

Guide to Making a Claim

Under the RTA small claims protocol

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1. Introduction

This guide is designed to help you make a personal injury claim on the Official Injury Claim portal. As such, it explains the key legal terms and procedures used by the legal framework that underpins this service; the RTA Small Claims Pre-Action Protocol.

The guide has been reviewed by senior independent legal counsel to ensure it is both comprehensive and accurate. If for any reason the guide doesn't provide the information you require, you can contact the Portal Support Centre or seek advice ([see 1.2.3.1](#)).

1.1 The Official Injury Claim Service

If you want to make a personal injury claim related to a road traffic accident (RTA), then you may be eligible to use the Official Injury Claim online service ("the portal"). This is backed by the Ministry of Justice and handles claims of up to £5,000 for personal injury, and £10,000 when you include what are known as "other protocol damages". These are defined as losses, costs and expenses (other than damages for injury) relating to the accident ([see section 4.4](#)).

If your personal injury claim is worth more than £5,000, or your claim (including injury and other protocol damages) is worth more than £10,000, then this portal is not the right place to start your claim and you should seek advice, the cost of which may be recoverable, your adviser will explain the position on costs to you ([see 1.2.3.1](#)).

Located at www.officialinjuryclaim.org.uk the portal enables you to:

- self-manage your own claim from start to finish without charge
- ask for additional contact centre support (known as the "Portal Support Centre")

1.1.1 How to value a claim: taking account of non-protocol vehicle costs

Your first step in deciding whether your claim is eligible for this portal, is therefore to assess the value of your claim. Further information as to how you do so is set out later in this guide.

When deciding whether you can use this portal, you must assess the value of your claim. Further information as to how you do so is set out later in this guide.

You do not need to take account of non-protocol vehicle costs (NVC) as defined in the [Pre-Action Protocol](#) when valuing your claim as these are normally negotiated separately on your behalf outside of the portal process. Examples of NVC are:

- sums your insurer has paid on your behalf such as the cost of repairs and the write-off value of your vehicle.
- Hire or repair services provided on credit

However, if you decide to go to court because you could not reach agreement on your claim, then NVC should be included at that stage. The portal will let you know what information you need to provide.

1.2 Purpose of the guide

The *Guide to Making a Claim* supports you through the process of making a personal injury claim on the portal. It does this by explaining any relevant legal terms and procedures you need to know: for instance, those that relate to its legal framework, the RTA Small Claims Pre-Action Protocol ("Pre-Action Protocol").

1.2.1 What is it not for?

The *Guide to Making a Claim* does not provide:

- a screen-by-screen guide; you don't need to look at this guide as you make a claim
- a source of legal advice
- a means to help you value your claim
- a guide for vulnerable customers ([see section 6.2.2](#)) – if you fall into this category you will be able to seek assistance/help by getting in touch with our Portal Support Centre
- a guide to every single customer journey (i.e. pathways through the portal)

1.2.2 Who is it for?

The *Guide to Making a Claim* is for:

- unrepresented claimants (those not represented by an advisor)
- pro-users (professional users who represent claimants) and advice providers who may wish to refer to it
- English and Welsh speakers. It will also be available for translation via the Portal Support Centre into any of the top 10 most requested foreign languages in England and Wales

The guide uses the term 'you' and 'your' to refer directly to the claimant (also known as unrepresented claimant), unless otherwise specified.

1.2.3 What if your claim is over the value limits?

If your personal injury claim is worth more than £5,000, or your claim (including injury and other protocol damages – [see 1.1](#)) is worth more than £10,000, then this portal is not the right place to start your claim and you should seek advice, the cost of which may be recoverable. Your adviser will explain the position on costs ([see 1.2.3.1](#)).

Remember: if non-protocol vehicle costs are included at this stage, that may mean your total figure comes to more than £10,000 and you may be able to get legal advice ([see 1.2.3.1](#)). However, you can still use the portal as long as the injury and protocol damages are within the limits set above ([see 1.1.1](#)).

1.2.3.1 Seeking advice

There are various sources of advice you could use including your own insurer or legal adviser. You may be able to obtain legal advice without any upfront cost, or there may be a cost payable. Your adviser will be able to guide you on any payments that you must make to them and when and whether you can recover any of your legal costs from the other party.

Legal costs are not usually recoverable at all when your claim proceeds via this portal. If your claim is not one that should be proceeding within this portal, either because of value or some other reason, you may be able to get legal advice and your legal adviser will explain the position on costs to you.

1.2.3.2 Pre-Action Protocol (PAP) references to the Guide to Making a Claim

The Road Traffic Accident (RTA) Small Claims Pre-Action Protocol makes several references to the *Guide to Making a Claim*. If you are coming to the guide from the Pre-Action-Protocol, the following table will direct you to the relevant guide reference:

PAP ref.	Pre-Action Protocol statement	Guide ref.
4.5 (3)	The <i>Guide to Making a Claim</i> provides further information on valuing the claim	4.4 5
6.8.7	The <i>Guide to Making a Claim</i> provides more information on making counter offers	6.5.3 6.5.3.1 6.5.3.2
6.12.7	The <i>Guide to Making a Claim</i> provides more information about applying for a determination of liability	6.3.1 6.3.1.1 6.3.1.2 6.3.1.3 6.3.1.4 6.5.1.1 6.5.2

PAP ref.	Pre-Action Protocol statement	Guide ref.
7.3.3 7.7.2	The <i>Guide to Making a Claim</i> provides more information on obtaining a medical report (7.3.3) and on obtaining medical reports where these are not provided via Medco (7.7.2)	6.4.1 6.4.1.1 6.4.1.2 6.4.1.3 6.4.1.4 6.4.2 6.4.2.1 6.4.2.2
7.13 (5)	The <i>Guide to Making a Claim</i> gives more information about notifying a medical expert regarding the factual accuracy of a report	6.4.2
8.8.2	Claims above the value limit: The <i>Guide to Making a Claim</i> gives more information about the steps available to a claimant	1.2.3 4.4.3

PAP ref.	Pre-Action Protocol statement	Guide ref.
11.6.2	Where there is mention of non-protocol vehicle costs. The <i>Guide to Making a Claim</i> provides further information on valuing the portal claim	5.2.4
12.1.5	Where there is mention of court proceedings (go to court), The <i>Guide to Making a Claim</i> gives more information about the steps that a claimant must take before starting court proceedings	6.6.1.1 6.6.3 6.6.3.1 6.6.3.2 6.6.3.3 6.6.3.4 6.6.3.5

2. Contacts

For help and support, phone us on

0800 118 1631

The Portal Support Centre is open
Monday to Friday from 9am to 5pm.

