



# Claims data

For the period 1st September – 30th November 2021

OFFICIAL  
INJURY  
CLAIM

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# 1. Introduction

The Official Injury Claim (OIC) service, was developed by the Motor Insurers' Bureau (MIB) on behalf of the Ministry of Justice (MoJ). It has been operational since the implementation of the government's Whiplash Reform Programme on 31st May 2021.

The reforms included an increase in the small claims track limit for road traffic accident (RTA) related personal injury claims from £1,000 to £5,000 and the commencement of the measures in Part 1 of the Civil Liability Act (CLA) 2018. The CLA introduced a fixed tariff of damages for whiplash claims and a ban on the seeking or offering to settle such claims without medical evidence.

More information and frequently asked questions on the reforms and the OIC service are available [here](#) and on the OIC website [here](#).

**The data and statistics presented on these pages reflect data captured by the service during the period of 1<sup>st</sup> September 2021– 30<sup>th</sup> November 2021, unless otherwise stated\*. You can [download previous data publications here](#).**

This data has been published on the OIC website, and it is intended that data will be issued on a quarterly basis. The MoJ are also exploring whether to publish future releases on GOV.UK and will inform stakeholders of any changes to the publication schedule and/or location of this data via stakeholder alerts.

Due to the early nature of this publication, we have not been able to include some figures as there is currently not enough meaningful data to make publication at this time viable or helpful. As further data releases are published as part of this series these information gaps will be filled. **Readers will note we have included month on month statistics for claims volumes and settlements in this release. Additional information on exits has also been included.**

The OIC service is still evolving, and analysis of this published data offers an insight into the early performance of the service. However, the information provided will continue to change and mature as the service becomes more established.

Other relevant and contextual data related to the personal injury claims process is also available from other sources such as:

- [DWP Compensation Recovery Unit](#)
- [Claims Portal](#)
- [HMCTS](#)
- [MedCo](#)

The statistics presented in this publication are generated by the OIC service and have been provided to the MoJ by the MIB.

\* Some figures such as settlements, liability decision and exits may relate to claims that were registered during the first quarter of operation.

## 2. Headline data

Reporting period 1<sup>st</sup> September – 30<sup>th</sup> November

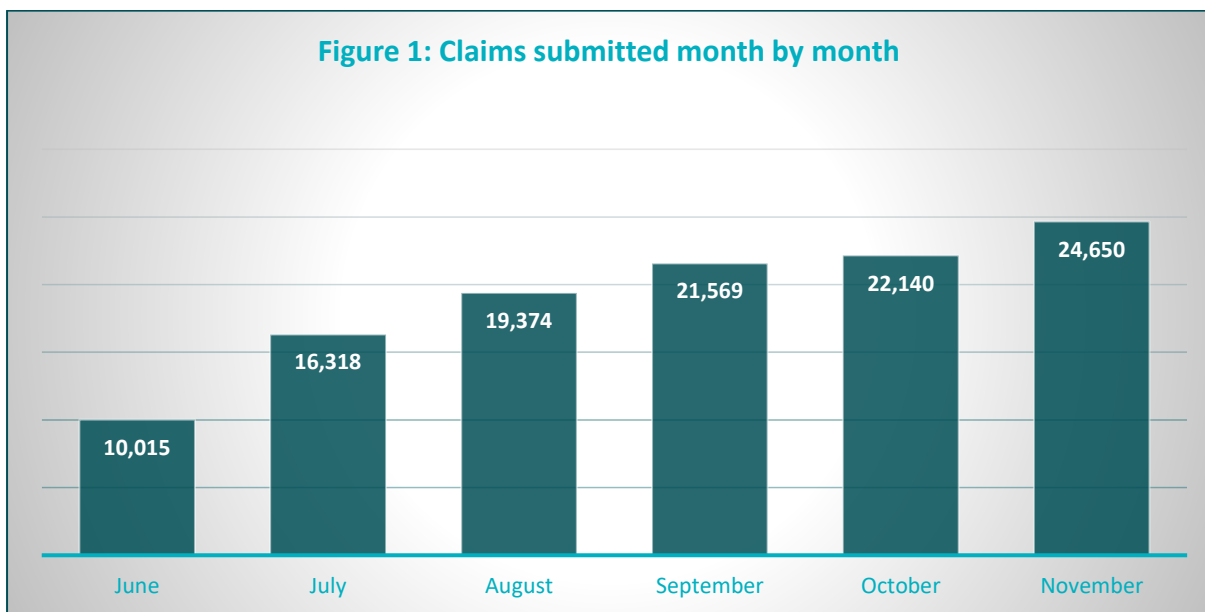
	Total since launch	This reporting period
Claims submitted	114,077	68,359
Represented Claims	103,513	62,126
Unrepresented Claims	10,564	6,233
Liability decisions	66,943	42,131*
Settlements	3,904	3,468*

