

## **The complaint**

Mr S and Ms Z complain Zurich Insurance PLC provided a poor level of service when Ms Z became unwell on holiday.

Ms Z brings the complaint on behalf of herself and Mr S, so for ease I will refer to all submissions as having been made by her.

## **What happened**

Mr S and Ms Z took out an annual travel insurance policy on 9 March 2023. The policy is underwritten by Zurich.

On 20 March 2023, Mr S and Ms Z travelled abroad on holiday. While they were away, Ms Z's feet and ankles became swollen and she had pain and difficulty walking. Ms Z said she attended a local medical facility and was prescribed medication. She contacted Zurich for assistance on 11 March 2023. And said at that time, she'd been suffering with symptoms of swollen feet and ankles for around a week.

Zurich said it would need to check Ms Z's medical history with her GP to confirm cover and would provide her with details of local medical facilities. It got back to Ms Z the next day on 12 April 2023, with details of two hospitals in the area where she was staying. And it explained it would need her to send a copy of the medical report relating to her treatment. Zurich also contacted Ms Z's GP for a copy of her medical records.

Ms Z flew on to the next destination on her trip on 18 April 2023. And she contacted Zurich again on 21 April 2023. She advised she had been treated for odema and was provided with medication, but she was in pain and had difficulty walking, so wanted to seek medical attention again. Zurich provided details of medical facilities in that area on 24 April 2023 and apologised for the delay in sourcing the information. It asked Ms Z to advise if she had already sought treatment, or to let it know the outcome after attending one of the medical facilities.

Ms Z attended a clinic on 26 April. The medical report from this visit states Ms Z was diagnosed with suspected deep vein thrombosis and cellulitis. And she was referred for tests. Ms Z contacted Zurich on 29 April 2023 and provided an update. She said she would pay the medical costs and claim them back. She also said she was due to fly home on 2 May 2023 but was concerned she might not be fit to fly.

Zurich asked Ms Z to send copies of the invoices for her treatment. And it asked for her flight itinerary details.

On 30 April 2023, Zurich responded to another email from Ms Z and asked if she would need wheelchair assistance at the airport. However it said it hadn't received copies of her medical records, and said it would need these if any further assistance was needed with her travel.

Ms Z emailed Zurich on 2 May 2023 and said it had failed to contact her and had previously said it couldn't help her. She said she felt Zurich had been unsupportive.

Zurich made further attempts to obtain Ms Z's medical records from her GP, but this was unsuccessful and it contacted her to let her know this on 4 May 2023.

Ms Z returned to the UK on 5 May 2023 and submitted a claim for her expenses.

On 22 May 2023 Ms Z chased her claim with Zurich. Zurich said it still needed Ms Z's medical report from her GP in order to validate the claim, and it had not been received. And it later asked her if she could request the records directly from the GP surgery.

Ms Z complained to Zurich about the level of service she had received. In response, Zurich said it had provided details of hospitals where Ms Z could receive treatment while she was abroad. And had requested copies of a medical report so it could understand her condition and advise on what to do. It also said it had still not received Ms Z's medical records from her GP, so had been unable to progress the claim. Zurich also asked Ms Z to contact her GP directly. And said it would review the claim urgently once it received this information.

Unhappy with the response, Ms Z brought her complaint to this service. She said Zurich didn't offer any support when she was unwell on holiday. And as a resolution she would like Zurich to pay the total cost of her holiday, refund her policy premiums and pay her compensation.

In the meantime, on 25 July 2023, Zurich confirmed to Ms Z that it had settled her claim for medical costs.

An investigator here looked into what had happened and said they didn't think Zurich had acted unfairly or caused avoidable delays.

Zurich accepted the investigator's view. However Ms Z disagreed. In summary she said she didn't receive the service she paid for in terms of her insurance. She said there was a delay in Zurich paying her medical expenses, and there were delays in its communication while she was abroad, meaning she had to deal with her medical situation herself. She said her holiday was ruined and she wanted Zurich to cover the whole cost.

Ms Z asked for a decision from an ombudsman, so the case 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.

And I've looked at the relevant rules and industry guidelines, which say Zurich has a responsibility to handle claims promptly and fairly and shouldn't reject a claim unreasonably.

Having done so, I don't think Zurich has done anything significantly wrong. And I'll explain why.

- Firstly I should say that I have concentrated on the issues that I think are material in determining a fair and reasonable outcome to this complaint. No discourtesy is intended by this; it simply reflects the informal nature of the ombudsman service and my role in it.

