

The complaint

P, a limited company, complains Allianz Insurance Plc hasn't accepted claims against its Property Owners insurance policies.

P is represented, but for ease of reading I will refer to P throughout this decision. References to Allianz include the actions of its agents.

What happened

P held Property Owners insurance policies with Allianz for several years and for several properties. Between 2021 and 2022 claims were made following the discovery of cannabis farms at three of the properties. There were also separate claims at the same properties for theft, fire and escape of water.

Allianz considered the claims. It didn't accept them, but nor did it decline them. Dissatisfied with the progress of the claims P complained. Allianz issued a final response in October 2024 which said investigations were ongoing. Dissatisfied with this response, P asked our Service for an independent review.

In June 2025 Allianz issued a letter explaining it intended to avoid the policies and invited P to provide further evidence. P has done so and has been corresponding with Allianz since. The Investigator said as the policies hadn't been voided or the claims declined, he couldn't consider claim outcomes. But he'd consider whether Allianz had unfairly delayed matters.

The Investigator reviewed all the evidence and arguments presented to him, which were extensive, and concluded Allianz had treated P fairly. This was because, in brief, it was a complex matter, Allianz was entitled to investigate the claims, and some delays were outside of its control (such as delays caused by P and the Police).

P didn't dispute the Investigator's findings regarding claim delays. But it said the complaint had been approached too narrowly as the substantive concern is Allianz's failure to reach a definitive coverage determination and/or make payment on the claims. In essence, it asked the Investigator to consider whether Allianz should accept the claims.

The Investigator responded to say: *"The scope of this complaint is the alleged delays up to the point the final response was issued in October 2024. If [P] remains unhappy with what has happened since that date, it will need to raise a new complaint with Allianz about what has - or hasn't - happened since October 2024."*

As an agreement couldn't be reached the complaint has been passed to me 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.

Having done so, I agree with the outcome reached by the Investigator, and his reasons for it,

and have nothing material to add.

The complaint brought to our Service was about Allianz's lack of claim progress. Matters have moved on since then and progress is being made. If P is dissatisfied with Allianz's actions since the October 2024 final response letter, it will need to complain to Allianz.

I accept the claims have been going on for a long time, but there are clear reasons for that, and I don't find Allianz can fairly be held responsible for the time taken up to October 2024, which is the date I have considered up to.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask P to accept or reject my decision before 9 March 2026.

James Langford
Ombudsman