

complaint

Mr D's complaint is that Ageas Insurance Limited rejected his claim for medical expenses under his travel insurance policy.

background

Mr D purchased single trip travel insurance in June 2011 underwritten by Ageas. During the medical screening call he declared several medical conditions. The policy schedule sent to Mr D confirmed that his insurance would cover him for those conditions.

Mr D became unwell while on holiday and was admitted to hospital. Having been notified about the claim Ageas' assistance company sought information about Mr D's medical history from his GP. The medical evidence was that, in addition to the conditions Mr D had declared, he had suffered from other conditions and was awaiting biopsy results for removed skin lesions. Ageas declined the claim. It acknowledged that the claim was related to a pre-existing condition that had been declared by Mr D and accepted by Ageas. However, Ageas said that had Mr D given full disclosure of his medical conditions it would have excluded all cover for any claims linked to a pre-existing condition.

Mr D responded in detail to Ageas. Primarily, he said that he had provided all the medical information requested when applying for the policy. His GP also wrote to Ageas asking it to clarify the reasons for its decline. Mr D did not receive a response from Ageas and so referred his complaint to this service.

The adjudicator concluded the complaint should be upheld. He did not consider that Mr D failed to disclose. He listened to the medical screening call recording between Mr D and Ageas' representative and considered that the representative had failed to ask relevant follow-up questions after Mr D disclosed he had some tests on moles on his skin. He also considered the questions the representative asked would not have prompted disclosure of the two other conditions to which Ageas referred. He recommended £250 be paid to Mr D for distress and inconvenience for Ageas' poor complaint handling.

Ageas did not agree. It provided the retrospective screening showing that if Mr D had disclosed skin cancer all his existing conditions would have been excluded from cover. It said as Mr D's non-disclosure prejudiced its position the claim had been correctly declined.

my findings

I have considered all the available evidence and arguments to decide what is fair and reasonable in the circumstances of this complaint.

The issue I have to decide is whether Ageas was reasonably entitled to reject Mr D's claim for medical expenses.

In its letter to Mr D declining the claim Ageas detailed three conditions that it said Mr D should have disclosed. Two of those conditions are listed on the GP's medical certificate as being diagnosed over 20 years ago with no recent issues. Given that evidence I do not consider it at all reasonable for Ageas to have expected Mr D to disclose those two conditions.

During correspondence with this service Ageas refined its reason for rejection as being

Mr D's non-disclosure of skin cancer. I accept that the medical certificate refers to that condition but the GP gives the date of diagnosis as being over a five month period in 2011 (during which time Mr D took out the policy). The certificate, which is dated at the time of the claim, also details that Mr D has had several lesions removed and was awaiting the result of recent biopsies. Mr D's account is that he was advised the removals were precautionary. Ageas has not provided any evidence as to when Mr D was advised he had skin cancer to show that he had knowledge of the condition which he should have disclosed when taking out the policy.

Having reviewed the transcript of the medical screening call I am satisfied Mr D did disclose that he had undergone tests on the moles on his skin. I accept that he does not provide much detail. However, I consider that the information he gave about the tests should have reasonably prompted Ageas' representative to ask more questions to obtain more details about those tests and any results, so that it could properly assess if it was prepared to accept the risk. Mr D was not asked for any detailed information about those tests and so I am satisfied that Ageas cannot reasonably rely on Mr D's alleged non-disclosure to decline the claim.

Overall, I do not find that Ageas was reasonably entitled to reject Mr D's claim. I understand that as Ageas rejected the claim at assistance stage, based on the medical evidence it obtained, Mr D has never submitted a claim. Mr D will therefore need to provide Ageas with full details of his claim so that it can be assessed.

The adjudicator recommended that Ageas pay Mr D £250 for its poor complaint handling. By not responding, or it appears even acknowledging, Mr D's letter of appeal to its letter of rejection Ageas left Mr D with little option but to refer his complaint to this service. I agree with the recommended sum.

my final decision

My final decision is that I uphold the complaint.

I require Ageas Insurance Limited to reassess Mr D's claim subject to the remaining terms of the policy.

I require Ageas Insurance Limited to pay Mr D £250 for the distress and inconvenience associated with its handling of his complaint.

I make no further award against Ageas Insurance Limited.

Nicola Sisk
ombudsman