



Claims data

For the period 1st December 2021 – 31st March 2022

OFFICIAL
INJURY
CLAIM

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1. Introduction

The Official Injury Claim (OIC) service was developed by MIB (the Motor Insurers' Bureau) 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 1st December 2021 to 31st March 2022, unless otherwise stated*. This publication covers a four-month period (from 1 December 2021 to 31 March 2022), whereas previous publications reported on three months of data. We have chosen to report on four months in order to bring the reporting cycle in line with the financial year. **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.

We have not yet been able to include some figures in areas where 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, that we have for the first time in this release, included some detail relating to settlements.**

The OIC service is still evolving, and this published data offers an insight into the initial performance of the service, which will continue to change and mature as the it becomes more established.

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

- [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 MIB.

* Some figures such as settlements, liability decisions and exits may relate to claims that were registered during a previous reporting period. There is a marginal variance in some of the numbers from previous publications due to late polling. The figures shown in this publication are correct as of 1st April 2022.

2. Headline data

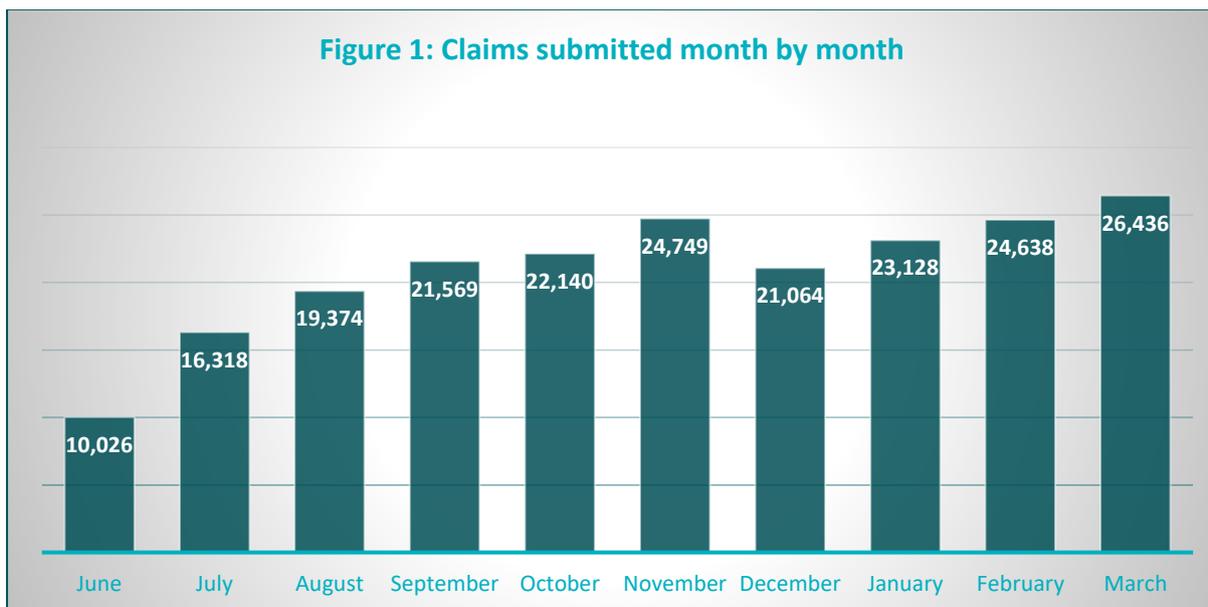
Reporting period 1st December 2021 – 31st March 2022

	Total since launch	This reporting period
Claims submitted	209,442	95,266
Represented claims	190,411	86,805
Unrepresented claims	19,031	8,461
Liability decisions	123,332	62,016*
Settlements (closed)	17,607	13,843
Settlements (open)	2,299	2,299

