

The complaint

Mr A and Ms H have complained about the service they received from Inter Partner Assistance SA when making a claim under their travel insurance policy.

What happened

The background to this complaint is well known to the parties. In summary Mr A and Ms H were travelling in Asia when the bus they were passengers on was involved in a serious collision. Ms H was unhurt, but Mr A was badly injured and was taken to hospital. Many claim handling issues arose from this point on.

IPA agreed the service it had provided was less than Mr A and Ms H could have expected and offered compensation. Our investigator felt that a greater level of compensation was warranted and recommended £1000. IPA agreed. Mr A and Ms H requested that an ombudsman make a decision, so the matter has been referred to me to decide.

Mr A and Ms H have raised some issues which haven't yet been addressed by IPA, including the repayment of expenses. In this decision I'm considering only those issues which IPA have dealt with in its final response to Mr A and Ms H.

All references to IPA include its agents.

I issued a provisional and said as follows:

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I'm aware I've summarised the background to this complaint and some sensitive medical details. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I've fully reviewed the complete file and having done so I agree broadly with the conclusion reached by our investigator, except I feel greater compensation is merited. I'll explain why:

- It is clear that there were communication difficulties. I don't find this was just because of time differences. Mr A and Ms H had explained that they weren't using their UK numbers, but repeatedly received emails advising that IPA had tried to call on the UK number but couldn't get through. I'm satisfied call backs weren't prompt or on occasion made at all. When Mr A and Ms H got through to an operative, they frequently needed to explain their situation again. Once Mr A was released from hospital Mr A and Ms H were left not knowing what the next step was. Additionally, they were given conflicting information – for example concerning whether they would need to make the payment for hotels. Overall, I don't find that Mr A and Ms H received the support and assistance that they could have expected at a time when they were in need.*

- *Communication issues continued when IPA decided it was necessary to assess whether Mr A was fit to fly. Although attempts were made to contact him, these weren't successful and contact was made with a relative in the UK. But as IPA accepts contact should have been made directly with Mr A, and his concerns addressed.*
- *However I'm satisfied that it was reasonable for IPA to confirm the adequacy of the hospital Mr A was taken to, as it was not a hospital within its network. I understand that this caused some delay and I do understand how frustrating this would have been. But in the circumstances, and having looked at the contact notes, I don't find that the delay here was excessive. I'm not persuaded that IPA delayed the treatment by eight hours.*
- *It was proposed that Mr A would be moved to a nearby country based on the information IPA had from Mr A's treating doctor for an assessment, as there was no local facility able to provide one. IPA admit it should have spoken directly to him rather than his mother for approval. I understand that there were communication difficulties, but I find conversations regarding the transfer and explaining why it was thought to be appropriate should have been had with Mr A or Ms H.*
- *Mr A has complained about a call that was made directly to him by the doctor who was later sent to accompany him home. Unfortunately, this call is no longer available so I can't determine what was said. IPA has said that the doctor's call note doesn't indicate any heated discussion or that the call dropped. But I accept Mr A's testimony that the call left him very stressed and anxious. He understood that return flights might not be together with Ms H. In response Ms H called her parents to complain in case they were separated. I'm pleased to note that this didn't happen, and they were able to travel in business class together.*
- *I understand that Mr A has experienced issues with the metalwork in his leg since returning to the UK. I am sorry to hear that this is so. This matter hasn't been addressed by IPA, so it wouldn't be appropriate for me to make any findings here.*
- *Mr A and Ms H have complained about the loss of data and complaint handling by IPA. I do understand how frustrating the missing calls are for Mr A and Ms H. However establishing data breaches is a matter for the Information Commissioner's Office.*
- *Mr A and Ms H have said that the processes of dealing with their claim and complaining about the service they were receiving was made more difficult because complaints are handled separately. IPA say this isn't necessarily true and that some issues were addressed informally over the phone. Complaint handling isn't a regulated activity that I am able to comment on, but I can look at the service IPA provided and for the reasons given I find it did fall below an acceptable standard.*
- *Clearly Mr A and Ms H had a very traumatic experience, during which Mr A was badly injured. IPA is not responsible for this. But I find that its handling of the issue and poor communication from the time it was made aware of the accident caused substantial distress and worry to both Mr A and Ms H. Although IPA was aware of the communication issues, I don't find it sought to resolve them. I note too that IPA was aware of Mr A's psychological state following the accident and it's not apparent that extra care was taken in these circumstances.*
- *I completely understand why Mr A and Ms H would be concerned to ensure that no one else experiences the type of service that they did. However we do not regulate*

financial businesses – that is the role of the regulator the Financial Conduct Authority. Our function is to resolve individual complaints. Here for the reasons given I'm satisfied that compensation is merited and I'm pleased to note that IPA agrees. Taking into account that both Mr A and Ms H were insured and I find that they both suffered substantial distress, upset and worry, I provisionally find that compensation to Mr A of £750 and to Ms H of £750 is merited all the circumstances. This is a total payment of £1500.

So my provisional decision was that I was minded to uphold the complaint and to require IPA to pay Mr A and Ms H £1500 in compensation.

IPA accepted my provisional findings. Mr A and Ms H made a final point, which they said may be inconsequential in terms of compensation. They said that there was a call between Mr A's surgeon and IPA where he told IPA that the surgery was delayed to a dangerous extent, which Mr A says equated to eight hours. They acknowledged that in my provisional findings I had said that there was no evidence of an eight-hour delay, but they felt that there should be given the phone call and IPA knowing the time frames.

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 the light of Mr A and Ms H's submission following my provisional decision, we asked IPA to double check for a call with the surgeon. Three calls were found related to Mr A's surgery, all within the first few days of the assistance case being opened. However there was no call, or call note of a call with the operating surgeon. I accept that is not to say with certainty that such a call didn't take place, but there is no record of it or what was said.

As indicated in my provisional findings, IPA have said that it needed to confirm that adequacy of the hospital as it wasn't a preferred provider on its network. I find that was necessary and fair. It says that it was informed surgery was scheduled for 19:00h local time on 2 May – this accords with the log I've had sight of. I understand IPA provided authorisation at 19:20h local time. There is nothing before me to show that surgery was scheduled for the morning of 2 May or that IPA caused a delay of eight hours in the surgery being carried out. That said, I remain satisfied that the matter could have gone more smoothly, and that Mr A and Ms H could have received better service and assistance. For this reason, I'm not persuaded to depart from my provisional findings, which I adopt here.

My final decision

My final decision is that I uphold this complaint. I require Inter Partner Assistance SA to pay Mr A and Ms H a total payment of £1500 in compensation.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr A and Ms H to accept or reject my decision before 12 June 2024.

Lindsey Woloski
Ombudsman