

The complaint

Mrs R complains that the information provided by Insurance Factory Ltd when she bought her pet insurance policy was unclear and she only found out when she later made a claim that there was no cover for dental illness.

What happened

In March 2023 Mrs R bought a pet insurance policy for her pet dog online.

She made a claim on the policy in October 2023 after her dog had treatment for dental problems but the claim was declined as the policy only provides cover for dental accident, not illness.

Mrs R complained that this wasn't made clear when she bought the policy. She says she would not have knowingly excluded herself from being covered for one particular issue, and if she had known this wasn't covered she would have got a different policy.

Our investigator thought the information provided was clear in the online sales process and in the policy documents, which were made available to Mrs R.

Mrs R disagrees. She says:

- the information referred to was not provided to her during the online process
- the policy information was hidden in links within an email rather than being sent to her
- the process was not clear.

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.

Insurance Factory sold the policy to Mrs R and was responsible for providing the information about the policy to her. She should have been given appropriate information to enable her to make an informed decision, and the information should have been clear, fair and not misleading.

We've been provided screenshots from the online sales process, which clearly show that Mrs R's policy didn't cover dental illness.

Mrs R says she wasn't given that information as part of the online process. It's a year since she bought the policy, so she may not remember everything precisely. But even if that's correct, she was provided with the policy documents. And these also show the levels of cover.

Mrs R says the exclusion was buried away in the terms and conditions, but there's a table near the front of the policy document where it's clearly set out. It was also set out in the Insurance Product Information Document (IPID), which gives a brief summary of what's

covered and what is not covered.

The letter sending her the policy information contained links to the relevant documents, including the IPID. I don't agree this information was hidden; the link is clear in the document and clicking on the link takes you directly to the relevant document. So if Mrs R had clicked on the link for the IPID she would have been able to read it.

Taking all of this into account I'm satisfied Mrs R was given clear information and would reasonably have been aware the policy she had selected only covered her for dental accident, not illness. If that wasn't what she wanted she could have switched to a higher level of cover or chosen not to proceed at all.

My final decision

I don't uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs R to accept or reject my decision before 12 April 2024.

Peter Whiteley
Ombudsman