I've considered the events that occurred up to the point that Zurich issued its final response letter to Ms Z's complaint. And I haven't commented on any of the communications between Ms Z and her broker, as in this case I'm reviewing the actions taken by the insurer.

- I appreciate Ms Z was unwell while she was away and didn't enjoy her holiday. I can understand how upsetting it can be to fall ill while abroad. I note Ms Z would like Zurich to pay the total cost of her holiday, however, loss of enjoyment isn't something the policy covers. So I've gone on to consider the policy cover, and whether Zurich's actions were reasonable.
- The policy provides emergency medical assistance. And I'm satisfied when Ms Z first got in touch with Zurich when she was at her first destination, it provided her with details of local facilities where she could seek medical attention for her symptoms. And this is what I would expect an insurer to do in these circumstances.
- I'm aware Ms Z feels Zurich refused to help her, but I've not seen evidence of this. Zurich advised it would need to confirm cover by reviewing Ms Z's medical records. I don't think this means Zurich refused to help Ms Z. The policy doesn't provide cover for pre-existing medical conditions which haven't been disclosed. So I think it's reasonable Zurich wanted to check Ms Z's medical history in order to confirm her claim would be covered. Whilst I appreciate this caused inconvenience for Ms Z, I don't think it was an unreasonable action by the business. And it didn't delay Ms Z in receiving medical attention.
- Zurich asked Ms Z to send it a medical report after she had seen a doctor. The purpose of requesting the medical report is for the insurer to understand the policyholder's condition, and to assess what support might be needed and what should happen next – such as whether they may need to curtail their holiday and return home. This is common practice for an insurer handling this type of claim, and I don't think it was an unreasonable request.
- Ms Z has complained of delays in Zurich's communication. There was a delay in providing Ms Z with the details of local hospitals in the second country she visited. She requested this on 21 April 2023 and I can see Zurich contacted a local agent on the same day, asking for hospital details. Zurich provided the details on 24 April 2023 – so two to three days later depending on the time differences. It apologised for the delay at the time, and I think that's sufficient in the circumstances.

I haven't seen evidence of any other unnecessary delays. On most occasions, Ms Z's emails were responded to by the following day. And in the particular circumstances of this case, I don't think that was unreasonable.

- When Zurich provided Ms Z with details of medical facilities, it asked her for a copy of a medical report and asked that she discuss her travel plans with the treating doctor, so they could advise her on what action she should take for the rest of the trip. I think this was appropriate advice from the insurer. Its role is to assist the policyholder in accessing necessary medical attention and to cover the costs involved. But it relies on medical information from treating doctors to understand the condition and support needs. And I'm satisfied this is reasonable.
- Ms Z has said she was unable to get a medical report when she visited a hospital at her first destination and I accept this. However, Ms Z didn't get back in touch with Zurich to let it know the outcome of her hospital visit, or of the difficulties she had

obtaining a medical report. She next got in touch around 10 days later on 21 April 2023. So I can't fairly say there is more the insurer should have done between this date and Ms Z's last contact on 12 April 2023, as it wasn't provided with any update on her condition, treatment or the support she needed.

- Ms Z complained that Zurich didn't pay her medical expenses as soon as she submitted the invoice and about the overall time taken to settle the claim. As I've explained, I've seen that Zurich was attempting to obtain Ms Z's medical records via her GP to review any pre-existing medical conditions in order to validate her claim. I appreciate Ms Z has referred to issues with the NHS relating to her GP, and she had asserted she'd had no pre-existing conditions which were related to her illness abroad. However, a policyholder has a duty to provide sufficient evidence to demonstrate that they have a valid claim under the insurance policy. And an insurer is entitled to request reasonable information to satisfy itself that a claim meets the criteria set out in the policy before confirming that a claim is covered. And I'm satisfied Zurich's requests for this information were reasonable.
- Having reviewed the evidence provided, I'm satisfied the delay in assessing the claim was ultimately caused by difficulties obtaining medical records from Ms Z's GP. Zurich originally contacted Ms Z's GP surgery on 12 April 2023. I can see this was followed up several times in May 2023. And Zurich asked Ms Z if she could contact her surgery herself in an attempt to speed things up. I'm satisfied this delay was beyond Zurich's control and I don't think there is anything more I can fairly say it should have done in the circumstances.

### **My final decision**

For the reasons I've given, it's my final decision that I do not uphold this complaint and I make no award against Zurich Insurance PLC.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S and Ms Z to accept or reject my decision before 29 March 2024.

Gemma Warner  
**Ombudsman**