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

3. Claims volume

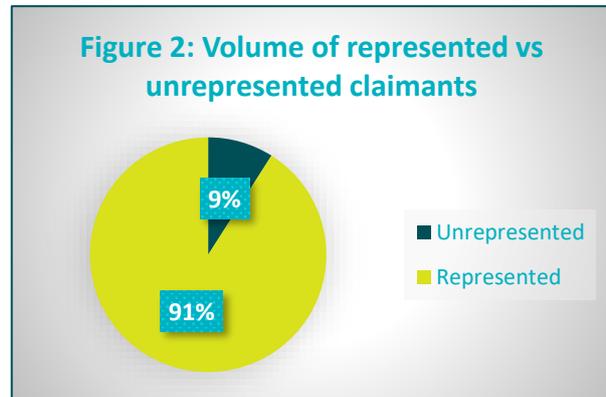
Figure 1 shows claims entered into the system month-on-month since launch. In recent months there is an average of c. 25,000 claims per month. These figures should not be viewed in isolation; claims are still correctly reporting into the Claims Portal Ltd (CPL) regime. There are significant non-service factors influencing driver behaviour and accident rate. These include the impact of Covid-19 as well as the general economic factors of cost and inflation that will indirectly influence vehicle miles and vehicle parc and ultimately accident rate.



4. Representation

Of all claims registered in this period, a total of **8,461** were made by unrepresented claimants and **86,805** had professional representation.

Since launch, **81** claimants have started a claim via the Portal Support Centre assisted paper claims process. This includes **65** claimants from this reporting period and **11** claimants from the previous period.



The percentages of represented and unrepresented claimants remain consistent with previous reports.

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 other***. As is shown in the table and Figure 3 below, the vast majority continue to be law firms (76%) and licensed ABSs (23.8%).

Type of user	Number of claims	Percentage
Law firm	65,998	76%
ABS	20,609	23.8%
CMC	198	0.2%
Other	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.

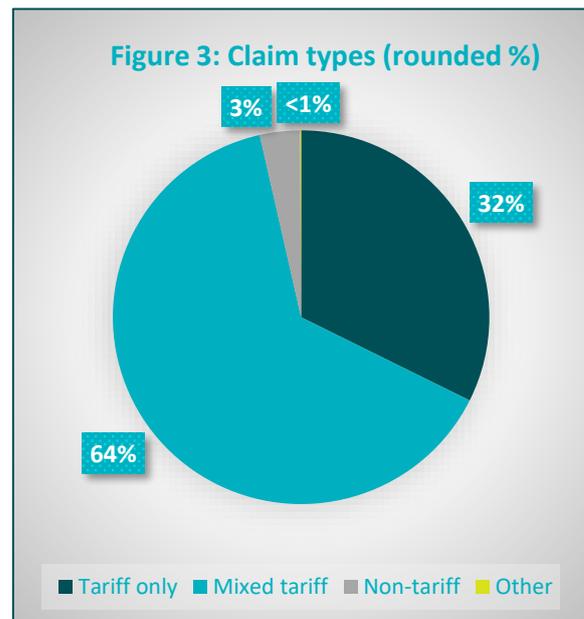
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** 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 3 and its accompanying table provide an overview of the types of claims* submitted within the period 1st December to 31st March, broken down by category:

Claim types	Number of claims
Whiplash ¹ only	20,029
Whiplash + minor psychological ²	9,389
Whiplash + physical ³	27,126
Whiplash + physical + minor psychological	24,388
Multiple injuries ⁴	6,794
Physical only	2,479
Physical + psychological	657
Other ⁵	77



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' refers 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.

* Claims in the status of pending new, that have not had injury type added, are excluded.

Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **29,418 (32%)** of claims presented in this period were covered solely by the tariff, and **58,308 (64%)** are mixed claims including both tariff and other injuries. **87,726 (96%)** of claims include a whiplash-tariff element.

