

The complaint

Mr V and Mrs G are unhappy with the way in which AWP P&C SA handled a claim made on a travel insurance policy ('the policy').

Although Mr V and Mrs G both had the benefit of the policy, I'll refer to Mr V throughout as the claim relates to medical costs incurred in respect of a heart attack abroad.

What happened

The policy is part of a packaged bank account. Whilst abroad, in the summer of 2022, Mr V experienced a heart attack and required emergency medical attention.

He made a claim on the policy which was declined by AWP on the basis that the claim related to a pre-existing medical condition. However, AWP did apologise for the delays and lack of updates provided to him during the claims' process.

Mr V complained to the Financial Ombudsman Service. Our investigator looked into what happened and, ultimately, partially upheld the complaint.

AWP agreed with our investigator's opinion. Mr V didn't. So, this complaint has been passed to me to consider everything afresh 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.

AWP has an obligation to handle insurance claims fairly and promptly. And it mustn't unreasonably decline a claim.

Declining the claim

Under section 2 of the policy (entitled 'emergency medical and associated expenses') it says the following is not covered:

Any claim as a result of a pre-existing medical condition that exists...at the time of booking your trip (unless terms were agreed in writing by us)

Pre-existing medical condition is defined as:

Any disease, illness or injury for which you have experienced symptoms, consulted a doctor or been diagnosed with...when renewing your medical screening declaration on the health check date.

Having considered Mr V's medical conditions as set out on the GP certificate dated December 2022, the NHS website sets out that one increases the risk of heart disease. The other lists heart disease, heart attacks and heart failure as associated risks.

I've taken into account the GP letter dated April 2023 which says that Mr V had been diagnosed with Covid-19 in December 2021 and April 2022 and that Mr F "feels that this may have contributed to his" heart attack whilst on holiday. That may be Mr V's opinion, but I'm satisfied I haven't seen anything from a medical perspective to find that it's more likely than not that the heart attack was caused by Covid-19.

Based on the nature of Mr V's pre-existing medical conditions, I'm satisfied AWP has fairly concluded that Mr V's heart attack was a result of a pre-existing medical condition which existed at the time of booking the trip.

The policy also contains a section entitled: health declarations and health exclusions. It says the policy doesn't automatically cover pre-existing medical conditions. And:

Before you travel, please take a good look at the medical screening questions below. To make sure your policy is not affected for any trip, you must declare all pre-existing medical conditions when:

- First opening your ...Current Account;
- Renewing your medical screening declaration on the health check date;
- There are any changes in your health, or prescribed medication between making your declaration and booking a trip.

You must also tell us about any pre-existing medical conditions affecting the health of the people travelling – you, your family or a person added on to the policy as an upgrade.

It then says, and lists the medical screening questions as:

You must provide us with further details about your pre-existing medical condition, if:

- You answer yes to any of the following medical screening questions

If you fail to do this, it may mean you will not be covered for related claims.

In the last 6 months have/are you or any person to be insured on this policy:

1. Been prescribed medication?
2. Received treatment for or consulted a doctor about any medical condition?
3. Attended a hospital or clinic as an out-patient or in- patient for any reason?
4. Been diagnosed as having a terminal condition?
5. Currently awaiting tests, investigations, treatment, surgery; are awaiting the results of any tests or investigations?

We may be able to include cover for your pre-existing medical condition(s), however, an extra premium may be required. We have the right to exclude cover or to not continue cover when you renew your medical declaration at your health check date.

The GP certificate reflects that the answer to at least one of these questions was 'yes'. So, I'm satisfied Mr V ought to have contacted AWP to tell it about the medical conditions he had and was taking medication for. But he didn't.

In the circumstances of this case, and because the pre-existing medical condition exclusion applies to the circumstances of the claim, I've gone on to consider what AWP would've done had Mr V declared his medical conditions.

AWP has said that based on the medical information provided to AWP in May 2023, it says he would've been charged around £63 for the pre-existing medical conditions to be covered under the policy- but that was based on a retro screening carried out in May 2023.

AWP hasn't been able to provide a retrospective screening to establish what would've happened had Mr V declared the medical conditions when booking the holiday earlier in 2022. That's because it says it doesn't know how Mr V ought to have answered all questions then because it doesn't have all the necessary information to do so, including whether he was awaiting tests or investigations (or results of such) at the time – which is relevant to what would have happened then. Based on the information it has from the GP, I accept that.

So, I think it would be fair and reasonable for AWP to request Mr V's relevant past medical history from his GP. If he hasn't already done so, Mr V should promptly provide AWP with authority to request his medical records in this respect (or if he's already done so, AWP should request the medical information within 14 days from the date the Financial Ombudsman Service confirms that Mr V accepts this final decision).

And within 14 days upon receipt of the medical records, AWP should carry out a retro screen based on the health declaration questions referred to above. AWP should then tell Mr V what would've happened if he had declared all pre-existing medical conditions when booking the holiday and, if necessary, reassess the claim.

If Mr V is unhappy with the decision that's then made by AWP after it has had an opportunity to retro-screen his pre-existing medical conditions from the time he booked the holiday, he's free to raise those concerns with AWP then in the first instance.

Given that I'm satisfied that this information should have been obtained by AWP before deciding Mr V's claim, I think it would be fair and reasonable for AWP to meet the cost of obtaining the medical history from his GP (which AWP has agreed to do in response to our investigator's view).

The handling of the claim

AWP accept that there were unavoidable delays in progressing the claim. Given my findings above, I also think AWP hasn't obtained the necessary information to make an informed and fair claims decision.

I'm satisfied this has resulted in Mr V (and Mrs G) experiencing unnecessary upset and they've had the trouble of contacting AWP given the delays to the claim. I think AWP should pay £250 compensation for distress and inconvenience (which AWP has agreed to do in response to our investigator's view).

Putting things right

I direct AWP to:

- pay Mr V and Mrs G £250 compensation for distress and inconvenience.
- request Mr V's relevant past medical history from his GP. If he hasn't already done so, Mr V should promptly provide AWP with authority to request his medical records in this respect (or if he's already done so, AWP should request the medical information within 14 days from the date the Financial Ombudsman Service confirms that Mr V accepts this final decision).
- carry out a retro screen, within 14 days upon receipt of the medical records. The retro screen should be based on the health declaration questions referred to above.

- tell Mr V what would've happened based on the retro screen, if he had declared all pre-existing medical conditions when booking the holiday. And, if necessary, reassess the claim.
- pay the cost of obtaining the medical history from Mr V's GP.

My final decision

I partially uphold this complaint and direct AWP P&C SA to put things right as set out above.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr V and Mrs G to accept or reject my decision before 31 January 2024.

David Curtis-Johnson
Ombudsman