

## **The complaint**

Miss T has complained that Inter Partner Assistance SA ('IPA') unfairly declined her claim.

## **What happened**

Miss T had a travel insurance policy, underwritten by IPA. She went on holiday but when she was due to return, she didn't feel well enough to travel so she cancelled her flight and extended her stay. Miss T sent an email to IPA to inform it about her flight cancellation. She says she was unable to get through to IPA on the phone.

Miss T made a claim and IPA initially declined it but later agreed to consider it and said it needed supportive medical evidence in line with the policy terms and conditions. It offered Miss T £50 compensation for the distress and inconvenience caused to her as a result of the initial decline.

Miss T provided IPA with a letter from her GP but IPA said it wasn't sufficient to prove Miss T's claim. Unhappy, Miss T complained to IPA and unhappy with its response, referred her complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think IPA needed to do anything further. Miss T disagreed and asked for an Ombudsman's decision.

And so the case has been passed to me to decide.

## **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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.

Under Section B – Emergency medical and other expenses, 'What is covered', it says:

*"Reasonable additional transport and/or accommodation expenses incurred, up to the standard of your original booking (for example full or half board, all inclusive, bed and breakfast, self-catering or room only), if it is medically necessary for you to stay beyond your scheduled return date."*

So based on the above term, Miss T's claim would be covered if she can show that it was medically necessary for her to stay beyond her scheduled return date.

Miss T did not seek medical attention abroad so there is no contemporaneous medical evidence from the time to show it was medically necessary for her to stay beyond her scheduled return date.

Miss T did provide a letter from her GP, which confirms her condition and medical history relating to it, after she returned from her trip. But there is nothing specific from the time Miss T actually cancelled her flight to show that it was medically necessary for her to do so – she did not speak to her GP or see a medical professional at the time. So I don't think IPA unfairly declined the claim.

Miss T says she was asked to obtain medical evidence from her GP and did so, and so that should be enough. But IPA has said that this doesn't mean it guarantees the claim will be paid and it would always need to assess any medical evidence provided to it. I appreciate why Miss T finds this frustrating, but the onus is on her to prove her claim and I don't think IPA's request for more specific evidence from the time the flight was cancelled is unreasonable.

Finally, IPA initially declined the claim for a different reason but agreed to review and assess it further if Miss T could provide medical evidence. I think its offer of £50 compensation for the stress and inconvenience as a result of the initial decline is reasonable and so I won't be asking it to do anything further.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss T to accept or reject my decision before 12 October 2023.

Shamaila Hussain  
**Ombudsman**