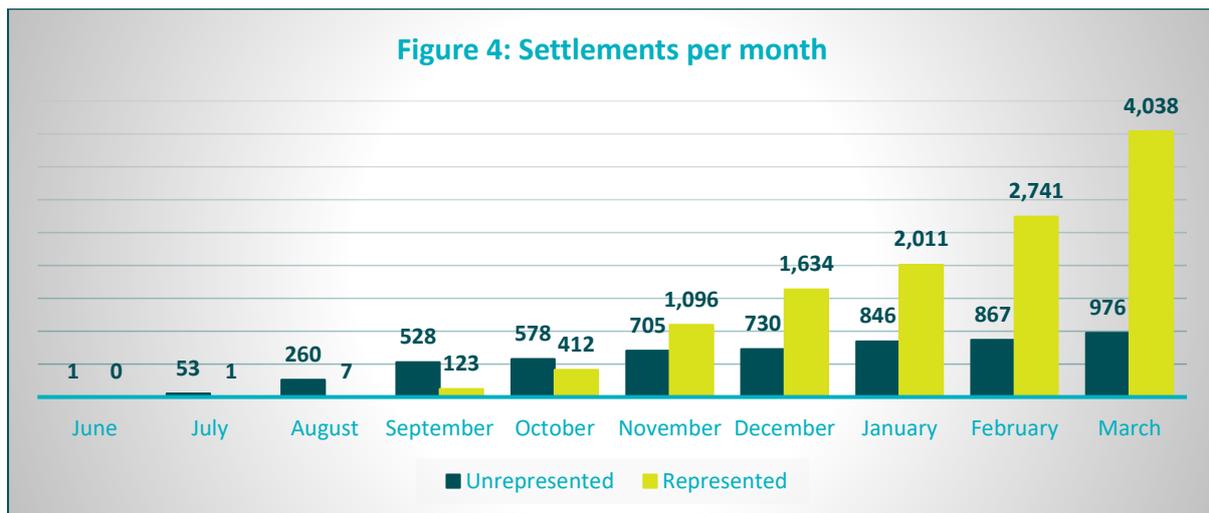
6. Settlements

The volume of claims settling has risen steeply since data was previously published. We expect this trend to continue. **17,607** claims have settled since the launch of the service, including **13,843** claims in this reporting period. **3,419 (25%)** of these were unrepresented claimants (compared to **52%** in the previous period). Represented claimants accounted for **10,424 (75%)** settlements (compared to **48%** in the previous period).

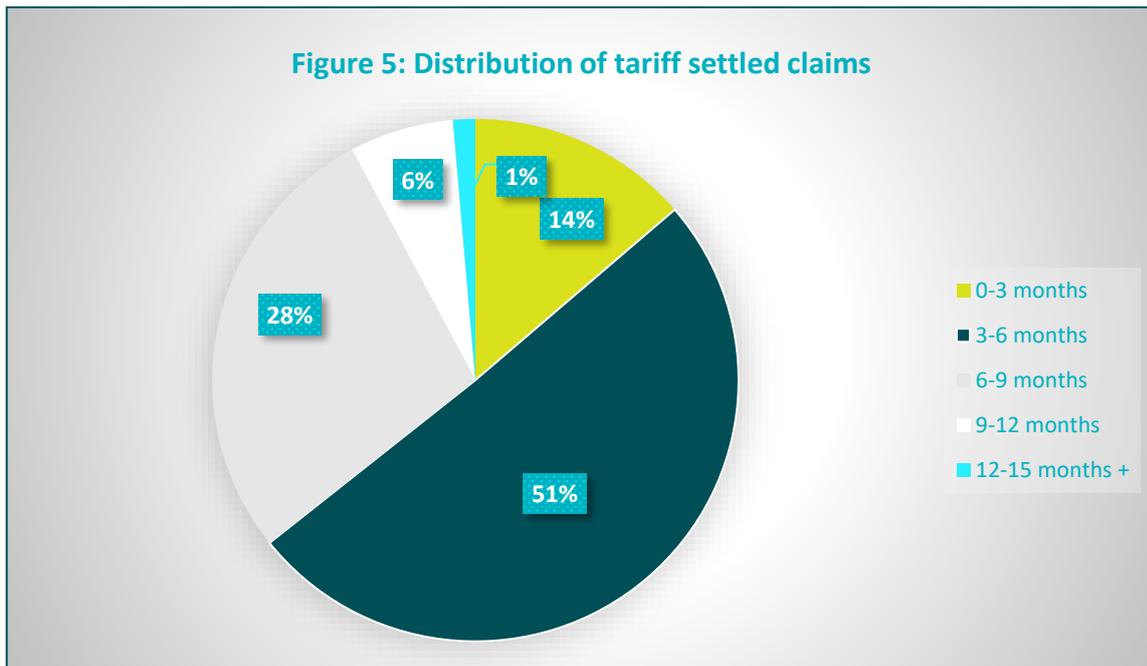
There is an additional cohort of claims emerging which have settled but not yet fully progressed through the portal journey; there are referred to as open settlements, where users have not yet completed the portal journey by confirming the claim is complete. There are currently **2,299** open settlements (**285** unrepresented and **2,014** represented). We will look to introduce a feature into the system that auto closes cases after a period once this open settlement status has been reached.

