previous medical history in relation to MS. He said the adviser's attitude towards completing the applications was cavalier and that he correctly disclosed all information requested of him. And so, it's now for me to make a final 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.

Having done so, I've also decided not to uphold it. My reasons for doing so are similar to those set out by our investigator. I sympathise with Mr K over his recent MS diagnosis and the difficulties he's encountered being unable to work. There's limited available evidence in this case and I'd have preferred to listen to call recordings to get a clearer picture of what questions were asked and the answers provided. However, I'm still able to reach a final

decision on this case based on the available evidence. I'll explain why.

This was an advised sale that took place in September 2020, and the policies were inceptioned in December that year. MAB said it asked Mr K a series of health-related questions in order to determine the most appropriate cover options. The relevant question asked was;

"Have any of your natural parents, brothers or sisters, before the age of 60, had any of the following? ... Multiple Sclerosis"

The answer captured in response to that question was *no*, when it should have been answered *yes*. I say that because Mr K's sister received an MS diagnosis the year before in 2019. Mr K doesn't dispute this, instead, he said the adviser didn't ask him the question. I've thought carefully about that, but without any call recordings, I'm unable to know exactly what was discussed.

But even if Mr K wasn't asked a clear question, he still had the opportunity to correct the information recorded by the advisor. As the available information was limited in this case, our investigator reached out to the insurer to get a better understanding of what information it was provided and whether it gave Mr K the opportunity to check and amend his answers.

The insurer provided evidence to show it contacted Mr K on 29 September 2020, as part of its *check your details* (CYD) procedure, showing the information it had been given and asked Mr K to check the answers were correct. Having carefully reviewed this, I'm satisfied Mr K was sent the *personal details document* which contained the health screening questions asked by the adviser and Mr K's responses.

Mr K was asked to check the information was accurate prior to inception of the policies in December 2020. I note in October 2020, Mr K contacted the insurer to make an amendment to one of the answers provided to a question about his alcohol consumption. I'm therefore persuaded Mr K was not only sent the relevant documents to check the accuracy of the information, but that he also amended an incorrect answer. So, on balance, I'm persuaded Mr K ought reasonably to have seen his answer to the family history of MS question had been incorrectly answered.

I know Mr K's response to that was he never made the amendments to the policy, but without any persuasive evidence to say otherwise, I'm less persuaded by that argument. The evidence I've seen shows Mr K was issued this information electronically and that he appeared to make amendments to some of it once received.

The system notes provided make a clear distinction between issuing information to Mr K and his adviser, and the evidence shows the *personal details* document was shared directly with Mr K to review through the portal as part of the CYD process. The evidence also shows he completed this task on 19 October 2020.

It's for these reasons I don't uphold this complaint.

My final decision

For the reasons set out above, I've decided not to uphold this complaint.

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

Scott Slade

Ombudsman