\*Liability decisions and settlements recorded in the reporting period can refer to claims submitted in previous periods.

## 3. Claims volume

For the period 1<sup>st</sup> September - 30<sup>th</sup> November 2021, 68,359 claims were started via the service, compared to 45,718 in [the first quarter of operation](#). When considering the total volume of RTA related personal injury claims made during this period, these figures should not be viewed in isolation. Other relevant factors include Covid-19 impacts on driver behaviour and volume, a staged approach to initiating claims on the new service being utilised by some professional users, and the fact that claims also continue to be made through the Claims Portal service where appropriate.

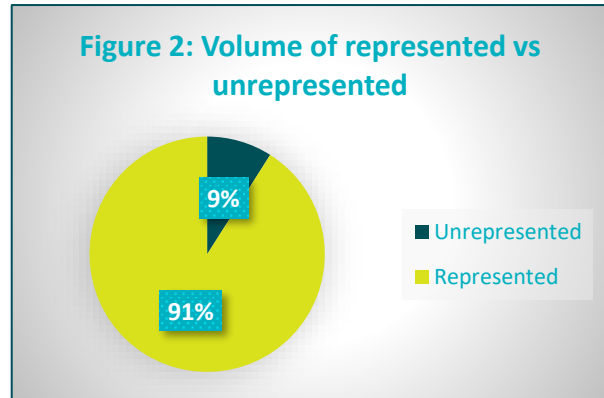
Figure 1 provides the number of claims submitted per month since the service was launched.



## 4. Representation

Of all claims registered in this period a total of **6,233** were made by unrepresented claimants and **62,126** had professional representation.

Since launch, **16** claimants have started a claim via the Portal Support Centre assisted paper claims process. This includes **11** claimants from this reporting period and five claimants from the previous period.



The percentage of represented and unrepresented claimants remain consistent with the [first quarter of operation](#).

Represented claimants are being supported by a range of different types of organisations, including law firms, Alternative Business Structures (ABSs)\*, appropriately authorised claims management companies (CMCs)\*\* and others\*\*\*. As is shown in the table and Figure 3 below, the vast majority continue to be law firms (75%) and licensed ABSs (24%).

Type of User	Number of Claims	Percentage
Law Firm	46,790	75.3%
ABS	15,227	24.5%
CMC	108	0.2%
Other	1	0.0%

\* An ABS is an entity authorised by a licensing body (usually a regulator) to provide reserved legal activities. An ABS allows non-lawyers to own or invest in legal services providers, where previously ownership was restricted to legal professionals.

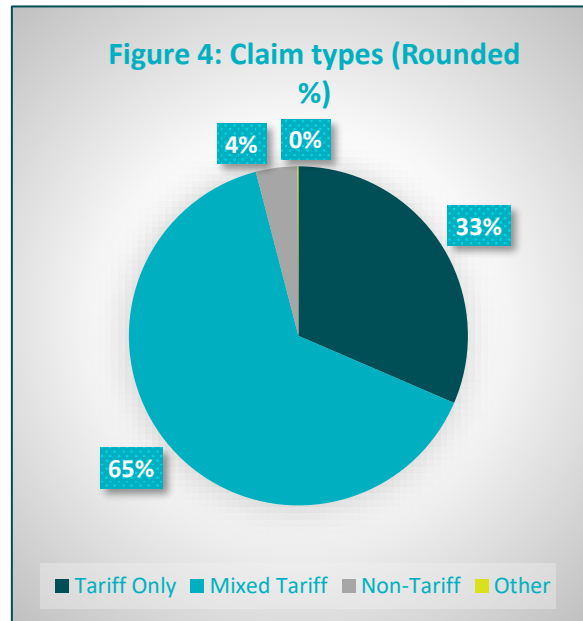
\*\* CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

\*\*\* In limited circumstances professional users may select 'other' when creating an account and when that user's profession does not match the options provided. For example, it may be used by a CILEX barrister.