The average time from claim to settlement for these claims was **139 days** compared to **85** days in the previous period. This is to be expected as cases have matured and is likely to continue to rise.

Figure 4 shows settlements month on month since launch (closed cases).



Early data shows that 93% of claims are settling within the first three tariff bands – claims for an injury with a duration of up to nine months. We fully expect to see claims falling into higher bands as time elapses. For present purposes we have not differentiated between settlements for tariff and tariff plus minor psychological injuries having combined that data into the view in Figure 5.



Early settlement data indicates that unrepresented and represented claimants are agreeing similar levels of compensation. The table below gives some insight into these averaged early settlements for tariff and non-tariff elements. Data on items such as fees, injury related additional losses and non-protocol vehicle costs (NPVC) have not been included. Additional work is required once data points mature to understand if these will give additional insight that is meaningful.

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£446	£666	£30
Represented	£420	£655	£15

Settlement data will take some considerable time to mature, and a more settled picture is unlikely to emerge before the end of 2022.

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, **5,108** claims included a request for an uplift for exceptional injury, **5,852** claims requested an uplift for exceptional circumstances and **12,026** 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.

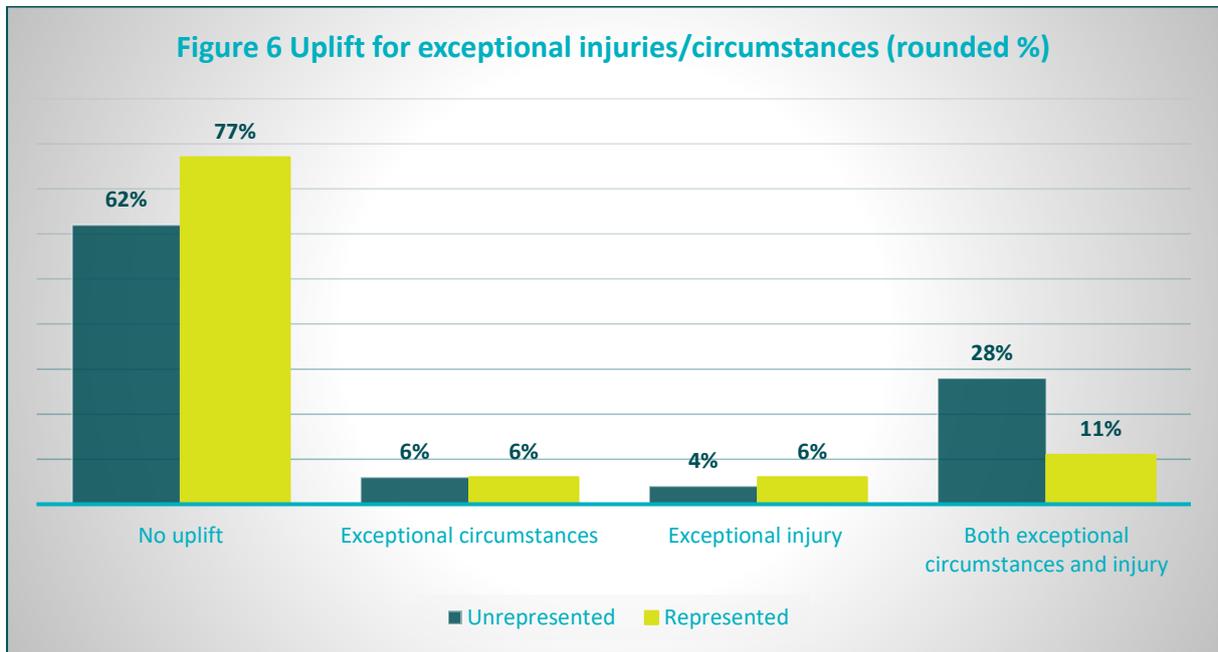
The table below provides the number of claims, broken down by representation, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift claimed	Exceptional injury uplift claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	5,222	491	372	2,376
Represented	67,058	5,361	4,736	9,650