Address:

Official Injury Claim Limited

Linford Wood House

6-12 Capital Drive, Linford Wood

Milton Keynes

MK14 6XT



3. Contents

The main sections of the guide are as follows:

Section 4:

How you can use this service

This section describes how you can make a claim using this service (the portal and supporting Portal Support Centre). To do so you must meet the requirements laid out in this guide and in the protocol. You also have the choice to use a professional such as a solicitor or claims management company, which may cost you money.

Section 5:

What you can make a claim for

This section outlines the types of claims for personal injury and associated losses that you can make.

Section 6:

How this service works

The section outlines the 5-step process to making a claim. These are:

Step 1: start

Step 2: investigation

Step 3: medical

Step 4: offer

Step 5: close process

In outlining this process, the guide describes:

- the main actions you need to take on the portal, such as which buttons to click and what information is displayed on key screens (there is an example from the claim overview screen below)
- some of the important questions you need to answer as you work through your claim on the portal
- some key legal and claim terms, such as the term 'compensator'
- the reasons for leaving the portal

In each section we explain the relevant workings of the protocol.*

* If there is any difference between this guide and the protocol, the protocol takes precedence.

Example: Claim overview screen

When you log into the portal and open your claim you will arrive at the 'Claim overview' screen.

On the 'Claim overview' screen, you can always see the stage reached or the next action to take.

Any in-system messages can be viewed here; if there is a new message it will be highlighted in yellow.

OFFICIAL INJURY CLAIM Account Management Logout

Claim overview

Accident Date: 01/01/2021-09:00 Created date: 16/02/2021 Compensator that owns your claim: MHC TEST INSURER 507

Portal Reference: OIC-52202

Deadline for liability response: 16/02/2021

ANDREW BIRCHALL RGS VEHICLES 1 SIMMONDS ROAD WINCHEAP CANTERBURY KENT CT13RA TEL: 07824336533

What you need to do
The compensator is reviewing details of the accident. You do not need to do anything at this stage.

Progress: Application Submitted (Completed), Investigation (Current), Medical, Offer, Claim Closed

Messages: New message(s) received. Click below link to send and view messages. View or send message. Print Messages.

Losses/Fees: View losses/fees. Add new losses/fees. Remove losses/fees. Print losses/fees.

My other actions: You have also the following action options available. Change claimant contact details. Withdraw this claim.

My documents: Keep your claim up to date by uploading any evidence or files relevant to your claim. View Documents. Upload Documents.

At each point, you will be able to see which of the key stages you have reached or passed.

As you progress through the portal, various documents will be generated. You may upload some; the system will generate others; they can be viewed, downloaded and printed here.

This screen can be found at the bottom of the claim overview as well as most other screens.

The screenshot shows a web interface for a claim portal. At the top, there is a navigation bar with tabs: Overview, Claimant, Accident, Responsible Parties, Vehicles and Witnesses, Claim, Liability, and Medical. The 'Claim' tab is highlighted with a yellow circle. Below the navigation bar, the 'Claimant details' section is displayed, containing fields for Title (Mr), First name (Test), Middle name, Last name (Claimant), Date of birth (01.01.1980), Home address (6-12 Capital Drive, Lintford Wood, Milton Keynes, GBR, MK146XT), Contact number (07889504230), Email address (sburrep2@mailinator.com), National insurance number (No insurance number because Currently applying for one), Employment Status (Employed), Occupation (Test), and Compensator Reference Number. Below this is the 'Accident details' section, containing fields for Accident Date (05/05/2021), Accident Time (09:00), Type of accident (Hit in the rear), Accident Description (This is a test claim.), Accident Location (MK146XT), and Location details. At the bottom of the page, there is a dark teal footer with a question mark icon, the text 'FAQs', and a link 'Click on the link to see answers to the most commonly asked questions' with a 'Learn more' button.

You will be able to find details of your claim within these tabs. As you progress through the portal, details will be updated.

4. How you can use this service

4.1 Requirements to make a claim

You can make a claim through the portal if:

- you are making a personal injury claim of up to £5,000
- the value of your claim (including your injury and other protocol damages) is not more than £10,000
- you are aged 18 or over when the claim is entered onto the portal
- the accident happened in England or Wales
- the accident happened on or after [31st May 2021]
- you were inside a vehicle
- you believe someone else was responsible either in full or in part for the accident
- you have the vehicle details of the person who caused the accident
- the driver at fault was in a vehicle with a UK registration number plate

If your personal injury claim is worth more than £5,000 or your claim (including injury and other protocol damages [\(see 1.1\)](#) is worth more than £10,000 then this portal is not the right place to start your claim and you should seek advice (your adviser will explain the position on costs to you [\(see 1.2.3.1\)](#)).

Remember: if NVC are included at this stage, that may mean your total figure comes to more than £10,000 and you may be able to get legal advice [\(see 1.2.3.1\)](#). However, you can still use the portal as long as the injury and protocol damages are within the limits set above [\(see 1.1.1\)](#).



4.2 When you will not be able to use the portal

Section 4.3 of the **Pre-Action Protocol**, describes when you will not be able to use the portal.