## 5. Types of claims

The OIC service can be used to claim compensation for a range of different RTA related injuries with a value of less than £5,000. Figure 4 and its accompanying table provide an overview of the types of claims submitted within the period 1<sup>st</sup> September to 30<sup>th</sup> November, broken down by category:

Claim types	Number of claims
Whiplash <sup>1</sup> Only	13,816
Whiplash + Minor Psychological <sup>2</sup>	6,769
Whiplash + Physical <sup>3</sup>	20,276
Whiplash + Physical + Minor Psychological	18,184
Multiple Injuries <sup>4</sup>	3,713
Physical Only	2,112
Physical + Psychological	478
Other <sup>5</sup>	55



1. Whiplash is an injury of soft tissue in the neck, back or shoulder, as defined by Part 1, section 1 of the [Civil Liability Act 2018](#).
2. Minor psychological injury includes shock, anxiety and other psychological conditions.
3. Single Physical injuries include bruising, abrasion, cuts, scarring, fracture, headaches, sprain or strain and affected senses.
4. Multiple injuries refer to more than one physical injury as defined above. In these claims, tariff and non-tariff damages would apply.
5. 'Other' refers to claimants who are unsure of their injuries and are awaiting medical assessment.

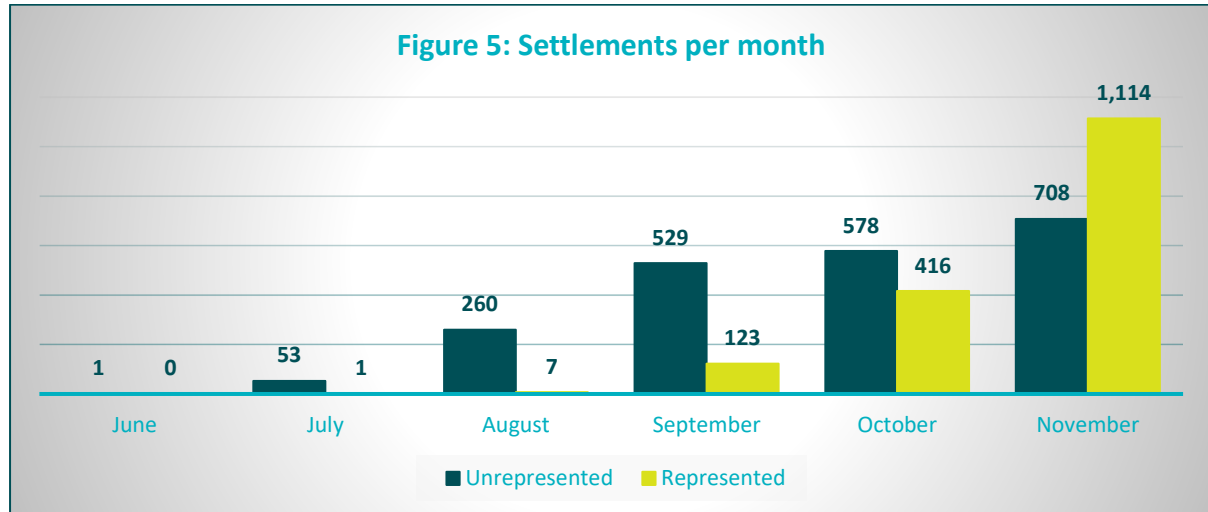
Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **20,585 (31%)** of claims presented in this period were covered solely by the tariff, and **42,173 (64%)** are mixed claims including both tariff and other injuries compared to **61% in the previous period**. **62,758 (96%)** of claims include a whiplash tariff element. **2,956** claims submitted in the reporting period had not provided information about injuries at the time of publication.