3,239 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **38%** of **8,461** unrepresented claimants.

19,747 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **23%** of **86,805** represented claims made.

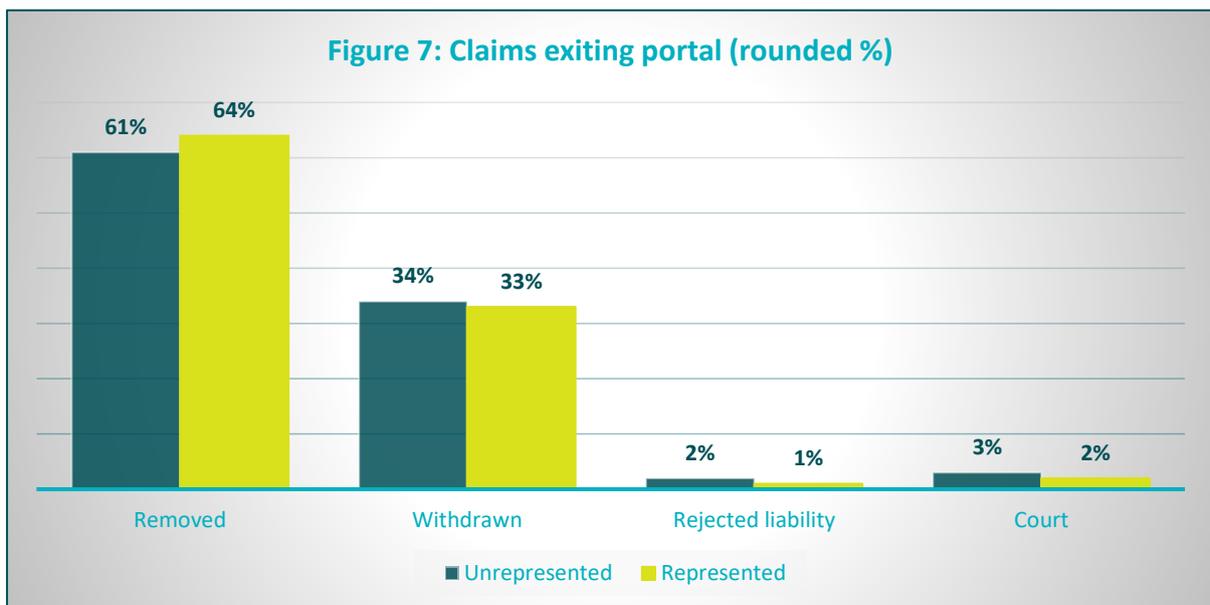
Figure 6 provides the percentages of represented and unrepresented claims with a claim for uplift for exceptionality.



