

The complaint

Miss H and Mr N have complained about the way Union Reiseversicherung AG ('URV') has dealt with their claim.

What happened

Miss H and Mr N bought a single trip travel insurance policy, underwritten by URV. Whilst on holiday, Mr N had an accident. He was hit by a car and taken to hospital by ambulance – he suffered a brain injury and a broken pelvis.

Miss H contacted URV for medical assistance. But Miss H and Mr N were unhappy with the way URV dealt with their claim and complained about the following, in summary:

- Delays in confirming cover
- Poor levels of service during phone calls
- Unnecessary discharge from hospital
- Lack of action and failure to make medical decisions
- Incorrect information about commercial flights and air ambulances

Mr N says URV caused significant stress and upset for him and his family while he was in a serious condition in a foreign hospital with very poor hygiene and inadequate facilities. He complained to URV and it offered £500 compensation for its failures. It later increased its offer to £2,000 during our investigation, which Mr N rejected.

Our investigator looked into the complaint but didn't think URV's compensation was adequate. URV had already paid £500 and she recommended a further £4,000 for the extreme distress and inconvenience caused by URV's actions.

URV didn't agree and so the case has been passed to me for a decision

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 think this complaint should be upheld and largely for the same reasons as explained by our investigator.

The relevant industry rules say an insurer must handle claims promptly and fairly and shouldn't unreasonably reject a claim. And it should provide reasonable guidance to help make a claim with appropriate information on progress.

The policy terms and conditions say:

"Your policy is intended to cover immediate treatment in an emergency situation. We reserve the right to repatriate you immediately for treatment in your home country when this is deemed to be preferable regardless of your original travel plans. All

medical decisions are at the discretion of our medical director. It is essential for you to contact the Emergency Assistance Facilities service prior to being admitted anywhere. In this instance we may arrange for a local transfer to a hospital better equipped for your immediate needs."

key events

Our investigator has already provided a detailed timeline in her opinion, and so I won't repeat everything here again. Instead, I'll outline the key events relevant to my decision.

6 July 2019 – Mr N had the accident. Miss H told URV she was concerned the hospital didn't have adequate facilities to treat Mr N.

8 July 2019 – URV's agent said the doctor recommended Mr N should be moved to a suitable hospital with a neurosurgeon. URV said it would get in touch with Miss H when it had an update.

10 July 2019 – URV called Miss H to say a doctor had reviewed the latest medical report and Mr N wouldn't be moved any time soon. Miss H said Mr N was stable and the treating doctor had said he was fit to fly. Miss H became upset as Mr N wasn't getting the best healthcare. The hospital didn't have a neurosurgeon and she asked how Mr N was going to get better without treatment. URV said the hospital would have to move Mr N under its own liability.

11 July 2019 – Miss H called URV and explained Mr N had a bleed on his brain, but he was fit to fly on a medical plane. She said she was very distressed as URV hadn't confirmed cover yet. She was attending to Mr N as there were no nurses to change his bedding or feed him. And URV had asked for a police report but she couldn't leave Mr N to get this. URV asked Miss H what her residency status was when she bought the policy and whether the trip started and ended in the UK. It also said Mr N needed to be moved to a neuro-centre but that the hospital should cover this. Miss H said the hospital had explained the insurer needed to move him and so she needed URV's help. She told URV she'd had to ask a relative to fly out and take her four-year-old son back to the UK.

URV called Miss H again and said it needed a police report to verify cover. She said she had already requested this, but the police had told her this wouldn't be available until 15 July. She asked whether this meant Mr N couldn't be moved until then. She became upset and asked for a manager to call her back. URV agreed to provide cover on the condition that the police report didn't point to Mr N's fault. It also said it would contact the hospital to make arrangements.

12 July 2019 – URV called Miss H and said it had arranged to transfer Mr N to a different public hospital. Later that same day, the hospital said it couldn't accept Mr N there and the only option was to take him to a private hospital. URV said it didn't cover private treatment and the hospital should arrange the transfer. Miss H was disappointed and angry that the transfer didn't happen as promised.

13 July 2019 – Miss H provided the police report to URV.

18 July 2019 – the agent told URV Mr N was stable and in a good condition, the scan showed an improvement and a neurosurgeon from another public hospital recommended he was fit to fly. Miss H called and asked for her accommodation to be extended which URV agreed to. She asked when URV would fly Mr N home and was told that the medical team thought it was too early.

19 July 2019 – the agent said Mr N was fit to fly but on a stretcher. Miss H called URV and asked how it could say Mr N wasn't fit to fly when it hadn't seen the scans. She said she would speak to the media.