## 6. Settlements

**3,904** claims have settled since the launch of the service, including **3,468** claims in this reporting period. **1,815 (52.3%)** of these were unrepresented claimants (compared to 96% in the previous period). Professional users accounted for **1,653 (47.6%)** settlements (compared to 4% in the previous period). The graph at figure 5 shows settlement progress by month.

The average time from claim to settlement for these claims was **83 days** compared to **45.2 days** in the previous period. Settlement data will take some considerable time to mature. A more rounded consideration of settlement time is unlikely to emerge before the end of 2022. Data illustrating the makeup of monthly settlements will start to build a picture during this time.

Figure 5 shows settlements month on month since launch.



Future data releases will include information on average settlement values for both tariff and non-tariff claims. However, this data has not been included in this second release due to the limited number of claims settled to date. If volumes are sufficient, we will start to release average values in the next release of data, although like lifecycle, the early picture will be immature.

## 7. Exceptional injuries and circumstances

The Whiplash Injury Regulations 2021 also provide for a court to award an uplift in damages of up to 20% where either the injuries suffered, or the claimant’s circumstances are considered to be exceptional. Of the total claims made in the reporting period, **3,431** claims included a request for an uplift for exceptional injury, **4,383** claims requested an uplift for exceptional circumstances and **9,198** claims requested an uplift in both categories.

### Exceptional Circumstances

This means that the claimant believes they should receive higher damages than those provided for under the whiplash tariff due to the impact of their accident on their home/work/social life or activities

### Exceptional Injuries

This is slightly different from ‘exceptional circumstances’ and usually means that the claimant believes that their injuries are exceptionally severe and that they should receive higher damages than those provided for under the whiplash tariff.

The table below provides the number of claims, broken down by representation, which have included a claim for uplift for exceptionality of any kind.

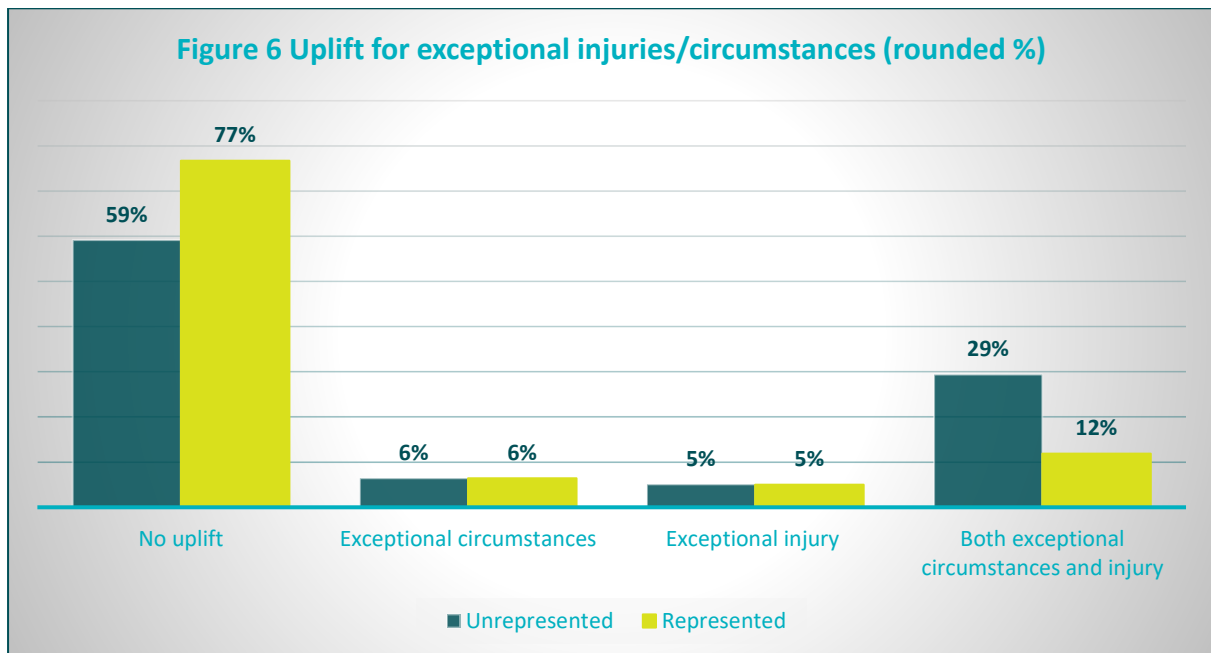
Type of representation	No uplift claimed	Exceptional Circumstances uplift claimed	Exceptional Injury uplift claimed	Both Exceptional Injury and Circumstances uplift claimed
Unrepresented	3,688	399	315	1,831
Represented	47,659	3,984	3,116	7,367

2,545 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances, or both in the reporting period. This equates to **40%** of the **6,233** unrepresented claimants.

