

The complaint

Mr M and Mr S complain Inter Partner Assistance SA (IPA) has declined the claim they made under their travel insurance policy.

As Mr M has been leading in this complaint, and for ease I've referred to him throughout.

What happened

The circumstances of this complaint will be well known to both parties and so I've summarised events.

Mr M held an annual multi-trip travel insurance policy which was provided by IPA. He submitted a claim for a cancelled trip he said he was too unwell to go on. IPA considered his claim but declined it. It said it required a medical certificate from a medical professional explaining why it was necessary for the trip to be cancelled.

Mr M raised a complaint. He said he had provided a fitness to work form completed by his GP and IPA had accepted this on previous claims.

On 17 November 2025 IPA issued Mr M with a final response to his complaint. It said it needed to establish whether Mr M's medical issue was a new medical issue and whether there was anything that should have been declared at policy inception. It would require a medical certificate to do this. It said if Mr M's doctor wasn't willing to complete the medical certificate it would consider the claim if Mr M could provide his medical history. Mr M referred his complaint to this Service.

Our Investigator looked into things but didn't uphold Mr M's complaint. Mr M didn't agree. He said as the business had previously accepted different evidence outside its terms and conditions, the claim should be settled. He also said IPA weren't being consistent.

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.

I want to acknowledge I've summarised Mr M's complaint in less detail than he's presented it. I've not commented on every point he has raised. Instead, I've focused on what I consider to be the key points I need to think about. I mean no discourtesy by this, but it simply reflects the informal nature of this Service. I assure Mr M and IPA I've read and considered everything that's been provided.

The relevant rules and industry guidelines explain IPA shouldn't unreasonably reject a claim.

The terms of Mr M's policy explain if he makes a claim for cancellation of a trip due to illness, he would need to supply IPA with a medical certificate from his treating medical practitioner. This is a common requirement of most, if not all travel insurance policies and so I don't think

it is unusual or unreasonable.

IPA has explained the medical certificate allows them to review whether the condition that caused the cancellation was pre-existing and whether anything else needed to be declared when the policy was taken out. Whilst Mr M has provided a fitness to work certificate from his GP, this doesn't include sufficient information to allow IPA to carry out these checks. So, I don't think it's unreasonable it didn't consider this evidence to be sufficient to allow it to accept Mr M's claim.

Mr M has said IPA previously accepted a fitness to work certificate on an earlier claim he had made. IPA has explained that was a claim related to covid, which would be unrelated to a previous medical condition which is why it accepted the earlier claim. I think IPA has provided a reasonable explanation of why it accepted the evidence on the earlier claim Mr M made, but not on this more recent claim. In any event, just because IPA made a decision to accept a previous claim without a medical certificate being complete, doesn't mean it is now unreasonable for it to apply the terms of its policy on this more recent claim.

Mr M has said his GP won't agree to complete the medical certificate which is unfortunate. However, I think IPA's alternative suggestion for Mr M to obtain his previous medical history so it can reconsider the claim was a reasonable one.

I know this will be disappointing for Mr M, but for the reasons I've explained I don't think IPA has acted unfairly when it declined his claim.

My final decision

For the reasons I've outlined above, I don't uphold Mr M and Mr S's complaint about Inter Partner Assistance SA.

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

Andrew Clarke
Ombudsman