DRN-4654544

The complaint

Mr and Mrs H have complained about the way Inter Partner Assistance SA ('IPA') handled their claim for medical assistance and expenses.

All reference to IPA includes any agents acting on its behalf.

What happened

Mr and Mrs H had a travel insurance policy, underwritten by IPA.

Whilst abroad, Mr H became unwell and had to attend hospital for emergency treatment.

Mr and Mrs H complained to IPA as it didn't provide them with any assistance whilst abroad.

IPA upheld the complaint, apologised and offered £400 compensation. Unhappy, Mr and Mrs H referred their complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't uphold it and found £400 compensation was reasonable.

Mr and Mrs H said IPA failed to provide any support at all. They were also unhappy with the way IPA dealt with the medical costs.

And so the case has been passed to me for a final 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 don't think this complaint should be upheld. I'll explain why.

I have carefully considered everything Mr and Mrs H have said in detail even if I don't explicitly refer to it in my decision. Instead, I will focus on what I consider to be key to my conclusions. This isn't meant as a discourtesy to Mr and Mrs H but rather reflects the informal nature of this service.

The background to this matter is well known to both parties so I won't repeat it in my decision. I will instead summarise what I consider to be the key facts.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.

- IPA has accepted that its level of service fell short of what is expected and it offered £400 compensation to Mr and Mrs H.

- As IPA accepted its shortcomings, I agree that compensation was due and the amount of £400 is reasonable. Our compensation award bands can be found on our

website. IPA's delays and poor communication caused Mr and Mrs H distress and inconvenience as they had to chase IPA and deal with a medical emergency without any support from IPA.

- My decision is limited up to the date of IPA's final response letter dated August 2023. Any ongoing issues after that date, would need to be investigated separately as a new complaint.

- Overall, although I agree that IPA provided a poor service, I think the £400 compensation offered is a reasonable remedy to recognise the impact on Mr and Mrs H during a stressful time.

- Dealing now with Mr and Mrs H's specific points, Mr H is unhappy that IPA failed to provide support until it had received a report from his GP. It is usual industry practice for insurers to request evidence of pre-existing medical conditions before confirming cover. And this is outlined in the policy on page 23 – IPA would need to request medical evidence from Mr H's GP to check whether he had any pre-existing medical conditions. But I would expect this to be done promptly and without delay. I can see IPA failed to act promptly and apologised for this.

- I wouldn't expect this kind of report to be obtained at the start of the policy as IPA wouldn't need medical information for every customer, especially where there are no claims. I would only expect the request to be made once IPA is notified of a claim.

- Even if IPA had requested the medical information promptly, it would then need to wait for the GP to provide that information. Some GPs are quicker than others and IPA cannot be held responsible for GP delays. I would however expect IPA to keep Mr and Mrs H updated, respond to communication in a timely manner and process things as quickly as possible.

- In addition, IPA should still provide appropriate advice and guidance wherever possible even before cover is confirmed. It should make this clear. I don't think it was unreasonable for IPA to ask Mr and Mrs H whether they were in a private or public hospital. But I agree with Mr and Mrs H that IPA could have contacted the hospital directly to confirm whether it was a public or private hospital when they said they didn't know. And it also should have enquired about Mrs H' accommodation and their return plans. Failing to do so left Mr and Mrs H feeling abandoned and frustrated for a number of days.

- In relation to Mr and Mrs H's return plans, I haven't seen any evidence that they needed medical assistance during the journey, such as a note from the treating doctor when Mr H was discharged. In this case, even if IPA had enquired about their plans, it isn't likely that they needed any formal arrangements in place and were able to use their return tickets as planned.

- Mr and Mrs H continued to deal with IPA after their return and it confirmed cover, although this was delayed. It did pay the costs claimed and confirmed it would pay Mr H's medical expenses. Mr H is unhappy about being contacted by the hospitals, but this would form part of his new complaint and isn't something I can consider in this decision.

- So overall, I think £400 compensation is appropriate taking all of the above factors into account as although IPA didn't provide support and guidance for a few days whilst Mr and Mrs H were abroad, it did confirm cover and agreed to pay all eligible costs after they returned.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr H and Mrs H to accept or reject my decision before 2 May 2024.

Shamaila Hussain
Ombudsman