14,467 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **23%** of the **62,126** represented claims made.

These percentages are consistent with [the first quarter of operation](#).

Figure 6 provides the percentages of represented and unrepresented claims with a claim for uplift for exceptionality.

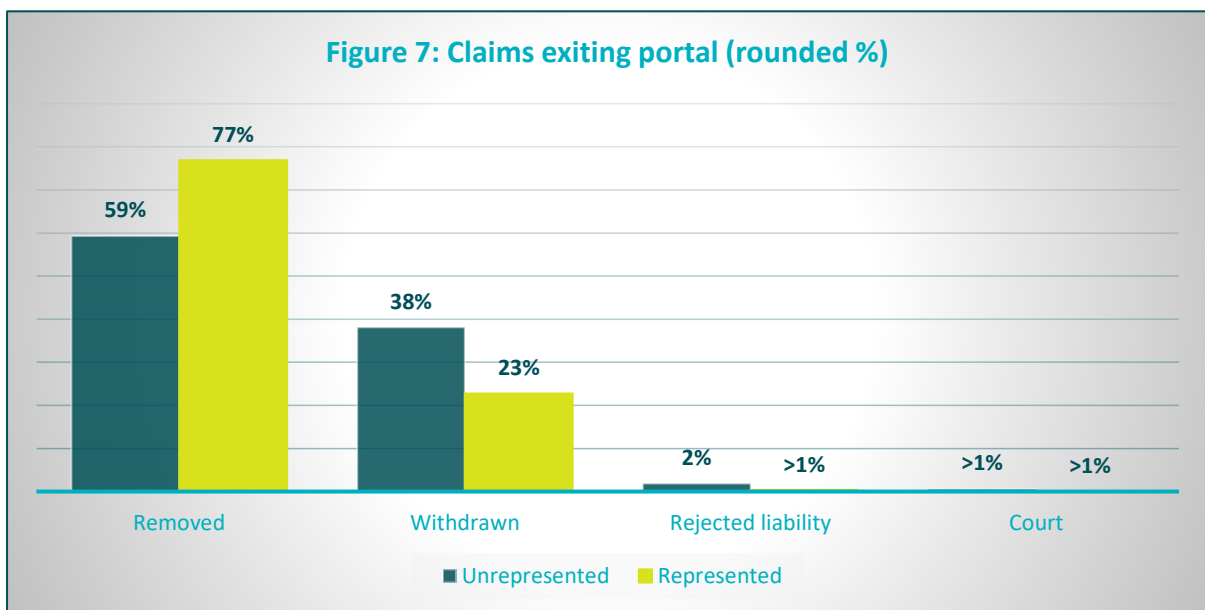




## 8. Claims exiting the portal

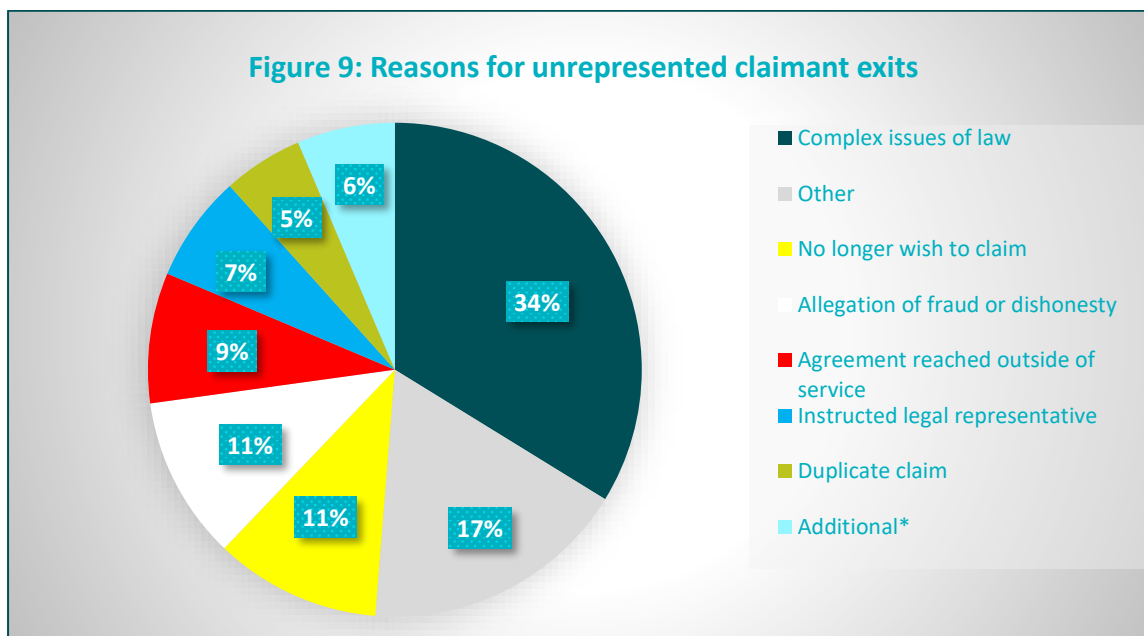
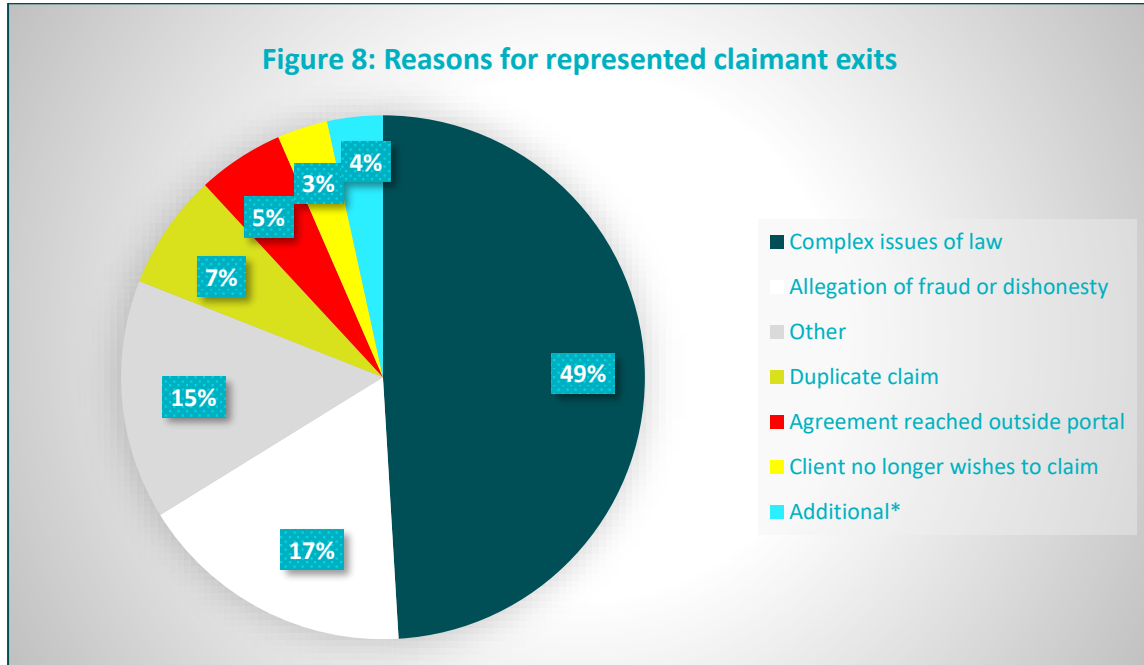
7,184 claims have exited the portal for a reason other than settlement since launch. 4,421 claims exited in the current reporting period including 3,944 represented and 477 unrepresented claimants. Claims can exit the OIC process in a variety of different reasons, and Figure 7 provides data on the reasons claims exited the OIC portal in this period:

	Removed*	Withdrawn	Rejected-Liability	Court
Represented claimants	3,032	898	14	0
Unrepresented claimants	283	182	9	3



\*Claims are marked as removed when they have been taken out of the service by the Compensator. Reasons for this include: the compensator believes the overall claim is more than £10,000, the claim for personal injury is more than £5,000, there are complex issues of fact or law, there is a formal allegation of fraud made following receipt of the medical report, a dispute relating to causation, or an agreement was reached outside of the service.

