

The complaint

The estate of Mrs C is unhappy with the assistance Mrs C received from Chubb European Group SE under her travel insurance policy ('the policy') when she required emergency medical treatment abroad.

All reference to Chubb includes its medical assistance team and other agents.

What happened

Mrs C was abroad when she experienced chest pain. She was admitted to a state hospital in the country she'd been visiting with suspected pneumonia.

Chubb was contacted for assistance and opened a case file. It required a medical report from the treating hospital so that it could verify the claim and consider next steps, and whether it was medically appropriate to transfer Mrs C to a private medical facility.

Chubb says it made repeated attempts to obtain a medical report from the treating hospital without success. Very sadly, Mrs C died before a medical report was received.

The estate of Mrs C is very unhappy with the assistance received. They say Chubb did nothing to help over a period of two weeks.

The estate of Mrs C complained to Chubb. It accepted that there had been some delays when dealing with the claimed expenses and when investigating and responding to the complaint. It apologised, said internal feedback will be given and offered £200 compensation and a bunch of flowers to acknowledge these failings.

Unhappy, the estate of Mrs C brought a complaint to the Financial Ombudsman Service. Our investigator looked into what happened and didn't uphold the complaint.

The estate of Mrs C disagreed and raised points in reply. These didn't change our investigator's opinion, so this complaint has been passed to me to consider everything afresh to decide.

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.

In considering what's fair and reasonable in all the circumstances of the case, I've taken into account all relevant law and regulations, regulator's rules, guidance and standards, codes of practice and good industry practice at the relevant time. That includes Chubb's regulatory obligations (including its obligation to handle insurance claims promptly and fairly).

I've also considered all points made by the estate of Mrs C (along with all the other evidence). However, I won't respond to each of these. I hope the estate understands that no discourtesy is intended by this. Instead, I've focussed on what I think are the key issues here. The rules that govern the Financial Ombudsman Service allow me to do this as we are

an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every point to fulfil my statutory remit.

I send my sincere condolences to Mrs C's family and friends. I appreciate what happened abroad would've been very distressing. I have a lot of empathy for their situation.

It is also important to confirm that Mrs C's family friends and relatives aren't beneficiaries under the policy. So, they aren't eligible complainants for the purpose of this complaint, and I have no power to direct Chubb to pay any compensation to them personally for the impact Chubb's errors had on them.

The estate has identified how certain family members were impacted and Chubb has offered to pay £200 compensation and to send a bunch of flowers in its final response dated February 2025. I don't have any power to direct Chubb to do that in the circumstances here as the offer it made was in respect of matters that happened after Mrs C very sadly died. So, they didn't impact her. However, the estate is free to contact Chubb about its offer to put things right in its final response, if this hasn't yet been actioned.

I'm satisfied that the crux of the issue for me to decide is whether Chubb provided fair and reasonable assistance to Mrs C whilst abroad and in hospital. For the reasons set out below, I'm satisfied that it did. I know the estate of Mrs C will be very disappointed but hopefully, it will provide some assurance to know that their complaint has been impartially considered by someone independent of the parties.

- Chubb didn't suggest the treating hospital Mrs C was taken and admitted to. So, it wasn't responsible for that decision.
- Shortly after admission, I know an initial request was made by Mrs C's friend to transfer Mrs C to a private medical facility as she was concerned about the treatment she might receive. However, I'm satisfied that at that stage, Chubb hadn't received a medical report from the treating hospital. So, I don't think it was in position to be able to verify the claim (and check whether the reason for admission is related to pre-existing medical condition) or agree a suitable plan of action without this. I'm satisfied from Chubb's internal contact notes that it made it reasonably clear that it would require a medical report before it could consider cover and moving Mrs C to a different hospital.
- That isn't unusual when someone falls ill abroad and requires emergency medical assistance under their travel insurance. An insurer's medical assistance team will want a medical report from the treating hospital to understand the reason for admission and things like the likely diagnosis, prognosis and the patient's vital signs. Without this, it wouldn't be able to make informed medically appropriate decisions or decide whether, for example, it would be medically necessary and safe to transfer the patient to another medical facility.
- I'm satisfied Chubb took reasonable and proactive steps to try to obtain a medical report from the treating hospital. That included requesting Mrs C's son to arrange for a consent form to be completed, contacting the treating hospital directly and arranging for a local agent to attempt to get a medical report. As this was a state hospital, the treating hospital would only release this to a family member. Mrs C had been travelling with a friend and although Mrs C's son was also in the same country, I'm satisfied from the internal contact notes provided that Chubb made repeated attempts to contact him about the consent form without success.

- The estate of Mrs C says Mrs C's son had provided a completed consent form around 5 October 2024. Chubb's contact notes don't reflect this was received around the time the estate says it was returned. Unfortunately, he's unable to provide the email showing it was sent to Chubb as he no longer has access to that email account. On the balance of probabilities, I don't think the completed consent form was received by Chubb. If it had been, I don't think it would've continued to chase Mrs C's son until they received the completed and signed forms on 12 October 2024.
- I'm satisfied that Chubb promptly provided the completed forms to the treating hospital but it said it would only provide a medical report to a family member directly.
- I've thought about whether Chubb reasonably ought to have contacted Mrs C directly about the medical report. However, based on the reporting of her symptoms and the state of her health by her friends and family, I think it reasonably pursued other alternative options. Further, I'm satisfied that Chubb did make those in contact with it aware that a medical report was needed and why. So, I'm satisfied that if Mrs C was able and well enough to request the medical report, it's most likely that she would've done so at the time.
- At one stage, Mrs C had been discharged from the hospital (only to be readmitted). I'm satisfied that Mrs C's friend contacted Chubb at the time and was asked whether Mrs C had received a discharge report and she said she would check. However, as this wasn't then provided to Chubb, I think it's reasonable to assume that Mrs C hadn't been given a discharge report.
- I can understand how frustrating it would've been for Mrs C's family and friends to see Mrs C's health deteriorating and, from their perspective, feeling like Chubb wasn't doing anything meaningful to assist. However, I'm satisfied that Chubb was taking reasonable steps to try and obtain a medical report. And, until it was in receipt of this, it and its medical team couldn't reasonably assess the treatment Mrs C needed and agree a medically appropriate way forward.
- Upon being told that Mrs C was being treated badly in hospital by staff, that her health had drastically deteriorated and she required an intensive care unit (but there was no space), I'm satisfied that Chubb looked to transfer Mrs C to another medical facility. It still required a medical report and Mrs C's friend said that a more distant relative in the same country would be able to attend the hospital. Very sadly, Mrs C died whilst plans to obtain the medical report and to transfer her were being finalised.
- I've also seen no persuasive evidence that Chubb told the treating hospital that Mrs C didn't have travel insurance.

The estate of Mrs C has also raised issues regarding a data subject access request they made to Chubb. I can see that Chubb has provided the estate with some information. If the estate remains unhappy about the way the request was handled by Chubb or that the information provided is incomplete or not accessible, they're free to contact the Information Commissioner's Office.

I'm satisfied that I have sufficient information to determine this complaint. I've got no reason to doubt that the contact notes provided by Chubb aren't an accurate reflection of what was discussed. So, I'm not persuaded that that I should request recordings of any calls referred to in the contact notes.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask the estate of Mrs C to accept or reject my decision before 27 January 2026.

David Curtis-Johnson
Ombudsman