DRN-4286051

The complaint

Mr A has complained that Legal and General Assurance Society Limited ('L&G') has unfairly declined his claim.

What happened

Mr A has a group income protection insurance policy through his employer, underwritten by L&G. This would pay a benefit if he was unable to work due to illness or injury throughout the deferred period and beyond. Mr A made a claim which L&G declined as it said there was insufficient evidence to show that Mr A was unable to work due to his condition.

Mr A complained and unhappy with L&G's response, referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think L&G had declined the claim unfairly.

Mr A disagreed and in summary said L&G hadn't reviewed the medical evidence properly.

So the case has been passed 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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.

- The policy would pay out if Mr A was unable to work due to illness or injury which prevented him from carrying out the main duties of his occupation. This would need to be demonstrated through medical evidence and the onus is on Mr A to prove his claim.

- I've considered all the available evidence including the occupational health reports, letters from Mr A's consultant and the report from his GP.

- L&G said there was insufficient medical evidence explaining why Mr A's condition prevented him from carrying out the essential duties of his occupation and I agree.

- I would expect to see clear medical evidence with reasons why Mr A was unable to carry out his occupation due to his condition with reference to his specific duties. The occupational health reports suggest Mr A would be able to work with adjustments and could work from home.

- I've also considered whether there was anything further L&G could have done to properly assess the claim. I am satisfied that L&G requested medical evidence from the appropriate people at the right time. It contacted Mr A's consultant using the details provided by Mr A and also wrote to the GP.

- When Mr A sent L&G further medical evidence as part of his appeal, L&G reviewed what he had sent and explained why its decision hadn't changed. Mr A didn't provide any evidence to show why he would be unable to work from home or with adjustments. And the report from his GP doesn't adequately explain why he wouldn't be able to work with adjustments or from home.

I'm sorry to hear of Mr A's condition but I don't think L&G unfairly declined his claim.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr A to accept or reject my decision before 20 September 2023.

Shamaila Hussain
Ombudsman