Figures 8 and 9 below provide more detailed information on the reason for exit and have been split as unrepresented claimants have additional categories to choose from (i.e. 'Instructed Legal Representative'). The categories shown are self-selected by the claimants or professional user at the point of exit. As such, they should only be considered as an approximate indication of the reason for exit.



\*Additional categories included claims being valued above the 10k or 5k limits, liability rejected, going to court and dispute over cause of injury.

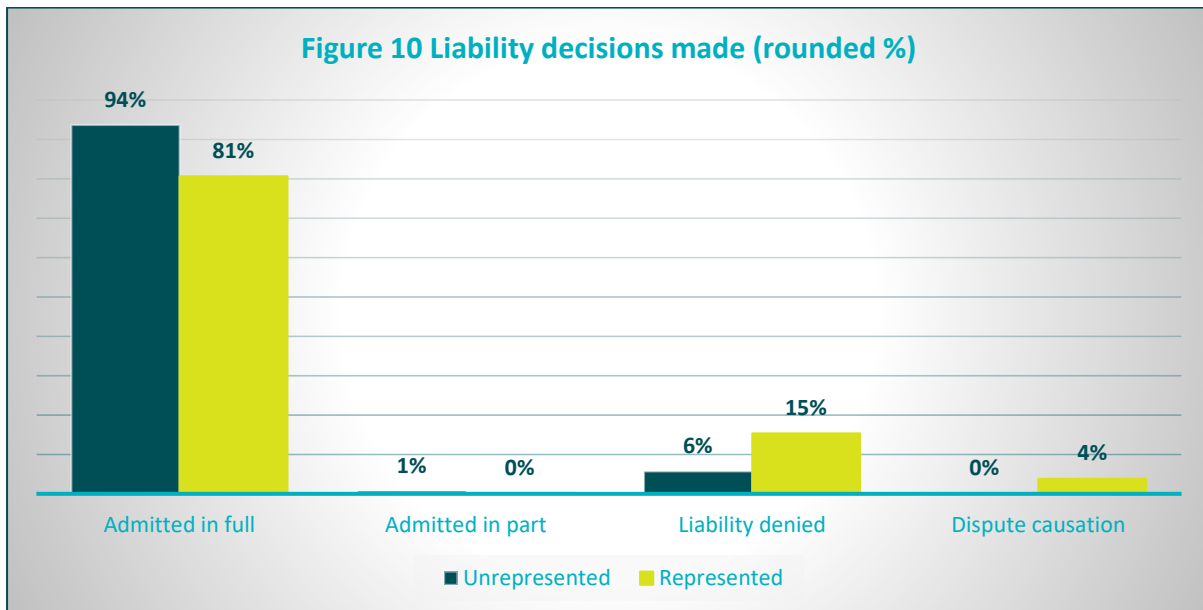
## 9. Liability

In total **42,131** claims have had a liability decision made in this reporting period\*. Of these, **34,506 (82%)** claimants have had liability admitted in part or in full by the at-fault compensator (compared to 85% in the previous reporting period).

**81% of** represented and **94% of** unrepresented claims have had liability admitted in part or in full (see figure 10 below).