In brief, you (as the claimant) will not be able to use the portal and will need to seek advice if:

- your injury claim is over £5,000, or together with other protocol damages your claim is over £10,000
- you are a protected party. A protected party is one defined by the **Pre-Action Protocol** (see 4.3(g)) as a "party, or an intended party, who lacks capacity to conduct proceedings" ([link](#))
- you have a personal injury and you were not inside a vehicle, for instance on a motorbike or bicycle
- your injuries were partly caused by the defendant's breach of section 53 of the Health and Safety at Work etc Act (1974), for example you were injured falling from a roof while at work
- your claim is in respect of a breach of duty owed to a road user by a person who is not a road user
- your claim is against an untraced driver as defined by the Untraced Drivers' Agreement 2017 or any subsequent or supplementary Untraced Drivers' Agreements
- you were a vulnerable road user at the time of the accident, for example a motorcyclist, pillion passenger, passenger in a sidecar attached to a motorcycle, wheelchair or powered wheelchair user, on a mobility scooter, on a bicycle or other pedal cycle, riding a horse or a pedestrian
- either you (as claimant) or the defendant is a personal representative of a deceased person
- you are currently bankrupt
- the defendant's vehicle is registered outside the United Kingdom

In these circumstances you should seek independent advice and assistance, for example from a legal representative or your insurance company, the cost of which may be recoverable from the compensator. Your adviser will be able to guide you on whether you can recover any of your legal costs from the other party.

4.3 Further instructions on portal use

There are some situations where the portal will give you further instructions on next steps:

- if you have a personal injury but do not have the registration number of the vehicle. In this instance, the Motor Insurers' Bureau might be able to help
- if you have a personal injury and the vehicle you believe was responsible had foreign number plates, the Motor Insurers' Bureau Green Card might be able to help

4.4 Valuation

Remember: you may wish to seek further advice or guidance on the value of your claim

(see 1.2.3.1)

You can use the portal if:

- you are making a personal injury claim of up to £5,000
- the value of your claim (including your personal injury claim and other protocol damages) is not more than £10,000

(see table on the next page)

Your first step, then, is to assess the value of your claim to see if you should be using this portal. The value will depend on both your injury and any other losses incurred as a result of the accident or injury. The table below sets out what you need to consider when assessing the value of your claim.

As part of this process, you will also be required to get a medical report from an accredited medical expert. However, it often isn't clear shortly after an accident and before you get your medical report how long any injuries might take to resolve. So, you can revisit and amend the value of your losses (not your injury) as you go through the portal, right up until you ask the compensator for an offer.

If it becomes clear later that you are not recovering and your claim may exceed the levels outlined above, it would be best to seek separate advice about whether this portal remains the best place for your claim. An adviser will be able to inform you about the cost and whether any of that cost is recoverable from the responsible driver.

It should be noted when considering the value of your injury that the vast majority of whiplash claims and most other soft tissue injuries will be valued at less than £5,000.

The table below sets out what you can claim for. You will need to be able to prove each item claimed for either by keeping receipts (for example for travel) or via the medical report for your injury:

<p>Whiplash</p> <p>See Section 4.4.1. ></p>	<p>If you have suffered a whiplash injury (or injuries) to your neck, back or shoulder this will be valued by reference to a whiplash-only tariff set by law). The medical expert will set out in the medical report how long you have suffered, will suffer or are likely to suffer with your injury; you can cross reference that information against the tariff. You won't know exactly how long you are likely to have your injury (or injuries) until you have your medical report, but you will be able to provide an approximate indication of the value of your claim by considering the tariff.</p>	<p>Non-whiplash injury</p> <p>See Section 4.4.2. ></p>	<p>If you have suffered an injury that is not whiplash (for example a broken finger), then the tariff will not apply to your injury claim or that part of your injury claim if you have suffered a whiplash injury and a non-whiplash injury. You should review the relevant sections of the Judicial College Guidelines (JCG) which will give you an indication of the likely value of this part of your claim (Link). As there is no tariff for non-whiplash injury, you will need to negotiate the value of the non-whiplash injury with the compensator once you have requested an offer. The JCG provides you with a starting point for that negotiation and for valuing your claim at the outset.</p>
<p>Whiplash and minor psychological injury</p> <p>See Section 4.4.1. ></p>	<p>If as well as a whiplash injury (or injuries) you believe you may have had a minor psychological injury, such as shock or travel anxiety, your claim is still valued by reference to a whiplash and minor psychological injury tariff. Otherwise the same points made in the whiplash section above apply.</p>	<p>Other protocol damages – injury related</p> <p>See Section 5 ></p>	<p>You may have incurred losses as a result of your injury (for example loss of earnings, travel costs for attending medical appointments, prescriptions, physiotherapy). You should keep receipts for these items where possible or obtain proof for other items (for example loss of earnings).</p>
<p>Uplift in exceptional circumstances</p> <p>See Section 4.4.1.1 ></p>	<p>Where you have a whiplash injury or whiplash injury with minor psychological injury and the injury/injuries you have sustained is/are exceptional, you may be entitled to an uplift of up to 20% of the tariff sum. You should explain why you think your injury is exceptional to your medical expert, who will comment on the issue. To be exceptional the injury must be exceptionally severe and/or your circumstances have increased your suffering as a result of the whiplash injury (and those circumstances are exceptional).</p>	<p>Other protocol damages – property damage</p> <p>See Section 5 ></p>	<p>You may have incurred losses as a result of the accident (for example the cost of repairs that you have paid yourself, damage to property that was in the car at the time of the accident, loss of earnings because you need your damaged car to work). You should keep receipts for these items where possible or obtain proof for other items (for example loss of earnings).</p>

Once you have collated all information about the value of your claim you should first check that the likely value of your personal injury claim is less than £5,000. If you are satisfied that is the case, you must then check that when you add the value of the other protocol damages (injury related and property damage), the overall amount is less than £10,000.

You should note that where you have non-protocol vehicle costs (NVC) ([see 1.1.1](#)). These are not counted as part of the value of your claim when deciding if you can use the portal. Your insurer or the other organisation will usually seek to recover these losses separately on your behalf.

If, after you have requested an offer from the compensator, you are unable to reach a settlement, the non-protocol vehicle costs (NVC) will need to be added to your claim before you go to court. Should you reach that stage, the portal will guide you through obtaining this information.

