

The complaint

Mr P is unhappy that AXA XL Insurance Company UK Limited declined a claim he made on his travel insurance policy.

What happened

In July 2022 Mr P went to see his GP before he went on holiday with symptoms of breathlessness on exertion. The GP did some initial checks and arranged blood tests.

The GP spoke to Mr P to say some of the blood tests were back and he needed a prescription for low iron. Some further results came in but Mr P had already started his trip. Due to the outcome of the blood tests the GP referred Mr P to a cardiologist.

Whilst on holiday Mr P had a stroke and was repatriated to the UK by air ambulance. He's claimed for those costs on his travel insurance policy. AXA declined the claim because they said there was no cover for the costs of any ongoing medication, consultation or treatment (including any associated, connected, travel, accommodation or expense incurred). Mr P complained to AXA, but they maintained their decision to decline the claim.

Our investigator looked into what had happened and didn't uphold the complaint. He thought the claim had been fairly declined in line with the policy terms.

Mr P didn't agree and asked an ombudsman to review his complaint. In summary, he says he knew nothing about any pre-existing condition, no condition was diagnosed, and a layperson couldn't have reasonably foreseen a stroke. So, I need to make 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.

The relevant rules and industry guidelines say that AXA has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The policy terms and conditions say:

We will not cover:

3. The cost of any ongoing medication, consultation, or treatment (including any associated, connected, travel, accommodation or other expense incurred), for which the need arises out of or relates to pre-existing conditions, which you knew about, or which could have been reasonably foreseen by you, at the time of purchase of this insurance or at the time the trip commenced.

I'm not upholding this complaint because:

- I think it was reasonable for AXA to rely on the exclusion I've outlined above

- Mr P had a consultation with his GP and had undergone tests before he went on holiday. He was still waiting for the results of some of those tests when he left the UK. So, I think it's reasonable to conclude that there was ongoing consultations and treatment, even if it was for an unknown issue.
- I think Mr P was aware of the ongoing consultation and treatment because he attended the appointment before the trip commenced. I'm not suggesting he was aware of the diagnosis or that he could have foreseen a stroke. But, Mr P had experienced symptoms, sought treatment and had tests before he went on holiday.
- I'm satisfied it was reasonable for AXA to conclude the stroke was linked to a pre-existing condition. Mr P had symptoms of breathlessness on exertion and one of the tests included a common cardiology test. The results of that test ultimately led the GP to refer Mr P to a cardiologist shortly after he'd departed on his holiday.
- I've taken into account what Mr P has said about not finding out important information until he'd left on his trip. I also accept there was no diagnosis when he left and that a stroke may not have been foreseen. But I still think it was reasonable for AXA to conclude that the exclusion applied because there was an ongoing consultation and/or treatment for existing symptoms which were, I think, reasonably linked to the stroke. I think that's sufficient to meet the relevant exclusion that AXA has relied on in the circumstances of this case.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr P to accept or reject my decision before 30 August 2023.

Anna Wilshaw
Ombudsman