In addition, causation was disputed in **1,479** claims (**1,478** represented and **1** unrepresented). The table and Figure 10 below provide a breakdown of liability decisions made:

	Liability in full	Liability in part	Liability denied	Dispute Causation
Represented claimants	31,313	84	5,960	1,478
Unrepresented claimants	3,086	23	186	1



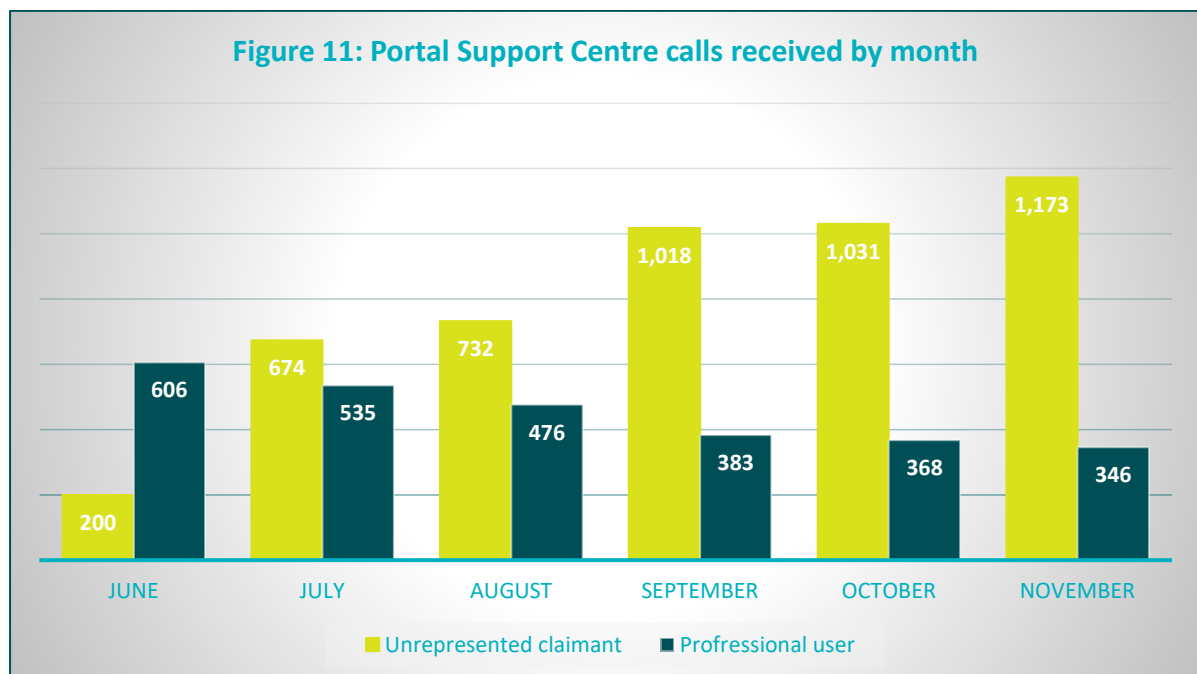
\*Claims which have had a liability decision may have been started at any time since launch, not just between 1 September and 30 November 2021.

## 10. Portal Support Centre

The OIC service features a fully staffed helpline which can provide both professional users and unrepresented claimants with help on using the system and progressing claims. The service does not provide legal advice but can support users on the process of making a claim through both the digital portal and via paper-based claim forms.

The Portal Support Centre received **4,319** enquiries between 1st September 2021 and 30th November 2021. Of these **1,097** were from professional users and **3,222** were from unrepresented claimants. **16** claims are currently being made via the Portal Support Centre assisted paper claims process, with **11** of these claims started in this reporting period.

Figure 11 provides information on the number of calls received per month from both professional users and from unrepresented claimants since launch.



## 11. System operation

It is now 6 months since launch and the core system continues to perform well and has generally been available to users 24/7 throughout the period. Users can interact with the service by using the web interface or through an Automated Portal Interface (API).

The web service used by direct claimants and both compensators and professional advisors alike has performed as expected. No outages have been experienced during this period.

As the volumes of claims made have increased over time there has been no service deterioration or delays with “page turns” (the rate of refresh after data is entered). The system has alerts built to highlight any deterioration, and capacity can be increased quickly if required. Concurrency of use is being monitored in the background. We are regularly seeing in excess of 500 users on the system at any point during business hours.

MIB continue to engage with and seek feedback from users. Service refinements and bug fixes are being identified and dealt with. MIB will continue to support users in this way and to continue to actively seek feedback.

In 2022 we will continue to monitor feedback and make improvements where possible. System change will consist of planned maintenance and dealing with any critical bugs should they emerge. The next planned drop of code is scheduled for 15 March 2022, a timetable for which will be shared before year end.