

The complaint

Mr and Mrs B are unhappy that Inter Partner Assistance SA (IPA) has declined their travel insurance claim and with how it's handled the claim.

Any reference to IPA includes all its agents.

What happened

Mr and Mrs B took out an annual travel insurance policy in February 2024. IPA is the underwriter on the policy. The policy started on 19 March 2024 and was due to end on 18 March 2025. I note that the policy was cancelled on 3 July 2024.

Mr and Mrs B booked a trip and were due to depart on 30 July 2024. However, due to Mr B feeling unwell, they had to cancel their trip. They submitted a claim to IPA in May 2024.

IPA responded in June 2024. It reviewed Mr and Mrs B's complaint and apologised for the poor communication and for requesting information when it already had. It said feedback would be provided and offered £75 for the distress and upset caused. IPA also said Mr and Mrs B's claim couldn't be processed as it was waiting for information related to Mr B's past medical history. Based on the information it had, IPA declined the claim and said Mr and Mrs B didn't inform IPA of the medical condition when they took the policy out.

In August 2024, IPA said the claim shouldn't have been declined due to Mr B's past medical history not being provided. It said the claim should have been considered under relevant law, but it didn't do that. The claim was therefore passed back to its claims team to reassess. AXA again offered compensation of £150 to reflect the further distress and upset caused to Mr and Mrs B.

Unhappy with IPA's response, Mr and Mrs B brought their complaint to this service. Our investigator didn't uphold the complaint. She thought, based on what IPA did to put things right, the offer from IPA of £225 in total was fair and reasonable. And IPA still needed to assess the claim under The Consumer Insurance (Disclosure and Representations) Act 2012 (CIDRA). This sets out what insurers should do when information asked for at the policy application stage was provided and she didn't think that was incorrect.

Mr and Mrs B disagreed and asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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.

The relevant rules and industry guidelines say that insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules into account when deciding what I think is fair and reasonable in the circumstances of Mr and Mrs B's complaint.

Having done so, I won't be upholding the complaint and I think the total compensation offered is fair and reasonable. I'll explain why.

- I confirm that I won't be commenting on any issues about the claim assessment itself as IPA has said this was passed back to its claim team. If Mr and Mrs B are unhappy with IPA's response about this, then they should first make a complaint to IPA. And if they're not satisfied with IPA's response, they can bring the complaint to this service.
- I've considered the service and the communication provided by IPA. I agree that it could have handled the claim better.
- From the claims notes I can see that Mr and Mrs B had to chase IPA for updates and it asked for information when it had already been provided.
- In terms of assessing the claim, IPA hadn't considered it appropriately under the relevant CIDRA requirements and therefore delays were caused. I note that IPA initially declined Mr and Mrs B's claim due to not having Mr B's past medical history. But then said it would re-assess this. I think IPA this whole aspect could have been handled this better.
- I've also considered also that IPA has issued payments for £75 and £150 (£225 in total) for the distress and upset caused to Mr and Mrs B for the way it's handled their claim. IPA accepted its failings and apologised.
- The claim had also been passed back to its claims assessment team for appropriate consideration under the relevant law. Whilst I think this should have been done in the first place, I think this is fair taking into account what's happened because the claim's process wasn't followed as would have been expected.
- I do think the service, the communication and the way IPA has handled Mr and Mrs B's claim could have been better. But overall, whilst I appreciate the claim wasn't assessed properly and caused delays, and I'm sorry to disappoint Mr and Mrs B, I think £225 compensation offered by IPA in recognition of the failings is fair and reasonable.
- IPA said in its letters that the payments of £75 and £150 have been paid to Mr and Mrs B. If these amounts haven't yet been paid, IPA should ensure this has been done.

For these reasons, I don't uphold the complaint.

My final decision

My final decision is that I don't uphold Mr and Mrs B's complaint about Inter Partner Assistance SA.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr and Mrs B to accept or reject my decision before 10 December 2024.

Nimisha Radia
Ombudsman