8. Claims exiting the portal

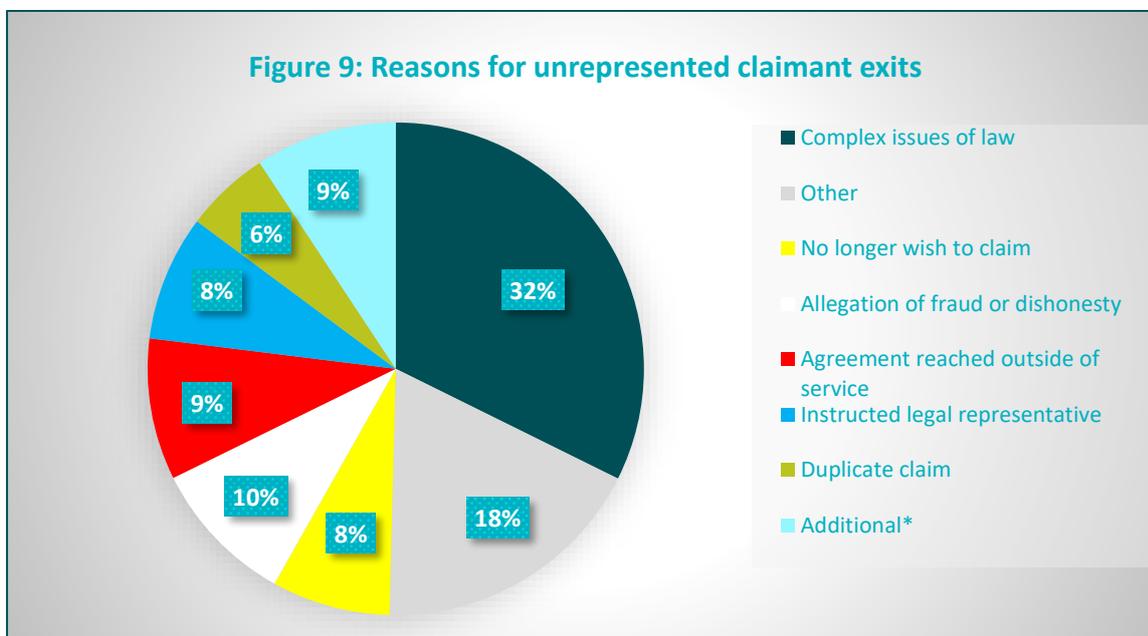
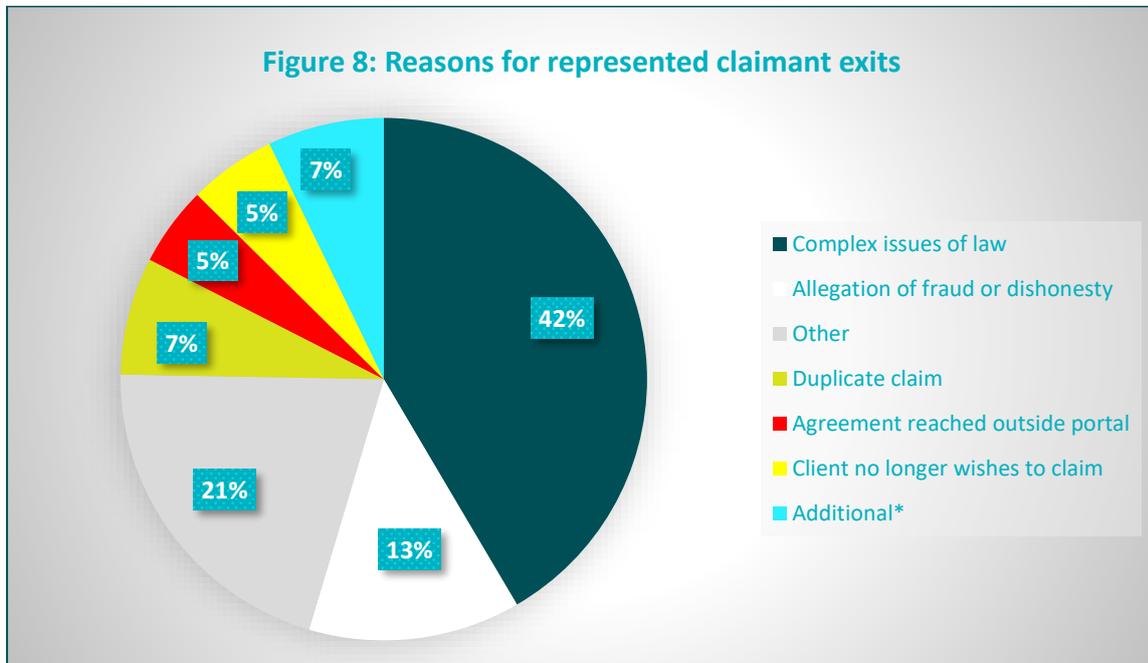
23,158 claims have exited the portal for a reason other than settlement since launch. 11,957 claims exited in the current reporting period including 10,953 represented and 1,004 unrepresented claimants. Claims can exit the OIC process in a variety of different reasons, and Figure 7 provides data on the reasons claims exited the OIC portal in this period:

