

## **The complaint**

Mr and Mrs R have complained that Astrenska Insurance Limited (trading as Collinson Insurance) hasn't processed a claim for cancellation made on their travel insurance policy.

As it is essentially Mr R that is making the complaint, I will mostly just be referring to him in this decision.

## **What happened**

Mr R purchased the policy on 4 August 2023 and was due to start his trip on 16 August 2023. However, his father unfortunately died on 14 August 2023.

Upon making the claim, Astrenska asked Mr R to provide medical information in relation to his father. However, Mr R wasn't prepared to provide this, mainly due to not being told about this possible requirement when he bought the policy. So, an impasse has been reached.

In responding to the complaint, Astrenska acknowledged that there had been delays in responding to Mr R's emails and that one piece of correspondence didn't address him by name, so it apologised for that. It then reiterated that it would still need the medical documentation to assess the claim.

Our investigator thought that Astrenska had acted fairly and reasonably in requesting medical information, in line with the policy terms and conditions. Mr R disagrees with the investigator's opinion and so the complaint has been passed to me for a 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.

Firstly I'd like to say how sorry I am for Mr R's loss. It must be very stressful having to make an insurance claim in such circumstances.

I've carefully considered the obligations placed on Astrenska by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for Astrenska to handle claims promptly and fairly, and to not unreasonably decline a claim.

To be clear, Astrenska hasn't declined the claim. Rather, it is awaiting the evidence it says it needs to fully assess the claim.

Looking at the policy terms, under 'Claims evidence', it states:

*'Before a claim can be paid, you may be asked to provide supporting documentation to validate cover and the circumstances of the loss. The table on the next page sets out what documentation you may be asked to provide. Depending on the details of each claim we may ask for additional supporting documentation to that listed on the next page.'*

The table on the next page sets out that 'medical reports' and/or 'medical certificates' are documents that may be requested for a claim for the cancellation or curtailment of a trip.

Under the heading 'Health of non-travelling people', the terms state:

*'You may have to cancel due to the poor health of an immediate relative of yours or of your travelling companion(s) or a person you are planning to stay with. For cover to apply we require that a medical practitioner confirms in writing that when you purchased this policy or booked the trip:*

- The non-insured party was not seriously ill in hospital or receiving palliative care and*
- There was no reason to expect their state of health to deteriorate so much that you would need to cancel.'*

The Insurance Product Information Document (IPID), which is designed to provide a quick summary of the cover states:

*'What is not covered:*

*Existing medical conditions of a close relative, travelling companion or someone you were going to stay with if, at the time of buying this insurance, it was highly likely that their condition would deteriorate.'*

I'm satisfied that, in the event of a claim for cancellation as a result of the health of a non-insured person, the policy allows for Astrenska to require medical evidence relating to the non-insured person.

Mr R says that when he spoke to an adviser on 16 August 2023 he was given the impression that his claim would be covered. I think it's reasonable that the adviser would indicate that the death of a close relative is something that the policy does cover. But that would still be subject to meeting certain terms within the policy in support of the claim.

Mr R says he was unaware of the requirement to provide medical evidence as this was not made clear to him when he bought the policy. Furthermore, he was never sent the policy documents but was instead expected to log on to an online portal to view them.

As set out above, I consider that the policy documentation makes it clear what would need to be provided in the event of such a claim. And the documentation was accessible to Mr R, even if he would have preferred it to have been sent directly to him.

Whilst I know Mr R disagrees with the distinction, our investigator has explained that the underwriter, who is responsible for assessing the claim, is a separate entity to the business that sold the policy. If Mr R feels that there were shortcomings in the sale, he would need to make a complaint to the seller in the first instance. I understand that the seller's website directs people to complain to the policy administrator, who is also the party that has dealt with this complaint on behalf of Astrenska. If Mr R has any difficulty with making a mis-sale complaint, he could contact this service for assistance.

To be clear, this decision is only looking at whether Astrenska, as the underwriter of the policy, has acted fairly in requiring further information from Mr R.

Mr R has said that he wasn't aware of the full extent of his father's condition as his parents kept it private. That relates to a slightly different issue than what I am looking at here and is

an argument that may or may not come into play further down the line if Astrenska has the opportunity to assess the claim. The matter at hand is whether it is reasonable for Astrenska to ask for his father's medical information – and I think that it is.

Astrenska has said that it will assess the claim upon receipt of the required information, which I consider to be fair and reasonable.

### **My final decision**

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs R and Mr R to accept or reject my decision before 3 April 2024.

Carole Clark  
**Ombudsman**