Remember: until you get your medical report, any valuation of your claim is provisional.

If you believe that the value of your claim will be over the value bands set out above, the portal is not the right place to start your claim and you may wish to seek advice ([see 1.2.3.1](#)).

4.4.1 Whiplash valuation

What is meant by a 'whiplash Injury' is set out in the Civil Liability Act 2018, Part 1. ([Civil Liability Act 2018](#)).

Any whiplash injury (or injuries) of the neck, back or shoulder which recover fully within 2 years are valued through a fixed tariff set out [here](#). If you have whiplash injuries to both neck and back, the tariff amount relates to both of these injuries and to determine the correct amount you look to the more severe injury. If, in this example the whiplash injury to the back fully recovers within 2 months and the neck within 7 months, the correct tariff amount for your injury will be in the more than 6 months but no more than 9 months bracket.

There is a separate tariff where, in addition to the whiplash injury/injuries, you also suffer any minor psychological injury such as minor shock or travel anxiety. If you suffered a more serious psychological injury, that should be valued separately.

The tariff will next be reviewed in 2024 at the earliest.

4.4.1.1 Uplift in exceptional circumstances

If your personal injury is for whiplash, you may be able claim an 'uplift' on the tariff amount stated for the whiplash injury/injuries. The maximum uplift allowed is 20% of the tariff amount.

However, you can only claim this in exceptional circumstances. This means you will need to prove that the degree of pain, suffering or loss of amenity (the impact of your injuries on your day-to-day life) caused by the whiplash injury/injuries means that this is appropriate.

For instance:

- the whiplash injury or one or more whiplash injuries is exceptionally severe
- your circumstances have increased the pain, suffering or loss of amenity caused by the injury/injuries
- those circumstances are exceptional

If you do decide to make a claim for an uplift, you must explain:

- how you meet the 'exceptional circumstances' criteria
- what percentage uplift you are claiming

You should provide supporting evidence for your request. If you intend to use the medical report as evidence, you should ensure it captures the information about the exceptional circumstances.

4.4.2 Non-whiplash valuation

As a result of your accident, you may have sustained a whiplash injury and/or a non-whiplash injury (for example a broken finger). There is no fixed tariff for the non-whiplash injury and you will need to consider the valuation of that element of your claim separately to any tariff.

A guide called the Judicial College Guidelines (JCG) may help with this, or you may wish to seek advice, which you may need to pay for.

The relevant sections of the JCG can be found [**\(here\)**](#).

The JCG is usually updated every 2 years and sets out appropriate settlement brackets for different types of injury. The figures may change during the course of your claim and you should recheck them before you agree your final settlement with the compensator. However, it provides a good guide for your initial estimate of your claim value.

You should note that the figures set out in the JCG are guides only and where you have multiple non-whiplash injuries you will not be offered a sum for each injury, but a total which represents the combined extent of the overall injury sustained.

If you have a whiplash and non-whiplash injury you will be offered the tariff amount for the whiplash injury and a separate sum for the non-whiplash injury. The courts are yet to decide how the tariff and sums for other injuries should be assessed when considered together and the guide will be updated when the courts have clarified this..

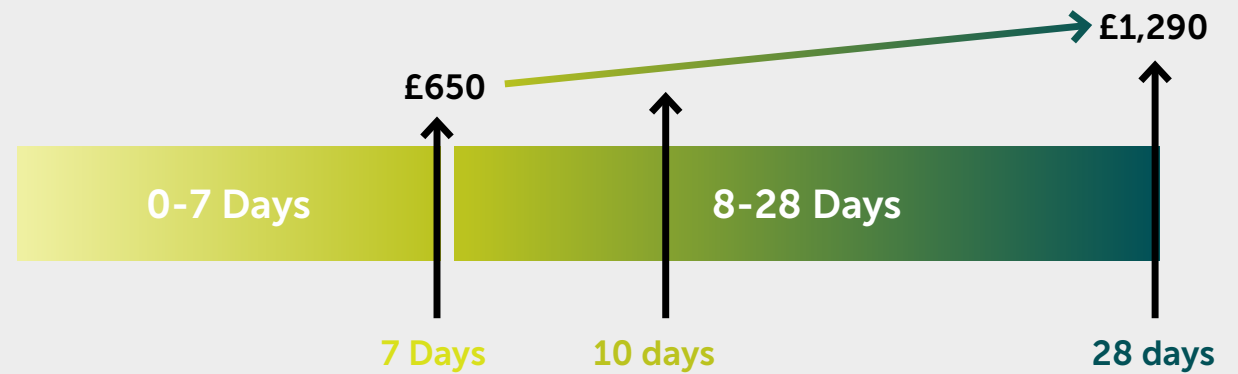
The JCG provides quite detailed explanations of types of injuries. You can find the relevant section of the JCG by searching against the area or type of injury (for example leg, teeth, scarring or psychiatric). Once you have located the right area, you need to look at the description of the injury to decide which fits most closely with your symptoms.

In addition, if you fully recover from your injury within 3 months, you should also look at the minor injury section. This is relevant where you have an ongoing injury such as a soft tissue injury to your knee. However, this is not relevant where you have a 'one off' injury such as loss of a tooth.

When you look at the guide, you will see that some of the brackets are quite wide. To be able to put a value on your injury you will need to consider the text provided in the JCG to give context to your injury, or you may need to consider the brackets either side to decide where your injury fits best.

For example, if you have minor cuts and abrasions on your legs and are fully recovered within 10 days, you would look at the minor injury section. The diagram below shows a simple way of calculating your claim.

This shows a bracket of figures for full recovery within 7 days, and a second bracket of figures for full recovery within 28 days. You would value your claim by reference to bracket 2 but towards the lower end of the bracket, noting that the previous bracket covered up to 7 days.



4.4.3 What if your claim is over the value limits?

If your injury claim is worth more than £5,000 or your claim (including injury and other protocol damages [\(see 1.1\)](#) is worth more than £10,000 then this portal is not the right place to start your claim and you should seek advice (your adviser will explain the position on costs to you [\(see 1.2.3.1\)](#)).

