DRN-4179952

The complaint

Ms B has complained that HSBC Life (UK) Limited has mishandled and wrongly declined a claim she made under her Level Term Assurance policy.

What happened

Ms B took out the policy, which included Critical Illness benefit, in 2003 for a twenty-year term. She made a claim under the critical illness cover section of her policy in August 2022. When HSBC Life declined her claim, she referred a complaint to our service.

The investigator didn't recommend that the complaint was upheld. They didn't find that Ms B met the policy definition in order for the claim to be paid. They also didn't find that the claim had been mis-handled.

Ms B appealed.

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 though I'm aware I've summarised the background to this complaint and some sensitive medical details. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I've fully reviewed the complete file and considered the representations Ms B has made I'm satisfied I don't need to comment on every individual argument to be able to reach what I think is the right outcome. I recognise that Ms B will be very disappointed my decision and I'm sorry this decision doesn't bring more welcome news. But for the following reasons I agree with the conclusion reached by our investigator:

- It is not disputed that Ms B was placed in an induced come following a fall in March 2022. However for her claim to be admitted Ms B needed to show that she met the policy definition of coma. This is: *A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit before age 60. Coma secondary to alcohol or drug misuse is not covered.*

- HSBC Life asked a Consultant Neurologist to provide an independent medical report following an examination. I find this was fair as the evidence prior to this had been inconclusive. I'll refer to the Consultant Neurologist as Dr R. Dr R explained what symptoms Ms B was experiencing but was unable to confirm whether they would be permanent without further investigations including an MRI scan of Ms B's brain and spine and a consultation with a neuropsychologist. To date Ms B has not submitted that medical evidence. It follows that the evidence before me does not show that Ms B suffered *permanent neurological deficit*, as required by the policy definition. This

being so I don't find that HSBC Life treated Ms B unfairly or contrary to her policy terms by declining her claim.

- Ms B asks that it is accepted that she is telling the truth. I should point out that is not in question. The test here is whether she met the policy definition of coma, and although she has clearly been through a difficult and traumatic time, as explained the medical evidence doesn't support that she did.

- I have not disregarded Ms B's contention that HSBC Life mishandled her claim, but I don't find any evidence that this was so. Although it is for Ms B to show that she met the policy definition, HSBC Life referred the case to its Chief medical Officer who recommended that a Consultant Neurologist was instructed. As noted above I find this was fair. HSBC Life offered to consider any further information Ms B provided before her policy expired. Again, I find this was reasonable. And although the policy expired in July 2023, if Ms B does now have evidence she would like HSBC Life to consider referring to the period prior to the policy expiry date, she should send that directly to HSBC Life.

- Ms B feels that there has been a lack of consistent communication but having looked at the communication she received I don't find there were inconsistencies. I find to that the claim was handled promptly and fairly with HSBC Life seeking further information where appropriate and requesting an independent examination when the evidence was inconclusive.

My final decision

For the reasons given above I don't uphold this complaint.

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

Lindsey Woloski
Ombudsman