

# STEWARTS



## Legal Service Newsletter - October 2017

The Legal Service is provided by Stewarts' pro bono team as part of the Firm's commitment to help people with serious injury.

The service offers free advice to patients when they need it most.

To make a referral to the Legal Service, please contact Kara Smith by phone on 020 7822 8000 or by email at [ksmith@stewartslaw.com](mailto:ksmith@stewartslaw.com).

### Stewarts successfully claim critical illness cover for client under expired insurance policy

Following a serious injury, one of the issues that we often assist patients with is investigating whether they have the benefit of no-fault or critical illness insurance.



The level of cover can vary from policy to policy but there is no doubt that money from these policies can make a massive difference to the lives of patients we meet, especially those who do not have a compensation claim. Indeed, this was the case for Kevin Lynskey, who failed to convince his insurer to pay out for multiple sclerosis and came to us for help.

In 2003, Mr Lynskey took out a 12-year insurance policy with a well-known insurer. The policy provided him with a lump sum payment if he was ever diagnosed with a critical illness.

In 2004, Mr Lynskey began to develop issues with his mobility. His condition deteriorated to the point that he could not mobilise without the use of walking aids. Despite extensive investigations, the specialists involved in Mr Lynskey's treatment were unable to identify the cause of his symptoms until February 2016, when he was diagnosed with primary progressive multiple sclerosis. This was a condition that Mr Lynskey could

claim for under the policy. However, it was too late. The policy expired in 2015 and the insurer refused to pay out or even consider his claim.

We reviewed the paperwork and researched previous Financial Ombudsman decisions to establish whether anyone had ever been successful at claiming on an expired policy. We found authority which said that as long as there was evidence that the critical illness existed during the life of the policy, this was sufficient to trigger payment; it did not matter that there was no firm diagnosis.

In light of this authority, we wrote to the insurance company to demand a claim form – the insurance company had refused to give one to Mr Lynskey. We then reviewed Mr Lynskey’s medical records and gathered medical evidence to demonstrate that the symptoms of multiple sclerosis were present during the life of the policy and that this was capable of being diagnosed. We also approached the consultant who made the diagnosis for a letter of support.

Four months after we became involved, Mr Lynskey received the entire award under the policy plus interest and a refund for premiums that he should not have had to pay. He was also awarded a small amount of compensation for the inconvenience caused in failing to provide him with a claim form.

Mr Lynskey commented:

"I would like to express my sincere thanks to Stewarts for the support, consideration, commitment and excellent service provided by their pro bono team; their work has been truly amazing. Others had dismissed my case as having little or no chance. Stewarts quickly and correctly assessed my best option and achieved a 100% result in a very short period of time. I cannot tell you what this means to me and my family. I would, without hesitation, fully recommend their services to others."

## Recent News



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# STEWARTS

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