

The complaint

Mr M is unhappy BISL Limited trading as Dial Direct wouldn't issue an updated statement of insurance for his motor insurance policy.

What happened

Mr M was involved in a near miss incident in February 2025. He notified his insurer of what happened but didn't make a claim. Mr M's insurer recorded the incident on the Claims and Underwriting Exchange (CUE). Mr M discovered it had been incorrectly recorded as a fault claim when BISL wrote to him about an increase in premium in June 2025. Mr M complained to both BISL and his insurer. BISL upheld his complaint and confirmed the additional premium would be refunded – and paid £100 in compensation for service failings. Mr M referred both complaints about the insurer and BISL to this Service. This Service looked into the complaint against the insurer and upheld it. As a result, the insurer agreed to update CUE as 'Closed – notification only', write to Mr M confirming this, and pay £100 compensation.

An Investigator asked Mr M if he still wanted this Service to consider the complaint about BISL. Mr M did as he thought BISL had a responsibility to send him new policy documents with the corrected information on them, but they didn't do so. The Investigator considered what happened. He did think BISL hadn't acted fairly when communicating with Mr M but had done enough to put things right. For Mr M's peace of mind, he asked if they could send Mr M an updated statement of insurance. BISL explained their systems wouldn't allow this but said they could issue a letter confirming the claim had been removed – and have since sent this letter to him. The Investigator thought this was reasonable, but Mr M didn't. He still wanted BISL to issue a new statement of insurance with the incident removed. The complaint couldn't be resolved so it has come 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.

As ours is an informal service, I'm not going to comment on every point or piece of evidence Mr M and BISL sent us. Instead, I've focused on what I consider to be key or central to the complaint. But I'd like to reassure both that I have considered everything submitted.

The crux of this complaint is that Mr M thinks BISL were wrong to record a claim as being made by him when neither he or the third-party made a claim – and since the insurer have updated CUE with the correct information, they should send him new policy documents to reflect that. It's important to note that BISL didn't record this claim on CUE, the insurer did. And BISL contacted Mr M about the increase in premium to reflect what was recorded. Considering what steps BISL took, I think they acted fairly, and in line with industry practices. BISL contacted Mr M and said they had identified the claim and explained what this would mean for Mr M's policy. When Mr M told BISL the claim was recorded incorrectly and the insurer had amended this, BISL confirmed it was removed from external databases and

wouldn't have an impact on his policy's premium – and made sure the additional amount he was charged was refunded.

I acknowledge Mr M spent time trying to resolve the issue and I agree it would have been frustrating. But the claim wasn't recorded by BISL and has been corrected by the insurer, so I can't reasonably conclude BISL did anything wrong here. And when they were made aware of the issue, I think they took appropriate steps to resolve it and confirmed Mr M wouldn't be financially impacted. I appreciate why Mr M wants his policy documents updated for his own records, but since the insurer has updated CUE and both the insurer and BISL issued letters to him confirming the incident has been recorded as notification only, I don't think there's any further action BISL needs to take to prevent future financial loss.

BISL did accept there were errors when setting up and administering the policy – and when corresponding with Mr M. The majority of Mr M's inconvenience wasn't caused by BISL, but I think he will have been caused additional unnecessary inconvenience by them not communicating with him about the notification before the policy renewed. They paid £100 compensation for their failings, which I'm satisfied is an appropriate amount to put things right in the circumstances. And I'm satisfied they acted reasonably in making sure the premium was correctly charged, so I won't be directing them to do anything further.

My final decision

For the reasons above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 19 March 2026.

Andrew Wakatsuki-Robinson
Ombudsman