

The complaint

Mr S complained about a claim being declined by AWP P&C S.A on his motor warranty. Mr S is also unhappy with the service received.

Throughout the claim and complaint process, Mr S has had a representative helping him. In this decision, any reference to Mr S includes the actions and comments of his representative.

What happened

Mr S bought a car in October 2024. He purchased an extended warranty in late December 2024 which started in late January 2025. Unfortunately, Mr S's car had issues in January 2025 and further issues in February 2025. Mr S raised a claim, but it was declined due to the faults being pre-existing. Mr S raised a complaint. AWP upheld Mr S's complaint as they thought they should have provided a response to his complaint sooner. However, they didn't think they'd done anything wrong in relation to the claim. Still unhappy, Mr S brought the complaint to this service.

Our investigator upheld Mr S's complaint. She didn't think the claim had been unfairly declined but thought AWP could have explained the reason for the claim decline in more detail. Both Mr S and AWP appealed. Mr S didn't think the compensation offered by the investigator was enough. AWP thought the reasoning they'd provided was satisfactory.

Because I disagreed with our investigator's view, I issued a provisional decision in this case. This allowed both AWP and Mr S a chance to provide further information or evidence and/or to comment on my thinking before I made my final decision.

What I provisionally decided – and why

I previously issued a provisional decision on this complaint as my findings were different from that of our investigator. In my provisional decision, I said:

“I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Based on what I've seen so far, I don't intend to uphold Mr S's complaint.

When considering complaints such as this, I need to consider the relevant law, rules and industry guidelines. The relevant rules, set up by the Financial Conduct Authority, say that an insurer must deal with a claim promptly and fairly, and not unreasonably decline it. So, I've thought about whether AWP acted in line with these requirements when it declined Mr S's claim.

At the outset I acknowledge that I've summarised his complaint in far less detail than Mr S has, and in my own words. I'm not going to respond to every single point made. 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 it's an

informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I'm satisfied I don't need to comment on every individual point to be able to reach an outcome in line with my statutory remit.

Mr S provided an independent engineers report which confirmed the fault was likely occurring when he purchased the car. AWP have relied on the following exclusion to decline the claim:

"Any fault which is likely to have existed before the period of insurance."

From his response to our investigator's outcome, Mr S seems to accept that the claim being declined wasn't unreasonable. He's now more concerned with the service provided.

Mr S thought AWP should have investigated the claim more thoroughly and quicker. He's also unhappy with how long the complaint took to investigate.

The claim was declined in less than three weeks. In this time, AWP were required to get information from an approved dealer who repaired the car. I don't think this took an unreasonable amount of time. The car had only completed around 300 miles between the policy starting and the fault occurring. I don't think it was unreasonable for AWP to have declined the claim on this basis.

Our investigator upheld the complaint as they felt AWP should have explained the reasons for the claim being declined in more detail. I don't agree. I think the explanation for the decline was satisfactory. Whilst I accept AWP could have arranged a report, like Mr S did, I don't think this was needed in the circumstances. This is because the policy terms only require the fault to have "likely" existed prior to the policy starting. Mr S arranged his own report and this confirmed the claim had been declined fairly.

Whilst I accept it took AWP a long time to respond to Mr S's complaint, complaint handling isn't a regulated activity. So, this isn't something I can comment on in this decision.

Mr S wants AWP to extend the warranty or refund him his premiums as he hasn't had much usage. Whilst I empathise with the situation, AWP are providing cover and the fault isn't covered by the policy. This isn't something I'd expect AWP to do.

Whilst I'm sorry to hear about the issues Mr S has had with his car, for the above reasons, I don't think AWP has done anything wrong and I don't intend to uphold his complaint."

Therefore, I wasn't minded to direct AWP to do anything further as I didn't think they'd done anything wrong.

Responses to my provisional decision

AWP accepted my provisional decision.

Mr S confirmed he didn't agree with my provisional decision. He felt AWP should have done more, he had to chase too much and the complaint took too long to respond to.

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.

I've thought carefully about the responses to my provisional decision. Having done so, while

I appreciate it will come as a disappointment to Mr S, my conclusions remain the same. I'll explain why.

Mr S has asked why AWP needed to get information from his repairer when the claim was solely declined on the number of miles it had done. This was because the claim wasn't declined solely on the number of miles it had done since the policy had started. They still needed to assess the fault to decide whether it was likely pre-existing or not.

A lot of the information provided in response to my provisional decision has already been provided to this service and so has already been considered. Mr S's representative has pointed out the number of times he as a representative contacted AWP to discuss the claim. Whilst I appreciate this would have been an inconvenience for Mr S's representative, I can't award compensation for inconvenience to Mr S's representative.

Mr S has also said about the response to the complaint taking longer than eight weeks. As I set out in my provisional decision, complaint handling isn't a regulated activity. So, it's not something I'm able to consider. Under the Financial Conduct Authority's rules, Mr S could have brought the complaint to this service after eight weeks without the need for a response to his complaint from AWP.

Having considered Mr S's response to my provisional decision, my decision hasn't changed and remains the same for the same reasons.

I'm very sorry that my decision doesn't bring Mr S more welcome news at what I can see is a difficult time for him. But in all the circumstances I don't find that AWP has treated Mr S unfairly, unreasonably, or contrary to the policy terms and conditions in declining the claim.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint. I don't require AWP P&C S.A to do anything further.

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

Anthony Mullins
Ombudsman