

The complaint

Mr E is unhappy with:

- the details given when collecting premiums by direct debit from his bank account in connection with private medical insurance, underwritten by Aviva Insurance Limited.
- the form of policy numbers.

Mr E is concerned that this invalidated the contracts of insurance.

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.

That includes all points made by Mr E (along with all the other evidence). However, I won't respond to each of these. I hope Mr E 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 can see that Mr E feels very strongly that Aviva has acted unfairly here. I know he'll be disappointed but for the reasons I've explained below, I don't uphold his complaint.

- Mr E had taken out two private medical insurance policies with Aviva, both of which have since been cancelled.
- Looking at the information provided, I'm satisfied that Mr E was reasonably made aware of the amount that was being collected from his bank account for the first policy and from whom ('Aviva'). Further, the reference is the policy number. It didn't contain the full company name or legal entity, as referenced on the Financial Conduct Authority's register. But I'm satisfied that the payee was reasonably clear, and I'm satisfied that the information which appears on Mr E's direct debit details is fair and reasonable.
- I've seen nothing which persuades me that the way the information presented when collecting premiums means that a contract of insurance wasn't formed between Mr E and Aviva – or that it was invalid. Indeed, the first policy only lapsed because Mr E stopped making payments to Aviva. So, despite Mr E's concerns about the full legal entity not being detailed, I'm satisfied that the first policy had been in place and that's supported by claims successfully being made on it.

- Mr E says that the direct debit to be collected for the second policy reflected that the money was being collected by 'Aviva Health' which he says he didn't authorise. The policy terms say: "When we refer to we our, or us, we mean Aviva Health UK Limited, which administers your policy on behalf of Aviva Insurance Limited, which underwrites and provides your contract of insurance. We are a wholly owned subsidiary of Aviva Insurance Limited and act as its agent for the purposes of: (i) receiving premium from our clients: and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund". So, I don't think it was unfair for 'Aviva Health' to be listed as the payee on the second direct debit. Again, it didn't contain the full company name or legal entity. But I'm satisfied that the payee was reasonably clear, and the description is fair and reasonable.
- The form of the second policy number is different to the first, in terms of the number of letters and numerical digits. However, I don't think that means the second policy wasn't valid. Although the second policy was subsequently cancelled, I understand this was due to Mr E cancelling the direct debit instruction. Aviva says each policy number acts as a unique identifier for a specific insurance contract. I'm satisfied that it's a matter for Aviva how it arranges its policy numbers.

Mr E has also said that this is a regulatory compliance issue, not a cosmetic naming issue. He is free to contact the Financial Conduct Authority about this. I have looked at the circumstances of this complaint and whether Aviva has acted fairly and reasonably.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr E to accept or reject my decision before 10 March 2026.

David Curtis-Johnson
Ombudsman