Remember: if NVC are included at this stage, that may mean your total figure comes to more than £10,000 and you may be able to get legal advice [\(see 1.2.3.1\)](#). However, you can still use the portal as long as the injury and protocol damages are within the limits set above [\(see 1.1.1\)](#).

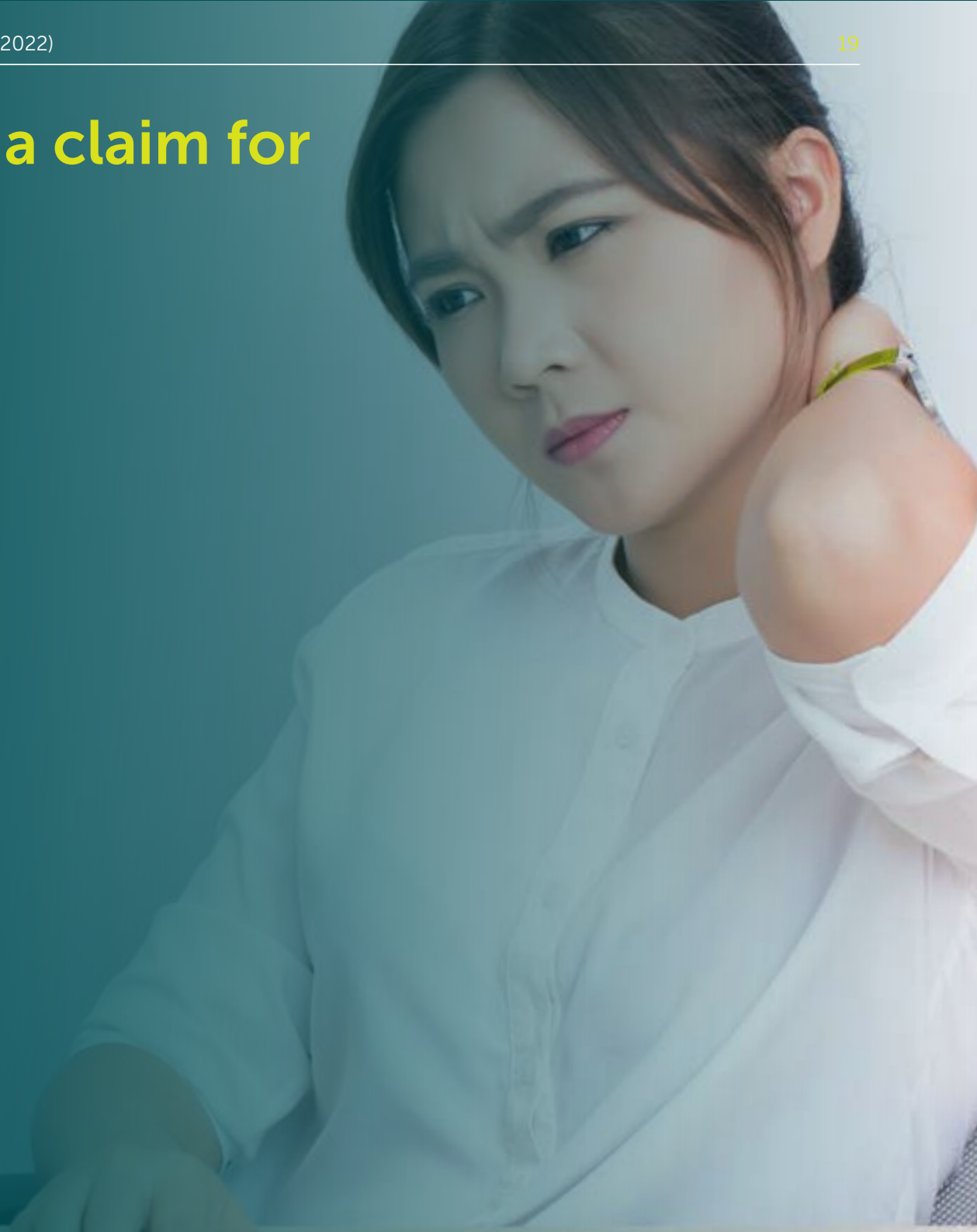
4.4.3.1 Seeking advice

There are various sources of advice you could use – for instance your own insurer or legal adviser, although you may need to pay for a legal adviser’s services. Your adviser will be able to guide you on whether you can recover any of your legal costs from the other party.

5. What you can make a claim for

5.1 Introduction

You can claim for personal injury and other accident-related damages (known as other protocol damages or losses, [see 5.2](#)). You can also claim for any fees you have had to pay (for example a police report fee). If you need to pay any court fees you can also seek to recover this cost from the compensator, although with court fees, you may qualify to have these reduced or waived depending on your financial circumstances.



5.2 Losses

The types of losses you can claim for are shown in the claim capture process below:

Type of losses	
Type of loss	Examples of relevant evidence
Property- repairs/total loss	Repair invoice or estimate, engineer's report photographs of damage
Property- storage/recovery	Recovery/storage invoice
Property- temporary vehicle	Hire invoice
Property- loss of use	Details of dates on which you were without the use of your vehicle
Property- travel expense	Travel receipts (Taxi, bus train)
Property- excess	Confirmation of policy excess payment
Property- diminution	Engineer's report, cost of repairs, photographs of damage
Property- other items	Receipts, estimates, photographs of damage
Injury related- treatment costs	Receipts from treating expert
Injury related- prescription costs	Costs of medication
Injury related- loss of earnings	Letter from employer, wage slips, accounts
Injury related- care costs	Detail of hours spent, receipt for care received
Injury related- travel costs	Receipts for travel to and from GP/hospital/ treatment appointments
Injury related- other costs	Any other receipts, estimates

5.2.1 Compensation for your personal injury

Evidence of your whiplash injury must be in the form of a medical report ([see 6.4](#)) and, where you have a non-whiplash injury, the evidence will usually be in the form of a medical report as well. The portal will assist you in obtaining your medical report or advise you on the process.

