

## The complaint

Mr M is unhappy with the way in which Great Lakes Insurance SE handled two claims made on two separate travel insurance policies, which it underwrites.

Mr M says Great Lakes Insurance SE has unfairly delayed progressing the claims and has failed to make reasonable adjustments by insisting that he be interviewed either by telephone or in person as part of its investigations into the claims made, instead of making further enquiries of him by email.

References to Great Lakes also includes it agents who its appointed to investigate the claims made by Mr M.

## What happened

Mr M took out an annual travel insurance policy in June 2022, underwritten by Great Lakes ('the first policy'). Shortly after he travelled abroad and says his bag was stolen with personal possessions inside. He made a claim under the first policy to cover this loss ('the first claim').

He previously raised a complaint to the Financial Ombudsman Service about the way in which Great Lakes handled that complaint. An Ombudsman issued a final decision in January 2023 partially upholding his complaint that on occasions Great Lakes hadn't provided good service and there were times when his complaint could've been more promptly progressed. The Ombudsman recommended Great Lakes pay Mr M £250 compensation. However, she also concluded that Great Lakes is entitled to assess and fully investigate the claim Mr M made in respect of his stolen possessions. And there was no basis on which she could direct Great Lakes to pay the claim without completing its investigation.

Mr M bought a second annual travel insurance policy in September 2022, also underwritten by Great Lakes ('the second policy'). Whilst travelling abroad and after taking a flight between two countries, Mr M says his suitcase was damaged. He made a claim under the second policy to cover this damage ('the second claim').

Around this time, Great Lakes asked its agents to investigate the first claim and in early October 2022, the agents emailed Mr M to arrange a time to call Mr M to further assist its enquiries. Mr M replied that he was overseas and couldn't be reached for three months. He said he would be happy to answer any questions by email. The agents said it needed to speak to him and were happy to call an overseas number. When Mr M said he was unwell and on a remote island, the agents replied that they would hold off investigating until he was either back in the UK or available to discuss by telephone.

Subsequently, Great Lakes informed Mr M that its agents would also be making enquiries with him about the second claim.

In January 2023, Mr M emailed Great Lakes raising the complaints about both claims but in two separate emails. He wanted both complaints to be dealt with separately. He was concerned that:

- despite being aware of his medical conditions and prognosis, Great Lakes' agents
  weren't making adjustments to the way in which it was conducting its enquiries. He
  was unhappy that they were insisting on talking to him face to face or over the phone
  rather than emailing its questions to him.
- the claims were being unnecessarily delayed.

Great Lakes provided Mr M its final response letter in March 2023, relating to both claim numbers. It didn't uphold Mr M's complaint. It said a face to face or telephone interview was required so that certain aspects of his claims could be clarified. And that it was unable to progress the claims until the interview had taken place. It said it was mindful of his circumstances and had made efforts to accommodate these.

Unhappy Mr M complained to the Financial Ombudsman Service. Our investigator concluded that Mr M concerns related to the same issues in respect of both claims and so should be considered together. He didn't uphold Mr M's concerns. Mr M disagreed so this complaint 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.

At the outside I want to clarify that I won't be commenting on anything already determined by the Ombudsman earlier this year, in respect of the way in which the first claim was handled by Great Lakes.

I've considered what's happened after Great Lakes provided its final response to the issues relating to that complaint at the end of September 2022 up to March 2023 when Great Lakes issued its final response in respect of the complaint I'm determining.

I'm also satisfied that although the concerns raised by Mr M relate to two claims, for two separate incidents, under two travel insurance policies, it's right for the concerns to be considered together in the circumstances of this case. The first and second policies are both underwritten by Great Lakes and its agents want to make related enquires about both claims. Further, the complaint points raised by Mr M in respect of both claims are the same.

When considering whether Great Lakes has acted fairly and reasonably, I'm required to take into account a number of things including relevant regulations and relevant law.

The insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS'). ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers. It also says they should handle insurance claims promptly and fairly.

Mr M also says Great Lakes has failed in its duty to make reasonable adjustments. Only a Court can determine whether there's been a breach of the Equality Act 2010 ('the Act'), but I'm required to take the provisions of the Act into account, if it's relevant law, when deciding what's fair and reasonable in the circumstances of a complaint.

Here the Act is only relevant if Mr M's medical conditions amount to disabilities as defined by section 6 of the Act. For the purposes of this decision, even they do (and I make no finding on this issue), and the provisions of the Act are relevant, I don't think Great Lakes has acted unfairly or unreasonably in this case. So, I don't uphold this complaint. I'll explain why.

- Great Lakes is entitled to assess and fully investigate the claims made. And I don't think it's unreasonable for it to make further enquiries in this case.
- Mr M is willing to respond in writing to any enquires made by email. However, he says given that he's abroad, his state of health, the effects of the medication he's taking and the medical prognosis, he wouldn't be able to engage in a face to face or telephone interview. He's also said his hearing has been impaired, he's experienced memory loss and feels drowsy.
- I don't think Great Lakes has acted unfairly or unreasonably in the circumstances of this case by putting on hold its investigation until it's been able to speak with Mr M to discuss questions it has surrounding the first and second claims.
- Taking into account Mr M's personal circumstances, Great Lakes gave Mr M various
  options including offering to call him on a local telephone number abroad, sending a
  representative to the country he's currently staying in to interview him face to face or
  awaiting his return to the UK to do so.
- Mr M has been able to call our Service to raise his concerns about Great Lakes and, having listened to that call, I'm satisfied he's been able to articulately set out his complaints and recall information. That call took place around the same date as Great Lakes' final response letter setting out its response to the complaints I'm determining, explaining that it was unable to progress the claims until the interview took place. So, I'm satisfied that there are times when Mr M is still able to use the phone to talk and so, I don't think the options put forward by Great Lakes as at the date of the final response letter were unreasonable.
- I don't think Great Lakes has unfairly delayed progressing Mr M's claims since the
  end of September 2022. Although the first and second claims have yet to be
  assessed, until Great Lakes has been able to complete its enquires, I think it's fairly
  concluded that it's unable to determine whether to accept the first and second claims
  or not.

## My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 28 July 2023.

David Curtis-Johnson **Ombudsman**