	Removed*	Withdrawn	Rejected-liability	Court
Represented claimants	7,031	3,644	61	217
Unrepresented claimants	611	338	22	33



*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 provide more detailed information on the reason for exit and have been divided because unrepresented claimants have additional categories to choose from (such as '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 include claims being valued above the £10,000 or £5,000 limits, liability rejected, going to court and dispute over cause of injury.

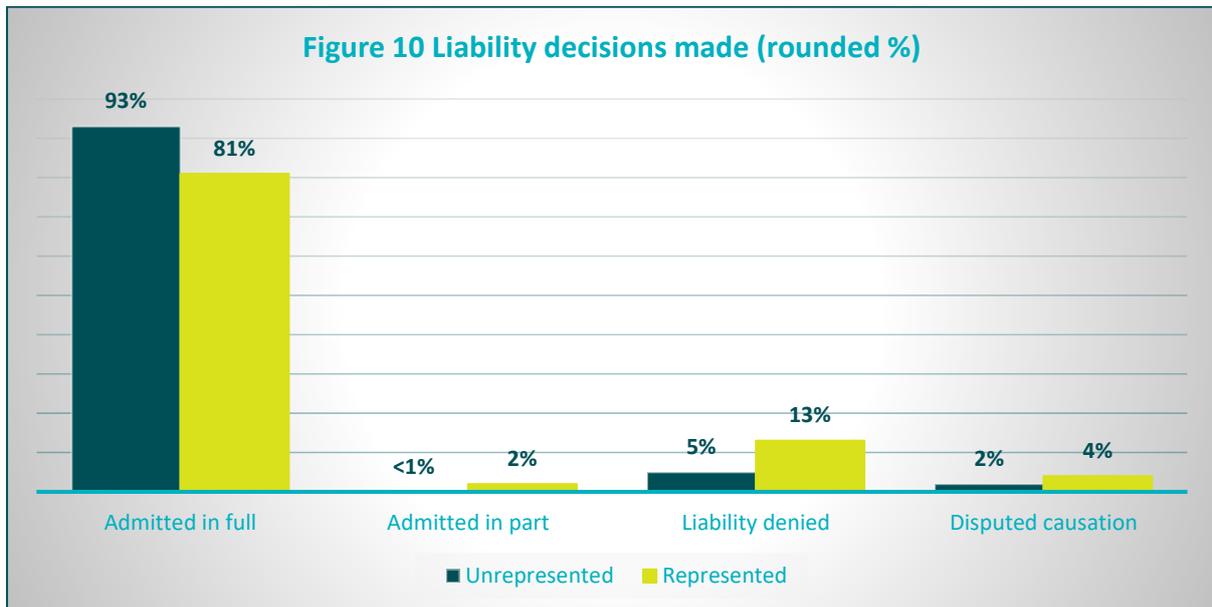
9. Liability

In total **62,016** claims have had a liability decision made in this reporting period*. Of these, **52,088 (84%)** claimants have had liability admitted in part or in full by the at-fault compensator (compared to 82% in the previous reporting period).

