

The complaint

Mr and Mrs K are unhappy that Aviva Insurance Limited declined a claim they made on their travel insurance policy.

What happened

Mr and Mrs K have a travel insurance policy connected to their bank account. Mr K became ill whilst he was abroad and incurred significant medical expenses. They contacted their insurer on their return to the UK to make a claim.

The claim was declined as Aviva said that Mr K hadn't declared medical conditions to them. They said that there was no cover under the policy where a condition hadn't been declared. Mr and Mrs K complained but Aviva maintained their decision to decline the claim.

Unhappy, Mr and Mrs complained to the Financial Ombudsman Service. Our investigator looked into what had happened. He didn't think it was unreasonable for Aviva to reject the claim based on the policy terms and the available medical evidence.

Mr and Mrs K didn't agree and asked an ombudsman to review their complaint. In summary, they didn't agree Mr K's medical condition was directly or indirectly linked to a pre-existing medical condition. So, I need to make a 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.

The relevant rules and industry guidelines say that Aviva has a responsibility to handle claims promptly and fairly. And, they shouldn't reject a claim unreasonably.

The policy terms and conditions say that there is no cover for:

- Any medical condition unless you have told us about it and we have agreed to cover the condition and confirmed this in writing.
- Any symptoms you (or the insured person) were aware of before Purchasing this Pack or booking a trip (whichever is later) that you've sought, but not yet received, a diagnosis for

Medical condition is defined as:

Any illness, injury or disease where in the 12 months before purchasing the policy or booking a trip (whichever is later) an insured person has:

- Been prescribed medication, including newly prescribed or repeat medication; and/or

- Received or is awaiting medical treatment, tests or investigations; and/or
- Been referred to, or had a follow up with a specialist; and/or
- Been admitted to hospital or had surgery.

There are instructions in the policy terms about when a policyholder needs to declare the conditions to Aviva.

Was it unreasonable for Aviva to decline the claim?

I don't think it was unreasonable for Aviva to reject Mr and Mrs K's claim.

Mr and Mrs K travelled on their holiday in January 2022. He was diagnosed with right kidney obstructive uropathy and septic shock. He later had surgery for a kidney stone and was readmitted for a urinary tract infection (UTI).

Mr K's GP completed a form when he made his claim. The GP was asked if Mr K was under review, having tests or investigations, or awaiting results for any existing diagnosed or undiagnosed medical conditions. The GP confirmed that he was under the urology team awaiting a cystoscopy and urodynamic assessment. He was also waiting for a colonoscopy having been seen by a specialist due to symptoms of diarrhoea. When asked if Mr K had any serious chronic or recurring illness which required advice, medication or treatment the GP said:

Urinary Tract Infection – seen and investigated and discharged from urology Aug 2019. Seen by urology in 12/4/2021 awaiting investigation.

The medical form also listed chronic kidney disease, urine infections and diarrhoea (under investigation) on the list of conditions.

I've also taken into account the evidence from Mr K's consultants which also confirms his diagnosis of chronic kidney disease. In April 2021 Mr K's consultant urological surgeon said that he presented with a long history of bothersome mixed lower urinary tract infection. Mr K was referred for the cystoscopy and urodynamic assessment. In December 2021 he was referred for a colonoscopy due to diarrhoea, lower abdominal pain and weight loss.

Mr K didn't let Aviva know about these investigations, which were ongoing at the point that he travelled in January 2022. I think he should have done, in line with the policy terms I've outlined above. If he had Aviva would have confirmed that they wouldn't have covered these issues as they were undiagnosed and under investigation. So, I think Aviva acted reasonably when declining to cover the claim.

In any event, I've considered whether it was reasonable for Aviva to conclude that the conditions were linked to the illness Mr K experienced abroad. The notes say that he was admitted with 'right loin to groin pain and fevers x 1 day, loose stools 3/52, vomiting – 1 episode'. His diagnoses include right kidney obstructive uropathy and septic shock, acute kidney injury and acute gastro enteritis (although a question mark appears next to this diagnosis). Other diagnoses are also mentioned including thrombocytopenia and Acute Respiratory Distress Syndrome.

Given Mr K's history of symptoms and his pre-existing medical conditions I don't think it was unreasonable for Aviva to conclude that there was a connection between them. Mr K was under investigation by both a consultant urologist and a colorectal consultant for symptoms similar to those reported on his admission to hospital. I've taken into account what Mr and

Mrs K have said about Mr K's medical history, including why they believe the investigative tests in the UK wouldn't have identified the condition Mr K became ill with. However, based on the medical evidence I think Aviva reached a fair and reasonable decision to decline the claim.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr K and Mrs K to accept or reject my decision before 31 October 2023.

Anna Wilshaw
Ombudsman