

**STEWARTS**  
THE LEGAL SERVICE

# INSURANCE POLICIES



# Insurance Policies

Following a serious injury, it is important that you check your insurance policies to establish whether you have the benefit of no-fault or critical illness insurance cover, which provides for a payment in the event of an illness or injury.

You should check whether you have payment protection insurance, which could cover debt, loan and mortgage payments in the event of a serious injury or illness. As well as specific policies, you may have 'critical illness' or 'personal accident' cover on standard policies such as home, car or travel insurance or perhaps as a benefit to a credit card or bank account. You may also find policies available through your employer.

## The first step

The first step is to check all your insurance policies, or telephone the insurer or your broker in the event that you cannot find your policies. It is important to do this as soon as possible as claims are often subject to strict time limits set out within the policy document. The insurer may provide a claim form and may require you to undergo a medical assessment or request the release of your medical records before a decision about your claim is made.

## What if my claim is reduced or refused?

If you disagree with an insurance company's decision, you can complain to the insurance company itself by going through its formal complaints procedure. The Financial Ombudsman Service website provides useful tips to ensure that your complaint is taken seriously.

The insurance company will generally have eight weeks to consider your complaint and should then notify you of their decision. If, following your

complaint, you are still unhappy with the decision, a complaint can be made to the Financial Ombudsman Service.

## The Financial Ombudsman Service

The Financial Ombudsman Service is an independent and impartial service that aims to settle disputes between consumers (in this instance, you) and financial businesses (in this instance, insurance companies).

The role of the Financial Ombudsman Service is to reach a fair and reasonable decision about complaints based on the facts of each individual case.

Once a complaint has been made, it will be investigated by a case handler. The case handler will review all documentation provided and may request further information from you and/or the insurance company. Following this, the case handler will make a decision about your complaint.

## What if I am unhappy with the decision made by the case handler?

If you or the insurance company are unhappy with the decision, either of you may ask for a final decision by an ombudsman. The ombudsman will carry out an independent review of the complaint before making a final decision.

When the ombudsman makes a final decision, they will set a time limit for acceptance. If you accept the decision within that time limit, the insurance company

is bound by the decision. If the insurance company doesn't comply with that decision, you can enforce the ombudsman's decision in court.

If you do not wish to accept the ombudsman's decision or do not accept the decision within the time limit set, the insurance company is not bound by the decision and you are free to make a claim through the courts (although you should note that time limits and other restrictions might apply).

A final decision made by an ombudsman is the end of the Financial Ombudsman Service's complaints handling process. Neither party can appeal against the decision by going to another ombudsman.

### What award can an ombudsman make?

The ombudsman can order the insurance company to pay you an amount for your financial loss, damage to your reputation, distress and inconvenience caused. The maximum financial award an ombudsman can order is:

- £355,000 for complaints referred to the Financial Ombudsman Service on or after 1 April 2020 about act or omissions, but insurance companies on

or after 1 April 2019.

- £350,000 for complaints referred to the Financial Ombudsman Service between 1 April 2019 and 31 March 2020 about acts or omissions by insurance companies on or after 1 April 2019.
- £160,000 for complaints about acts or omissions by insurance companies before 1 April 2019 and which are referred to the Financial Ombudsman Service after that date.

In addition to financial awards, the ombudsman can direct the insurance company to take appropriate action, such as to apologise to you or to correct their records.

### Time limits

The Financial Ombudsman Service will not accept a complaint until the insurance company's own complaints procedure has been exhausted.

Generally, a complaint to the Financial Ombudsman Service must be made within six months of the date of the insurance company's final response (which has to mention the six-month time limit).

## Financial Ombudsman Service

+44 (0)800 023 4567 | [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk) | [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)



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