83% 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 **2,138** claims (**2,048** represented and **90** unrepresented). The table and Figure 10 below provide a breakdown of liability decisions made:

	Liability in full	Liability in part	Liability denied	Disputed causation
Represented claimants	46,237	999	7,539	2,048
Unrepresented claimants	4,824	28	251	90



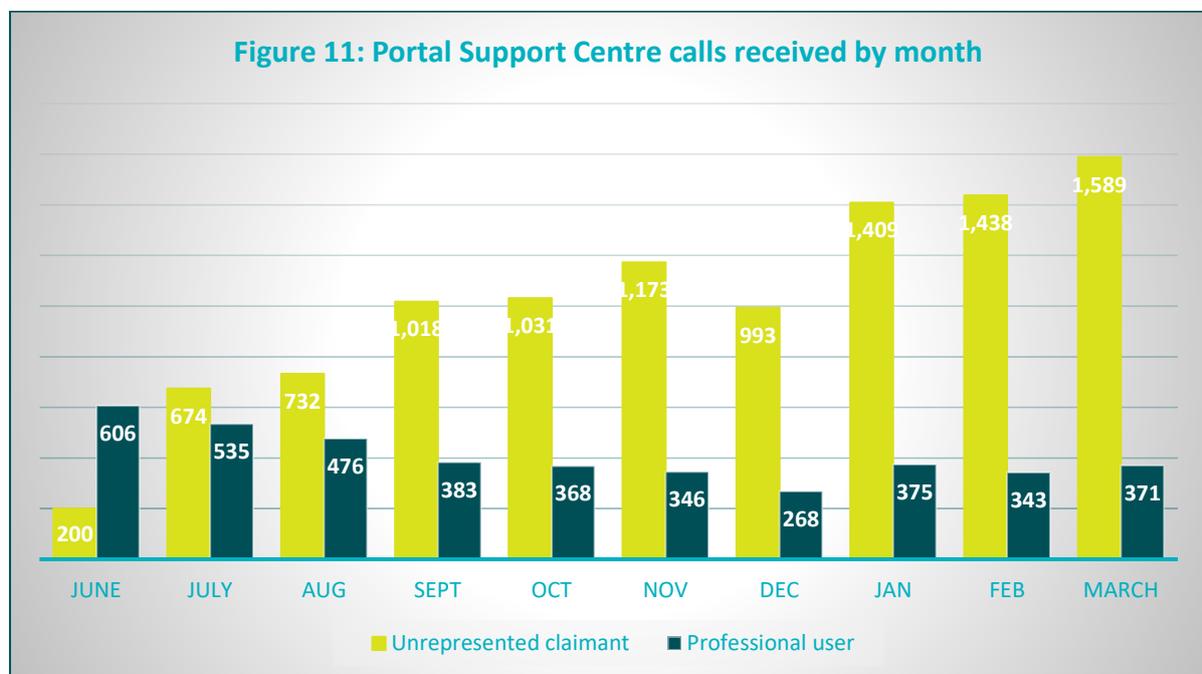
*Claims which have had a liability decision may have been started at any time since launch, not just between 1 December 2021 and 31 March 2022.

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 paper-based claim forms.

The Portal Support Centre received **6,786** enquiries between 1st December 2021 and 31st March 2022. Of these, **1,357** were from professional users and **5,429** were from unrepresented claimants. This split remains consistent with the previous period, wherein **75%** of enquiries were made by unrepresented claimants. **81** claims are presently being supported by the Portal Support Centre, with 65 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 unrepresented claimants since launch.



11. System operation

Core system availability remains stable with system availability running 24/7 since launch. 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, compensators and professional advisors has performed as expected. No outages have been experienced during this period.

As the volume of claims has 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 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 700 users on the system at any point during business hours.

MIB continues to engage with and seek feedback from users. Service refinements and bug fixes are being identified and dealt with on a priority basis. MIB will continue to support users in this way and seek feedback on how the service can be improved. Any change is managed through the process agreed with MoJ.

Our intention through 2022 is to move towards periods of six months between code drops in order to balance the preferences regarding speed of implementation. We will move to that six-month cadence after a drop that is scheduled for mid-year. Critical bugs identified in the period, which are blocking flow may alter that aspiration.