20 July 2019 – one of URV's doctors called Miss H and explained the medical team didn't recommend flying for about three weeks post initial injury. Miss H said URV was delaying the repatriation to avoid spending money. The doctor made comments about there not being enough Air Ambulances (AAs) in the world and that there may not be one available for Mr N, although this hadn't yet been checked. Miss H became upset and said she hadn't seen her son for a week and had been messed about by URV.

Another doctor spoke to Miss H later in the day and outlined the risks and dangers of AAs, including the risk of death. But he said an AA was the only option for Mr N and that URV would plan the repatriation the following week.

27 July 2019 – Mr N was repatriated to the UK.

Having considered all of the above, I agree that Miss H and Mr N suffered significant stress and inconvenience as a result of URV's actions for the following reasons:

- URV didn't initially explain why it thought Mr N wasn't fit to fly when the treating doctors had said that he was.
- URV kept telling Miss H that the hospital was responsible for moving Mr N. And didn't provide her with any guidance or reassurance that it would ensure Mr N was taken care of in an appropriate medical facility.
- URV delayed in asking for information to verify cover such as residency and trip questions.
- Miss H was attending to Mr N as no nurses were available. URV should have recognised this and arranged for a nurse to attend and assist. In addition, Miss H had to arrange for her son to be taken back to the UK. Again, URV failed to offer assistance with this.
- URV said it had arranged for Mr N to be moved to a hospital with the facilities required. But this transfer didn't take place as the hospital refused to accept Mr N. At this point, URV didn't offer any helpful assistance and again referred to the hospital's responsibility to move Mr N.
- When the hospital refused to accept Mr N, URV said private hospitals weren't covered unless there were no adequate public facilities. In this case, Mr N was refused by the public facility and so I think URV could have done more to explore the possibility of transferring Mr N to a private hospital or repatriating him as soon as possible. He was re-admitted to the original hospital but wasn't receiving treatment. And so I don't think URV did enough to support and reassure Miss H or arrange for Mr N to receive treatment.
- URV didn't tell Miss H that it wouldn't repatriate Mr N until she called on 18 July 2019.
- Miss H called URV a number of times to express her frustration and didn't understand how URV had made a decision without seeing Mr N's scans. URV failed to explain its decisions until Miss H called. And didn't manage her expectations or proactively update her.
- The doctors who spoke to Miss H told her an AA may not be available without checking, which added to her frustration. She was also told about the risk of death when travelling in an AA although this was the only option available for Mr N. So this would have been distressing to hear.

Overall, taking into consideration all of the above actions, I think URV unnecessarily caused additional stress, upset and frustration to Miss H and Mr N at a time when they were already distressed and would have felt helpless. In addition, Miss H has told us that she suffers from depression which URV were aware of. And so not being supported at such a distressing time meant Miss H became even more stressed when she called URV for assistance and guidance.

URV accepts there were some failures but made the following points in response to the investigator's opinion:

- There was no justification in moving Mr N unless neurosurgery was likely to become necessary - and this wasn't necessary.
- If Mr N had been repatriated earlier, there was a higher risk of complications.

I've carefully considered URV's response. But these explanations weren't given to Miss H when she called and instead, she was told Mr N would be transferred. URV had arranged a transfer and had told Miss H that Mr N needed to be moved to a neuro-centre. But the transfer didn't go ahead. This meant Miss H was under the impression that Mr N did need neurosurgery and that the hospital he was in wasn't adequate. And the failed transfer would have added to her distress.

In addition, the risks around repatriation weren't properly and fully explained in an empathetic way. And URV is expected to provide reasonable guidance and assistance which I think it failed to do. I think URV should have made attempts to arrange repatriation at an earlier stage as the treating doctors said Mr N was fit to fly. But I don't think URV provided a sufficient explanation about why it thought Mr N wasn't fit to fly at an earlier stage, when discussing this with Miss H. And it didn't explore the possibility of a transfer to a private hospital when the public hospital refused to accept Mr N. All of this left Miss H and Mr N feeling helpless and unsupported.

And so I think it's fair and reasonable in all the circumstances for URV to pay Miss H and Mr N an additional £4,000 compensation to recognise the impact of URV's failures.

My final decision

For the reasons set out above, I uphold this complaint and direct Union Reiseversicherung AG to pay Miss H and Mr N £4,000 compensation, in addition to the £500 already paid.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss H and Mr N to accept or reject my decision before 19 May 2021.

Shamaila Hussain
Ombudsman