

## **The complaint**

Mr and Ms M complain about esure Insurance Limited's ("esure") handling of a claim they made on their home insurance policy following a fire at their home.

Any reference to esure includes its agents.

The policy is in both Ms M's name but Ms M has brought the complaint and so for ease I will refer to Ms M throughout my decision.

## **What happened**

Mr and Ms M have home insurance with esure. It provides cover for damage to the home caused by fire or smoke, escape of water, storm damage, and flood; amongst other things.

In April 2022 a fire damaged their home. Since then communication with esure has been repeatedly ignored and she has received slow responses to repairs – which, she says, were still nowhere near being complete when the complaint was referred to the Financial Ombudsman Service.

Ms M complained about being ignored but since that time the level of communication worsened. Ms M says she requested a copy of the project plan to be sent to her but, despite numerous emails since the work started, it hasn't been received.

Ms M says they've been away from their home for over a year for repairs that they were told would take six months. She says she wouldn't have settled for the accommodation she did if she'd known how long the repairs would take.

Ms M says she's lost confidence in the loss adjuster who is managing the claim. Ms M feels her complaint has gone unheard. She wants esure to prioritise the repairs and wants financial compensation to recognise the year of distress and inconvenience caused to her family. Because Ms M wasn't happy she complained to esure.

Esure apologised for the lack of communication from its loss adjusters. It said the claim was progressed in a reasonable and proactive manner since Ms M raised her concerns. Esure paid Ms M £150 for the inconvenience caused. Ms M wasn't satisfied with the response from esure. So she referred her complaint to this service.

One of our investigator's looked into things for her. She said she agreed the claim progression for repairs to the building hadn't been proactive, and the communication has been poor. She suggested an increase in compensation to £350 to recognise this. Ms M didn't agree with the investigator's outcome so the complaint has come to me to decide.

## **My provisional decision**

I recently issued a provisional decision setting out my thoughts on the key complaint points and how I thought matters might best be resolved. I said;

*"I empathise with Ms M and her family. It's clearly been a difficult time, and this has been compounded by the service she's received.*

*Our investigator made it clear the complaint would only look at the issues up to the FRL dated 6 February 2023. I understand Ms M has raised a further complaint about issues that occurred after this date.*

*Our service assess complaints independently within a fair and reasonable remit. We don't act for either a consumer or a business. And I want to assure Ms M that in considering the complaint I've thought very carefully about what happened here.*

*Our investigator recommended upholding the complaint because they weren't persuaded there was cogent evidence to say esure's communication and claim progression had been reasonable. The investigator also increased the compensation from £150 to £350.*

*Our investigator asked esure to provide further information in respect of their handling of the claim but I haven't seen that it's been provided.*

*An insurance claim of this type won't always be totally hassle free. And from what I've seen esure accept communication from the loss adjustor was poor. Ms M has provided compelling and consistent testimony about the impact the whole matter has had on the family – including being unable to live in her home for over a year; when initially they were told the work would take six months. I think this has been further compounded by the lack of communication from esure and no meaningful updates as to the scale of remaining work and the likely timescales for completion.*

*I think these errors caused significant inconvenience for Ms M. I think having to make continuous calls and emails together with being unable to live in their home would have caused a lot of problems and worry over several months. And I think this could all have been avoided or had more limited effect if esure had acted sooner, and more proactively.*

*And had esure acted fairly in the first instance I don't think Ms M would have needed to continue to engage with esure, and this service, in an attempt to obtain updates as to the repairs and to get the claim resolved. I'm satisfied this has taken time and effort from Ms M, and I don't doubt it would have been both stressful and upsetting during that process. So I intend to direct esure to pay Ms M £750 to recognise the trouble and upset. I think this is fair and falls in line with our service's approach. So I intend to uphold the complaint and direct esure to pay the additional amount."*

I invited both parties to let me have any further to let me have any further comments they wished to make in response to my provisional conclusions.

## **Responses to my provisional decision**

Neither party raised any additional points or queried my findings.

## **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.

In light of the fact that neither Ms M or esure had anything to add to the findings set out in my provisional decision (which I've reproduced here and which forms part of this final decision), I'm satisfied it represents an appropriate way to resolve the dispute.

**Putting things right**

I direct esure to pay Ms M £750 for the trouble and upset caused.

**My final decision**

For the reasons set out above uphold this complaint and direct esure Insurance Limited to pay Ms M £750 for the trouble and upset caused.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms M and Mr M to accept or reject my decision before 6 February 2024.

Kiran Clair  
**Ombudsman**