Remember: you might have whiplash injuries, where compensation is decided by the tariff system, or non-whiplash injuries, where the compensation sums may vary. Go back to [4.4](#) to review.

5.2.2 Losses related to your personal injury

You can make a claim for any losses that arise as a result of your injury/injuries. Examples include the cost of any treatment or loss of earnings due to time off work. You will need to upload evidence of these losses onto the portal (for example a receipt for physiotherapy treatment sessions).

Where you have not yet started treatment, you may want to directly contact the compensator to discuss whether they can arrange this for you.

5.2.3 Losses due to property damage related to the accident

This refers to any damage to property due to the accident but not linked to the injury itself. Examples might include any belongings damaged in the accident or travel expenses that you have paid because you can't use your damaged vehicle. You will need to upload evidence of these costs onto the portal. These losses will include vehicle costs (see below).

5.2.4 Vehicle Costs

There are two types of vehicle costs: protocol vehicle costs and non-protocol vehicle costs. Both types cover the losses listed below. The difference between the types of vehicle costs is who the money is payable to on settlement of the claim.

- Protocol vehicle costs are losses that either you have paid for out of your own pocket, or a friend or relative has. At settlement of your claim, the sum you receive would either be yours or you would use it to repay your friend or relative

- Non-protocol vehicle costs are losses with which a company or other organisation has assisted/helped you. For example, your insurer might have paid your repair costs, or a credit hire organisation provided you with a hire vehicle. These losses will be dealt with separately from your portal losses, but these organisations will have a right to claim such costs in your name. If you need to go to court, you will need to add these losses to your claim and, when it is resolved, the organisations would then require you to pay those sums over to them

Vehicle costs are listed in the Pre-Action Protocol as:

- the pre-accident value of the vehicle – this is the difference in the value of the vehicle immediately before the accident occurred and its value because of the damage caused by the accident
- the cost of repairing the vehicle
- vehicle insurance excess
- the cost of hiring a vehicle
- vehicle recovery and storage charges

Where these losses are protocol vehicle costs you will be asked to provide details of the losses before you request an offer. Where they are non-protocol vehicle costs they will usually be dealt with outside of this process. If however you are unable to agree settlement of the claim and choose to go to court to ask it to value your claim, you will need to add the non-protocol vehicle costs at that stage.

5.3 Fees

Fees, sometimes referred to as disbursements, do not form part of your claim. When calculating whether a claim falls above or below the £5,000 or £10,000 threshold, the value of any fees should not be included.

You can claim back your fees on the portal only after you have reached a settlement for losses or you have issued court proceedings and a settlement has been agreed at court.

The only fees that you can claim for are:

- medical report fees (if not already paid by compensator)
- fees of any other experts whose evidence is needed to prove your claim (for example an accountant)
- police report fees
- medical records fees
- court fees
- fixed legal representative costs

The types of fees that can be claimed shown below. Fees will only appear after the claim has been submitted:

5.3.1 Medical report fees

First medical reports have a fixed fee of £180 plus VAT. These are arranged through the portal and are paid for by the compensator (unless you are represented).

Further medical reports (those not including the first one) will usually have a fixed cost and be arranged and paid for by the compensator **(see 6.4.2.2)**.

If you (as the claimant) live outside England and Wales you need to arrange and pay for your own medical report. or you can arrange a medical in England and Wales which the compensator will pay for.

5.3.2 Fees for any other experts

Medical expert fees that are not fixed, or fees for other experts, will only be paid up to a maximum of £750.

5.3.3 Police report fees

Different police forces will charge different fees for their reports and costs will vary by how much information is required. If liability is admitted, there should be no need for a police report to be obtained.

5.4 Limitation period

There are certain time limits to making a claim in court, which are fixed by law. Usually you have 3 years from the date of an accident to start a claim. This is not always the case, for example if you were under 18 at the time of the accident but started the claim in the portal after your 18th birthday, the 3 years runs from the date you turned 18 rather than the date of the accident.

If 3 years has passed since your accident (or if applicable your 18th birthday), you can still enter your personal injury claim on the portal, but the compensator is likely to deny liability. This means you may not be able to continue with your claim. If this happens, you may need to seek advice **(see 1.2.3.1)**.

If at any point it becomes clear that 3 years will pass before you can finish the portal process, you should select 'Go to court' on the portal and issue court proceedings.

It is important to be aware that starting a claim on the portal does not stop the clock running against the time limit. You will still need to be aware of the time limits for starting a claim. If in any doubt, you should seek independent legal advice.

6. How this service works

If you need help, call our Portal Support Centre. Their contact details are in [section 2](#) of this guide.

6.1 Steps in the claims process

Step 1: Start

We'll ask you about your claim, including:

- where and when the accident happened
- injuries you received in the accident
- other vehicles involved in the accident
- who you feel was responsible for the accident

Step 2: Investigation

After you've submitted your claim, Official Injury Claim will pass this to the insurance company that covers the driver you feel was responsible. The portal calls the insurance company the 'compensator'. The compensator will make their own investigation into the claim.

Step 3: Medical

For a whiplash injury, you will need to be examined by an accredited medical expert, who will assess your injury and write a medical report. For a non-whiplash injury, a medical examination is not necessarily required although you may wish to have one, and/or the compensator may require you to do so before they are prepared to make you an offer. The portal will help you arrange the medical report (unless you are represented, in which case your representative will arrange it).

