

## **The complaint**

Miss D complains about how esure Insurance Limited has handled a claim made on her motor insurance policy. She wants the claim removed from her record and her premium recalculated.

## **What happened**

Miss D was involved in an accident with a bus, and she made a claim on her policy. Miss D said her claim was settled promptly, but esure had caused delays in getting the other insurer to agree liability. She was unhappy that her premiums had increased at renewal because of the open claim. esure agreed that it had caused delays and Miss D had experienced long call wait times. It offered her £100 compensation for this. But Miss D remained unhappy.

Our Investigator recommended that the complaint should be upheld. He thought esure had taken too long to present its outlay to the other insurer for reimbursement. And he thought Miss D only got updates when she contacted esure. He thought the claim would be closed as non-fault and the premium recalculated when esure recovered its outlay. But he thought Miss D had been caused stress and financial pressure by the delay. So he thought esure should increase its offer of compensation to £200.

Miss D agreed. But esure said its delay in presenting its outlay was unlikely to have held up the claim as the other insurer hadn't paid and litigation would always have been likely. It said £100 compensation was fair. And it asked for an Ombudsman's review, so the complaint has come to me for a final 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.

esure has a responsibility to deal with claims fairly and promptly. And Miss D's claim for damage to her car was settled within a few days. esure then sent its allegations to the bus company. And so I think that was fair and reasonable.

esure then told Miss D that it would take between three and six months to recover its outlay from the other insurer and it would give her an update in four weeks. But it didn't. Miss D had to contact esure for updates for months later. And she had to endure long call wait times when this should have been avoided. Her call after four months then prompted esure to present its outlay to the other insurer for reimbursement.

esure agreed this was a delay, but it said this delay didn't cause Miss D any loss as the other insurer didn't accept liability and it would have had to consider litigation in any event. But I think that if esure had presented its outlay promptly, then this process could have been considered sooner. And so I don't agree that the delay didn't affect Miss D.

Since then, from what I can understand, esure has contacted the other insurer twice in a year to prompt an admission of liability. Whilst I can't hold esure responsible for the other insurer's delays, I don't think it has been proactive enough in recovering its outlay. And I think this has caused Miss D avoidable frustration and stress, as well as financial pressure. I

also think esure failed to manage Miss D's expectations in keeping with its information about its timescales.

esure paid Miss D £100 compensation for its delay and call waits, but I'm not satisfied that this goes far enough in the circumstances I've described above. I think £200 compensation (in total) is fair and reasonable as this is in keeping with our published guidance for the impact on Miss D of its level of service.

### **Putting things right**

I require esure Insurance Limited to pay Miss D £100 further (£200 in total) compensation for the distress and inconvenience caused by its level of service in handling her claim.

### **My final decision**

For the reasons given above, my final decision is that I uphold this complaint. I require esure Insurance Limited to carry out the redress set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss D to accept or reject my decision before 30 May 2024.

Phillip Berechree  
**Ombudsman**