

## **The complaint**

Mr J complains that Aviva Insurance Limited turned down his private medical insurance claim.

## **What happened**

Mr J took out private medical insurance cover with Aviva. The policy start date was 25 November 2022. It was taken out on a moratorium basis, which meant Aviva didn't need to cover any pre-existing conditions in the past five years.

A few months later Mr J made a claim as he'd been referred to a specialist after having abdominal pains. Aviva turned down the claim as it thought Mr J had experienced his symptoms before taking out the policy, and therefore concluded the claim fell within the moratorium. Unhappy with this, Mr J brought a complaint to this Service.

Our investigator didn't recommend the complaint be upheld. She noted there was conflicting information regarding the start date of Mr J's symptoms. She concluded it had been reasonable for Aviva to turn down the claim based on the available information, but said she'd be happy to review the matter if Mr J could provide further information from his GP.

Mr J didn't accept our investigator's findings, and so the matter 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.

The policy says the following about the moratorium:

*'We do not cover treatment of any pre-existing condition, or any related condition, if you had:*

- symptoms of*
- medication for*
- diagnostic tests for*
- treatment for, or*
- advice about*

*that condition in the five years before you joined the policy.'*

I've considered the medical evidence to decide if it was reasonable for Aviva to conclude that Mr J had symptoms of abdominal pain before taking out the policy.

I see that on 18 November 2022, Mr J was advised by the GP surgery of the number to call for a bowel screening kit (known as faecal immunochemical test, or FIT). The results of this test came in on 29 November 2022 and were negative. The same day Mr J was reviewed by a GP who noted his various symptoms, including lower abdominal pains, and advised him to have bloods taken, ultrasound scan, and a prostate-specific antigen (PSA) test. The GP thought the symptoms may be indicative of irritable bowel syndrome (IBS) or benign

prostatic hyperplasia (BPH). The GP noted the FIT test was negative and wrote *'If symptoms persist suggest discuss with gastro team or refer for further investigation.'*

A referral letter from the GP surgery in February 2023 said that Mr J had ongoing generalised abdominal pain. And that this had been ongoing for a number of years, where he had tried pain relief but hadn't seen any improvements.

Mr J has since provided an email from the GP Practice Manager which says there are no entries in Mr J's notes to suggest the abdominal pain started before he discussed this with a GP on 29 November 2022. They said the entry had been amended to reflect this.

Mr J's claim form to Aviva in March 2023 was completed by his GP, and they said Mr J had been aware of his symptoms for one to two weeks before the appointment of 29 November 2022. Though in response to the question *'how long before the first ever visit did the patient have symptoms?'* they answered *'17 years'*.

However, a second claim form later completed in May 2023 by a different GP said that Mr J had been aware of his symptoms for one to two days before the appointment of 29 November 2022.

Mr J's specialist said in March 2023 that Mr J had experienced his symptoms since December 2022.

### My conclusions

Where evidence is incomplete, inconclusive or contradictory (as some of it is here), I need to reach my decision on the balance of probabilities – in other words, what I consider is most likely to have happened in light of the available evidence and the wider circumstances.

Mr J arranged a bowel screening test just before the policy started, and hasn't provided us with any reasoning for this, despite being given the opportunity to do so by our investigator. Whilst there is a national screening programme for bowel cancer using the FIT test, Mr J hasn't provided any evidence to suggest he'd been offered this at the time. Also, the GP's entry of 29 November 2022 suggests the FIT test took place because Mr J was having symptoms.

Mr J says his symptoms started on 28 November 2022, the day before he saw the doctor. However, the NHS says that IBS symptoms tend to come and go over time, and can last for days, weeks or months at a time. It therefore seems unlikely that IBS would be considered a possible diagnosis if Mr J had only had his symptoms for one day.

The referral letter in February 2023 said that Mr J's symptoms had been ongoing for a number of years. Mr J strongly disputes this, and says his medical records don't support this either. I appreciate that Mr J's medical records don't specifically refer to abdominal pain prior to 29 November 2022 (and that the entry has now been amended because of this), but that doesn't mean that he hadn't experienced it and told the doctor about it in February 2023. It does seem as though a conversation took place at this time, since the referral also said that Mr J had mentioned having a hernia too.

There is conflicting information here with regards to the start of Mr J's symptoms, but I think there's enough evidence to support that his symptoms started before the policy was taken out. I therefore find that Aviva turned down the claim fairly.

**My final decision**

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr J to accept or reject my decision before 15 January 2024.

Chantelle Hurn-Ryan  
**Ombudsman**