

The complaint

Miss F complains about the delays in dealing with claims on her pet insurance underwritten by HDI Global Specialty SE.

What happened

Miss F said she can go weeks without a response or reimbursement after treatment at the vets. The insurer blamed a claims backlog and staff shortages but that's not her problem. She's had to make numerous calls and complaints and is often left out of pocket due to HDI's failure to meet its time frame. So she'd like things resolving promptly.

HDI said the claim had originally been submitted under the business' previous name. Once that'd been resolved it'd hoped to assess the claim within four weeks. But sometimes this wasn't possible. HDI had experienced a high influx of claims at the time. And it apologised for any frustration the delay may have caused. HDI said it'd accepted claims for treatment during May to June 2023 and in August 2023. The claims were paid in August 2023 less any policy excess and co-payment. HDI accepted it hadn't always met its usual high standards. And by way of apology it'd sent Miss F a payment of £40 compensation.

Miss F wasn't satisfied with HDI's response. So she contracted our service and our investigator looked into the matter. Our investigator could see the claim had been submitted electronically but Miss F had followed it up with the insurer to make sure it'd received it. HDI had said it aimed to review claims within four weeks but due to the number of claims received at the time it'd taken another two weeks to review and validate.

Our investigator could see HDI had fast-tracked the claim payment and offered Miss F £40 compensation for the delay. And she thought that was fair and reasonable in the circumstances. Although Miss F said she'd lost out financially, HDI had recognised it should've done better. So it'd compensated Miss F in line with what our investigator would've recommended. And she wouldn't be asking HDI to do anything more.

Miss F didn't agree. This wasn't the first time HDI had been late in dealing with a claim. She'd always had to chase. The insurer had acknowledged its fault but was doing nothing to change things. So she's asked for an ombudsman's 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.

I'm sorry to hear about the frustration Miss F has felt while submitting claims to her pet insurers. And I appreciate that any delay would have impacted on her personal finances while she awaited reimbursement.

So I've looked carefully at everything Miss F and HDI have said. Having done so I'm not going to ask BB to take any further action in relation to this complaint. I'll explain why.

I'll start by making clear what I can and can't look at in relation to this complaint. My role is to consider what's happened and how HDI responded up to the point when it issued its final response letter (FRL).

I'm not able to consider any events that have taken place since - they would have to be looked at as a new complaint. And I won't be able to look at any earlier issues that took place before this complaint. That's because HDI's response only considers the events of this particular complaint.

I realise Miss F said she'd experienced similar delays in previous claims. But as our investigator has explained this decision will only refer to the claims detailed in the most recent final response letter from the insurer.

When Miss F submitted her claims to HDI she received acknowledgement from the insurer. The acknowledgement stated *"we aim to assess your claim within 4 weeks provided that the form has been completed in full and all the supporting documentation is present and correct."*

I understand there was a delay in HDI receiving one claim after the information was submitted using the business' previous name and wasn't accepted by the system. Miss F was proactive in contacting HDI to check if the claim had arrived, and the problem was quickly resolved. However I can see that work undertaken by the vet between late May and late June was only paid in the middle of August. And that's a couple of weeks outside of HDI's targeted four weeks.

HDI accepted it hadn't provided a good service to Miss F on this occasion and it paid £40 compensation for any inconvenience caused. I think that's a fair and reasonable response. And it's in line with the sort of award our service would consider in such circumstances. The claim for work carried out in August was reviewed quickly and I can see that Miss F was reimbursed within days.

I realise that Miss F feels that HDI makes the same excuses every time a claim is delayed. She feels the insurer has an ongoing problem that it needs to resolve. But it's not the role of this service to look at HDI's practises or tell it (or any insurer) how to run its business. That's the role of the financial conduct authority (FCA).

Our role is to look at whether HDI has done anything wrong with regards to this complaint and, if so, what it needs to do to put things right. I know Miss F will be disappointed with this outcome. But I think HDI's offer of £40 compensation is fair and reasonable in the circumstances. And I won't be asking it to do anything more.

My final decision

For the reasons I've explained above, my final decision is that I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss F to accept or reject my decision before 16 May 2024.

Andrew Mason
Ombudsman