

complaint

Mr R has complained that ACE European Group Limited have not paid a claim he made under his Injury Cash Plus Plan.

background

Mr R lost consciousness whilst abroad in 2011 and as a result he fell and suffered head injuries. His claim for hospital benefit under the policy was met but he also claimed for permanent total disablement. ACE assessed the claim and commissioned an independent medical report. Having done so it concluded that the injury Mr R had in 2011 did not cause the symptoms from which he was suffering. Mr R submitted further medical evidence which ACE considered, but it remained of the view that benefit was not payable.

Our adjudicator did not recommend that the complaint was upheld. Mr R, through his representative, appealed.

my findings

I've only included a brief summary but I have considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Mr R's policy will pay benefit if the insured person has an accident and suffers bodily injury which results in a permanent disability. The issues for me to determine are whether Mr R had an accident, and if so if his disability results from that accident.

I don't intend to repeat the contents of the medical reports here as they have been seen by both Mr R, his representative and by ACE. But having considered the medical evidence I don't uphold Mr R's complaint. I will explain why.

Firstly I note on his claim form in 2011 Mr R said that he felt faint, fell and lost consciousness. Although he subsequently said that he tripped (and had witnesses to that), like the adjudicator, I think it more likely that his first account is correct. But even if I was to accept that there was an accident as defined by the policy, the evidence does not show that Mr R's disabilities were caused by that fall.

There is no doubt that Mr R does suffer from on-going symptoms, including right sided weakness in his arm and leg and some loss of vision in his right eye. But the consultant neurologist who carried out a medical examination in January 2013 was not able to say that his condition was related to the minor head injury he suffered when he fell in 2011.

Mr R subsequently submitted evidence from a doctor which said that as there was some swelling observed on a CT scan following his fall, there may have been some relationship between his residual ability and the fall. I have not ignored this evidence. However a further consultant neurologist reported in June 2015. His conclusion too was that there was no real evidence that Mr R's symptoms or functional limitations were related to his fall.

Although Mr R's representative believes that the most reliable evidence is that of the doctor who felt that there was a link between the fall and Mr R's condition, I am not persuaded this is so. I say this because the weight of the medical evidence does not suggest that the fall caused Mr R's condition. Further, the two reports I have mentioned above were written by

consultant neurologists, and I think that they are best placed to comment on Mr R's symptoms as this is their area of specialty.

my final decision

For the reasons given above, I do not uphold Mr R's complaint. I make no award against ACE European Group Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr R to accept or reject my decision before 11 April 2016.

Lindsey Woloski
ombudsman