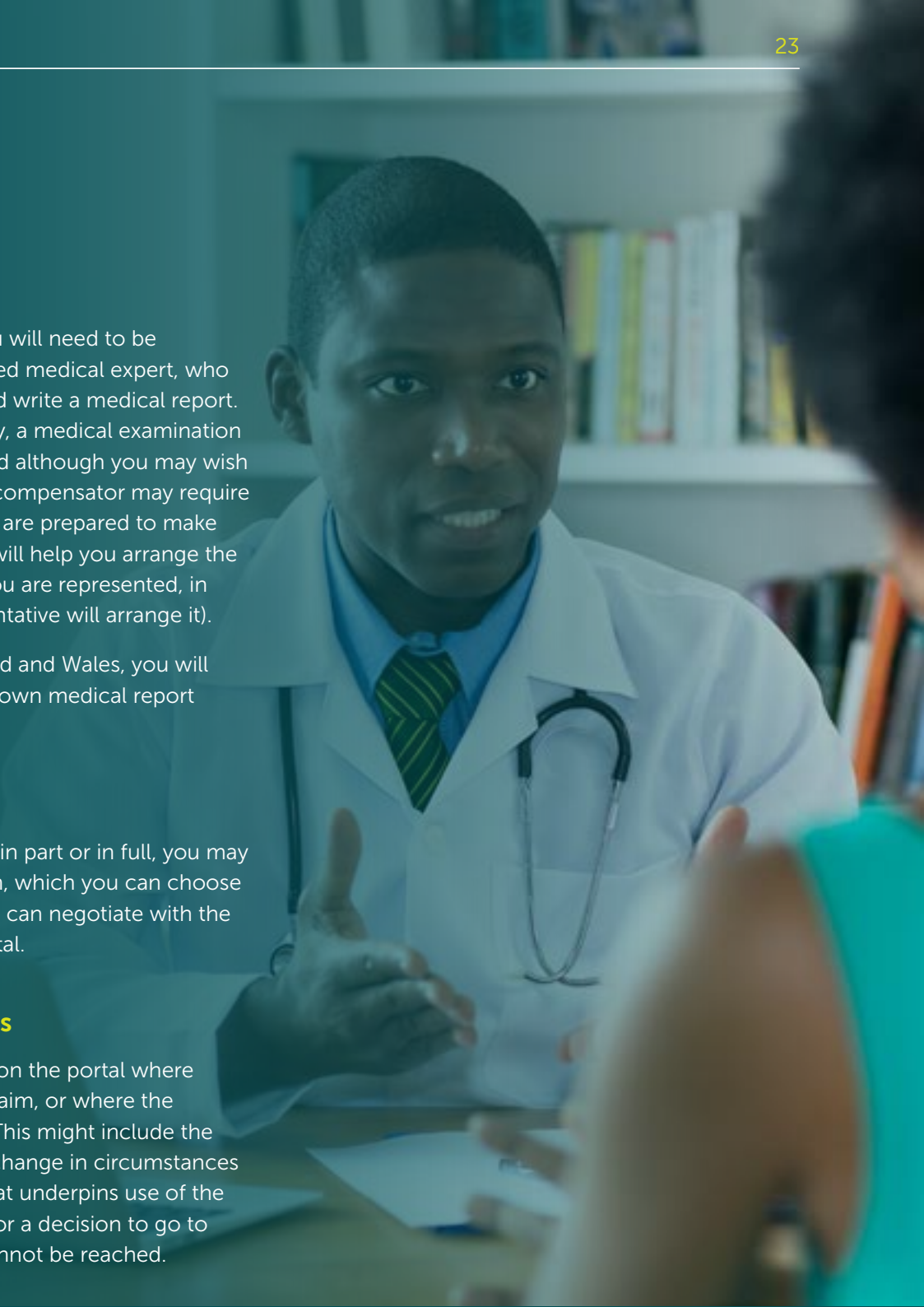
If you live outside England and Wales, you will have to arrange for your own medical report ([see 6.4.2.4](#)).

Step 4: Offer

If your claim is accepted in part or in full, you may be offered compensation, which you can choose to accept or dispute. You can negotiate with the compensator via the portal.

Step 5: Close process

There are various points on the portal where it is possible to close a claim, or where the claim comes to an end. This might include the settlement of a claim, a change in circumstances meaning the protocol that underpins use of the portal no longer applies or a decision to go to court if an agreement cannot be reached.



6.2 Step 1: start

The tracker on your 'Claim overview' screen shows that you are at Step 1: Start. The 'Claim overview' screen will also explain what you need to do at this stage.

In this section, you will be guided through:

- website and portal screens
- what happens if you can't use the portal or have accessibility needs

6.2.1 Website and portal

6.2.1.1 Official Injury Claim website

At www.officialinjuryclaim.org.uk we will tell you:

- how to make a claim
- how the claims process works
- how to find answers to your questions – the 'Find out more' section includes our frequently asked questions (FAQ) page and glossary of terms

From the website, select 'Make a claim' to go to the next stage.

6.2.1.2 Eligibility and registration

In this section you will be asked a series of eligibility questions. If you are eligible to make a claim through the portal, you will then be asked to create an account.

After you create an account, a registration request is submitted, and you will receive an email to activate your account. This requires you to set up a password, enter an authentication code (which you will receive by text) and accept our User Agreement.

Once you have set up your account you will see the 'Make a personal injury claim' screen, which contains information about the claims process.

Select 'Start a new claim' to go to the next stage.

6.2.1.3 Making a claim

In this section, you will need to enter details about yourself, your involvement in the accident, your National Insurance number and employment status. We will then make some checks on your claims history and further confirm your identity using the Claims and Underwriting Exchange (CUE) database (www.askCUE.co.uk). The portal system requires this search.

You will then be asked to 'Tell us about the accident'. This includes details of:

- the accident – what happened and when
- any dashcam or photo evidence
- the location of the accident
- any police involvement
- the vehicle you were in
- any witnesses
- the vehicle you feel is responsible for the accident
- the driver you feel is responsible for the accident
- any other vehicles involved

You will then be asked to 'Tell us about the injuries you suffered'. This includes details of:

- the nature of any injuries
- any time away from work
- any medical attention or treatment

You will then be asked to 'Tell us about your claim'. This includes details of:

- any help needed to repair your vehicle
- any temporary replacement vehicle required
- any claim for other items (called losses) because of the accident
- any documents to upload

You will also be asked for your contact preferences. These will be used so we can contact you with any updates.

You will be able to check your answers before sending your claim.

In order to submit your claim, you will be asked to sign a Statement of Truth. This is very important. Proceedings for contempt of court may be brought against anyone who makes a false statement in a document verified by a Statement of Truth.

