

The complaint

Mr C is unhappy that when he made an enquiry with Accredited Insurance (Europe) Ltd (“AI”) it was recorded as a claim on an industry database, which he feels unduly impacted future home insurance premiums.

What happened

Mr C contacted AI to make an enquiry. He said:

“My position has always been that I did not intend to make a claim. I sought only to understand the likely cost of repairs following water damage and to ascertain whether it was sensible to pursue a claim or deal with the matter privately.

In practice, consumers frequently contact insurers to obtain information or guidance before deciding whether a claim should be pursued. Such enquiries are part of normal risk management by policyholders.

In this case no indemnity payment was requested and none was made. The interaction was exploratory rather than a substantive claim”.

AI explained that when Mr C submitted his enquiry it was done online. It said when the enquiry was submitted Mr C would’ve need to confirm that he understood that a claim would need to be logged, that this could impact future premiums and the information would be recorded on the Claims and Underwriting Exchange (CUE). AI explained this information is important to them when assessing the risk of providing cover to a future policyholder, so is essential to them setting the premium. AI said it had followed its normal process.

Mr C disagrees with AI’s approach. He wants CUE to be cleared of the information related to his enquiry and he doesn’t want it to have an impact on future premiums.

Our investigator decided not to uphold the complaint. He said before Mr C submitted his query, he was made aware what would happen with the information. He said AI were reasonable to record the information on CUE and acted in line with normal industry practice. Mr C disagreed, so the case has been referred to an ombudsman.

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 don’t uphold this complaint. I know this will be disappointing for Mr C, so I’ll outline my reasoning for reaching this decision.

The Claims and Underwriting Exchange (CUE) is a database of motor, commercial motor (including motor fleet), home, commercial property and personal injury incidents. Its purpose is to identify misrepresentation and prevent fraud. Exactly how claims and incidents are added will depend on the insurer. If an insurer’s signed up to CUE, it’ll make a record of any

incident it's made aware of and whether it leads to a claim or not. Insurers have a duty to make accurate records.

AI explained the process Mr C went through. Mr C's query was made online. AI also explained that Mr C would've need to confirm that he understood that a claim would need to be logged, that this could impact future premiums and the information would be recorded on the Claims and Underwriting Exchange (CUE).

I've checked evidence provided by AI. It shows the screens Mr C navigated when making his enquiry. I can see that the online customer journey shows this information been shared with Mr C. It asks for Mr C to tick a box saying he understood this information. The query or claim wouldn't be able to progress unless the box was ticked.

Therefore, as Mr C was made aware of the actions AI would take once the box was ticked and as the practice AI has followed is standard in the insurance industry, I don't uphold this complaint. Insurers are entitled to record information about customers if it provides the industry a better view of that customer when offering them cover or paying out a claim.

I appreciate Mr C has raised points around nature of notification, form versus substance, system design, proportionality and procedural balance. However, as AI has duty to record on CUE what it knows about its customers, then I can't say that it has done anything wrong. It has provided an accurate record of incidents or claims it has known about. This supports future insurers to properly assess the risk of providing cover for Mr C, and allows them to use this information when validating future claims.

I can't say whether this will impact Mr C's future premiums, some insurers may look at just claims, other insurers may take a more holistic approach. Pricing is at the discretion of insurers and they will do it based upon what risks they are willing to take as insurers, the limitations they set within their policies and their view on what premiums they need to set in order to make a profit.

My final decision

My final decision is that I don't uphold this complaint. I don't require Accredited Insurance (Europe) Ltd to do anymore.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 21 April 2026.

Pete Averill
Ombudsman