

The complaint

The estate of Ms L has complained about the time taken to assess a claim by Legal and General Assurance Society Limited (L&G).

The estate is represented by Mrs L.

What happened

Very sadly Ms L passed away in December 2021. The estate made a claim under her decreasing term life assurance policy in early 2022. In February 2022 documents were submitted by the estate's solicitors including a signed Access to Medical reports and Records form. In June 2022 L&G received confirmation from the coroner's office that the coroner had authorised sending the post-mortem report. L&G then wrote to Ms L's GP surgery for a targeted report. This was received in mid-July and led to further enquiries being made, but I can see this was done expediently. Overall though the claim process was rather drawn out. The assessment was on-going when in October 2022 Mrs L complained that the claim hadn't yet been decided by L&G.

L&G conceded that it had not reached the high standard that it aimed to provide and that there had been delays. It offered Mrs L compensation.

Our investigator didn't recommend that the complaint be upheld. She explained that the claim was being considered and was waiting on information from third parties.

Mrs L appealed on behalf of the estate.

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 agree with the conclusion reached by the investigator. I'll explain why.

Mrs L has raised other related issues, including marketing issues and an initial response to the claim. However, in this decision I'm considering the estate's complaint about the delay in L&G assessing the claim up to November 2022, when it issued its final response letter.

I can see that L&G accepted that there had been delays and offered the estate a payment in recognition of the trouble and upset caused. There had been a lack of contact with Mrs L and I find L&G's stance was fair. I should say this service isn't able to consider the impact on an estate, rather only on a complainant eligible under our rules.

However it is apparent from the claim file that L&G were seeking information from third parties which was needed in order to assess the claim. Unfortunately, it can take some time to receive information – and how long it will take once the request has been made is largely out of L&G's hands. L&G wouldn't have been in a position to start considering the claim without this information. Once in possession of targeted medical information it will sometimes be necessary to request further information. Of course, this will delay a claims

outcome, but insurers are required to properly assess a claim. That said, I would expect an insurer to keep the parties, here the estate, up to date with the progress of the claim.

Mrs L has raised other issues including lost correspondence, further delays and questions answered at the application stage. I can understand why, but these are separate issues and as explained in this decision I'm considering only matters until November 2022.

I'm sorry my decision doesn't bring the estate more welcome news.

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 the estate of Ms L to accept or reject my decision before 14 September 2023.

Lindsey Woloski
Ombudsman