

complaint

Mr F and Mrs F complain that AXA Insurance UK Plc provided poor service when they made a claim on their travel insurance policy and didn't give them enough compensation for it.

background

Mr F had a heart attack in May 2017 whilst abroad. He was admitted to a public hospital, where he was told he needed a procedure that wasn't available there. The hospital said it would transfer him to a public hospital on a nearby island. But Mr F had to wait for a bed there. The hospital couldn't say how long that would take. Mr F was transferred a week later. He had the procedure the next day. Meanwhile, he'd had a difficult time in the room he shared in the first hospital. Mrs F moved to a hotel near to the hospital, but she ran up a lot of expenses that could've been avoided had Mr F's treatment been done sooner.

AXA accepted that the contact from some of its advisors wasn't of the right standard. It said the policy didn't provide for private treatment, but it thought its agents should have pushed the first hospital harder for an earlier transfer. It offered Mrs F and Mr F £400 for trouble and upset. Mrs F said she had many out of pocket expenses and had been left well out of pocket. In her view, AXA allowed Mr F to remain in the first hospital as it was the cheapest option. She gave examples of AXA's other poor service. AXA's decision remained the same.

Our investigator noted that AXA had settled a claim Mr F and Mrs F made for out of pocket expenses. AXA said they hadn't complained to it about that settlement. So if they weren't happy with it, they'd have to complain to AXA in the first instance. The investigator thought AXA had provided a reasonable sum to compensate for its poor service. Mrs F said they hadn't banked the £400 as it wasn't enough. And AXA hadn't spoken to them first about it.

As there was no agreement, the complaint was passed to me for review.

my findings

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

We asked AXA recently why its medical team hadn't considered private treatment for Mr F when it became clear he wasn't being transferred quickly for the treatment he needed. The policy allows for private treatment at the discretion of the medical team – based on medical need. AXA said hospital staff were unhelpful when it asked for Mr F's medical details. But it also accepted that its medical team should've done more. It had already agreed that its overall service was poor in its response to Mrs F and Mr F's complaint. It said its team's poor service and failure to be pro-active in general were the reason it issued the compensation.

I think it's clear from the calls AXA provided that hospital staff and systems slowed the process down. That doesn't mean AXA couldn't have done more. I think it should've been more pro-active. But its efforts to obtain information seem to have been met with a lack of co-operation from the hospital. That made the entire situation worse. In particular, it seems there was difficulty in getting medical updates and a written medical report. All insurers require these in order to make decisions on what action is necessary on their part.

Hospital staff told Mrs F that Mr F wasn't transferred earlier because UK insurance isn't as good as that of other nationalities. I can see why AXA queried such a statement being made

by staff at a public hospital. Mr F's treatment was covered by European health insurance arrangements. The comment was bound to upset Mr F and Mrs F when they were already distressed. And it seems the hospital told AXA something different. It regarded Mr F's condition as stable. Had that not been the case, I think it's very likely he'd have been moved for treatment much earlier.

Mrs F complained about the rudeness of one advisor, his refusal to allow her access to a manager, and the lack of knowledge of other advisors. She says she and Mr F were led to believe Mr F would get private treatment, when that wasn't the case.

I think the calls show that some of the important details provided to AXA by Mrs F weren't recorded. Or in some cases, they were on the system, but weren't noted by the advisors she later spoke to. I can only imagine how frustrating that must have been for Mrs F. It's also the case that she wasn't asked for details of outward-bound flights until very late in the day. That was after speaking to several advisors who told her the situation was in hand. And there's evidence that Mrs F and Mr F had their expectations raised when at least one advisor mentioned private treatment. Mr F didn't get that, although it does look as though it was being considered when the hospital finally transferred him.

I think the call Mrs F had with advisor 'M' was a particularly difficult one for her. He was the person who asked her for the extra flight details. Mrs F expressed to him her frustration with the lack of help from AXA so far. She said Mr F was so stressed by the lack of progress that he might have another heart attack. I can see why Mrs F was so upset with the response from advisor M, who dismissed what she'd said. He then tried to explain that he meant Mr F was unlikely to have a heart attack as he was in good hands in the hospital. But in my view, he came across as very insensitive, when Mrs F was already at a low point.

It seems there were also problems with the plans AXA made for taxis and for hotel bookings. AXA may not have been entirely at fault, as others were involved in those plans. Regardless of that, every failed arrangement must have been infuriating for Mrs F and Mr F, on top of everything else they'd faced. And it's clear the plans for their travel home could've been handled much better. Some of the proposals from AXA were totally unsuitable.

There's no doubt that Mrs F in particular had no choice but to run up expenses, especially during the time Mr F was in hospital awaiting a transfer. Had the process of getting his treatment done been quicker, that wouldn't have happened. AXA's agreed it should have done more, so I think it's responsible for any reasonable out of pocket expenses.

AXA had already agreed a sum for expenses with Mrs F. It seems she accepted it because she thought there was no option. The investigator told Mrs F that if she was unhappy with the agreement, she should complain to AXA in the first instance. Mrs F can ask us to consider the issue if she's not satisfied with AXA's response. I think it's important to note that the £400 compensation AXA offered isn't connected to the claim for expenses. It's not entirely clear whether Mr F and Mrs F think the sum's too low because they're still out of pocket, but it does look as though that's the case.

I can see how difficult it must have been for Mrs F and Mr F to deal with the situation abroad, even without AXA's poor service. Coping with a serious medical situation is very stressful in itself. I think where consumers are far from home, and there are language difficulties, as in this case, it's even harder to deal with. And I don't think the conditions in the hospital room helped. Due to a shortage of beds elsewhere, Mr F got little sleep or comfort, which only added to Mrs F's distress.

I don't think AXA was to blame for any of the above, but I agree it should've provided better service to Mr F and Mrs F where it was open to it to do so. Taking everything into account, I don't think the £400 compensation payment - *for trouble and upset alone* – is unreasonable. So although I have great sympathy with Mr F and Mrs F's situation, I can't uphold their complaint. I think AXA made a reasonable effort to put things right. It's open to them to make a formal complaint to AXA about the expenses that haven't yet been dealt with.

my final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs F and Mr F to accept or reject my decision before 29 January 2018.

Susan Ewins
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