

The complaint

Mr B complains U K Insurance Limited handled his home insurance claim poorly.

UKI's been represented by agents during the claim. For simplicity I've generally referred to the actions of the agents as being those of UKI.

What happened

In December 2020 Mr B claimed against his UKI home insurance policy. His home had experienced flood damage. UKI accepted the claim.

Mr B was unhappy about various aspects of how the claim was being handled. So he complained. In June 2022 UKI issued a complaint response. It accepted it had made various mistakes – including delay in accepting liability, incorrectly declining damage to flood defences and problems with communication. It offered Mr B £1,000 compensation – and waived a £500 policy excess.

Mr B wasn't satisfied so came to this service. He raised several complaint points. They include the following. From the start of the claim there were delays and a lack of support from UKI. It refused to pay accommodation costs incurred because of its mistake. And its loss adjuster's approach caused him and his family unnecessary stress and ill-health,

Mr B says UKI's handling of the claim had a negative impact on the household's health and mental well-being. He felt unable to work because he had to spend so much time on the claim. To resolve the complaint he would like further compensation to recognise the impact of their poor experience.

Our Investigator felt UKI could have handled the claim better. But she was of the opinion the total compensation of £1,500 was already enough in the circumstances. Mr B didn't accept that outcome. So the complaint was 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.

Our Investigator's already provided Mr B and UKI with a reasonable explanation of how we consider this type of complaint. So I'm not going to repeat that here.

I'm also not going to go into detail about the claim timeline, Mr B's complaint points and the impact of any errors or delay on him and his family. Again the investigator provided an account of that. But I've considered everything he's said and provided. I accept Mr B's explanation of what happened during the claim. I've also considered what he's said about the impact of any mistakes or poor service by UKI on him and his family – including inconvenience and health issues. Finally I've considered UKI's account of what happened – including its justification of some delay being out of its hands (including the intervention of a second flood) and its acceptance of responsibility for other delays.

Having done so, I agree with the investigator that the overall amount of £1,500 is enough to recognise the impact of unnecessary distress or inconvenience caused by UKI's poor handling of the claim. I'm not persuaded the impact of its errors was likely enough to justify a higher award.

I've also considered Mr B's comments about not being able to take on freelance work because of the need to be involved with the claim. Unfortunately claims of this nature cause disturbance to the household involved. They can require a certain amount of input from the claimant. I haven't seen enough to persuade me that UKI's claim handling was so poor that Mr B had no choice but to commit additional and otherwise unnecessary time to the matter.

Finally as far as I'm aware Mr B was reimbursed for various out of pocket expenses he's referred to – although I accept there may have been delays in receiving this.

Overall I'm satisfied UKI's already done enough to recognise the impact of any poor claim handling. So I'm not going to require it to pay anything extra or do anything differently.

My final decision

For the reasons given above, I don't require UK Insurance Limited to pay any additional compensation or do anything differently.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 5 October 2023.

Daniel Martin
Ombudsman