6.2.2 What happens if you can't use the portal or have accessibility needs

You may need extra support to use the portal or make a claim if:

- you are a foreign language or Welsh speaker
- the online process is not suitable for you (for example you are uncomfortable with filling out a claim form online or you have accessibility needs) Note: the portal has complied with Website Content Accessibility Standards

If this is the case, then you will need to contact the Portal Support Centre (contact details are in **section 2**). They will let you know what steps you need to take – for instance whether you can receive a paper application form or whether you can complete the claim process with the help of a customer care agent (that is, by phone or with the use of a translation service available for the top 10 languages in England and Wales).

6.3 Step 2: Investigation

The tracker on your 'Claim overview' screen shows that you are at Step 2: Investigation. The 'Claim overview' screen will explain what you need to do at each stage.

In this section, you will be guided through:

- responding to the compensator's liability decision
- what happens if you can't use the portal or have accessibility needs

6.3.1 Responding to the compensator's liability decision

Liability is about who caused the accident and therefore who is responsible for any injury and damage. Liability therefore determines who should pay any compensation.

When a claim has been entered on the portal, the compensator (usually the insurer of the driver of the vehicle you think caused the accident) may carry out their own identity checks and investigations. After their investigations, the compensator will then provide a liability response. This will be given within 30 business days from the date at which the claim is entered on the portal.

When calculating the period of 30 business days (and all time periods in this process) you start counting from the first full business day after you have entered the claim. If, for example, you complete your claim on a Tuesday then the first day that starts the time period is the next business day – in this example, Wednesday (assuming none of these days is a bank holiday).

When you complete all the information about your claim, the portal will run a check to see whether any other claims linked to the same accident have been entered. If there are any linked claims in the portal, you will be sent a message confirming that a link has been found. You do not have to take any action at this point. The compensator will also be notified.

In some circumstances an insurer will respond as compensator and say they are acting as 'RTA insurer'. This is because although the driver at fault may not be covered under the/an insurance contract, the insurer still has a legal duty to meet your claim. If that is the case, the insurer will handle your claim but may have separate rights against the driver.

If a compensator is not identified, the claim will be dealt with by the Motor Insurers' Bureau (MIB) or its agents. The MIB will provide a liability response within 40 business days from the date at which the claim is entered on the portal.

If either the RTA insurer or MIB are the compensator, they may ask you to sign a form of assignment so that they can make a claim themselves against the driver at fault. This is standard practice, but you may wish to seek advice if you are asked to sign an assignment.

The liability response will be one of the following, where the compensator will:

- admit liability in full
- admit liability in part
- admit fault (in full or part) but dispute that the accident caused any injury
- deny liability

These different responses are explained in more detail below.

6.3.1.1 Admit liability in full or in part

If the compensator admits liability in full or in part, this information is displayed in the 'What you need to do' box on your 'Claim overview' page.

Once liability is admitted in full or in part, you can then move to the next stage where you select a medical provider to arrange a medical examination of your injuries. Do this by selecting 'Proceed to medical'.

If the compensator only admits liability in part (that is, admitting only a percentage share of liability for the accident) you may challenge this liability response and propose a different percentage share of liability (you can do this a maximum of 3 times). The portal will guide you through the process.

When can I challenge?

You can challenge liability at the same time as your medical request is proceeding, and you can raise a challenge at any point until you request an offer. Alternatively, if you want to, you can wait and deal with liability at the offer stage as part of your negotiation on the value of your claim.

What are the implications of liability in part?

Admitting liability in part refers to acceptance of some but not all the liability for a claim (for example acceptance of 50% of the liability for the accident). If you accept this, a deduction of 50% will be made to any offer for your losses to reflect this agreement.

6.3.1.2 Admit fault (in full or part) but dispute that the accident caused any injury

The compensator may agree that the accident happened and that it was partially or fully the fault of the driver you feel was responsible. However, the compensator may disagree that any injury was caused by the accident.

At this point, you can choose to proceed to medical or decide not to proceed with the claim.

In these claims, the accredited medical expert is always asked whether the accident caused the injury, regardless of the situation with liability. So, if you do proceed to medical, the accredited medical expert will be asked to comment on whether the accident caused your injury as part of the routine procedure.

6.3.1.3 Deny liability

If the compensator denies liability, you will be able to see why by selecting 'View more details' on your 'Claim overview' screen. You must then decide what action to take by selecting one of the following:

- accept compensator's denial (Accept denial)
- challenge compensator's denial (Challenge denial)
- take the claim to court (go to court)

If you challenge the denial, you can add comments in the box to say why. You then confirm your choice by selecting Confirm and Send. The claim will be returned to the compensator, who will consider the challenge and decide whether to make any further proposal.

If you wish to take the claim to court, you will be asked to confirm the decision by again selecting Confirm and Send. At that point you will need to complete a court pack list – the portal will provide you with further details on this process.

6.3.1.4 Interim payment

Where the compensator has admitted liability in full or in part, or has admitted fault for the accident (in full or in part) but has disputed that the accident caused any injury to the claimant, or the court has determined liability in your favour either in full or in part, you will be able to ask for an interim payment for damages.

An interim payment is only made for other protocol damages related to your personal injury, such as travel expenses to the medical examination or for property damaged in the accident or your policy excess. It is not for the injury itself.

To proceed, go to the 'My other actions' section on your 'Claim overview' screen and select Request interim payment. The compensator will then respond to your interim payment request within 15 business days.

In addition, a compensator may make a voluntary interim payment at any time after your claim is entered. This payment can either be:

- an interim payment for a specific item
- a general interim payment which will be offset against any final settlement of your claim.

Note that a general interim payment is not an admission of liability and the court cannot be told about it until the end of the case

When an interim payment made is in respect of a specific item, either as requested by you or made voluntarily by the compensator, that item will be treated as settled in full and is removed from your claim.

If the compensator does not respond to your request for an interim payment or does not pay an agreed sum, you may choose to go to court. Select Go to court and complete a court pack – the portal will assist you in this process.

6.4 Step 3: Medical

The tracker on your 'Claim overview' screen shows that you are at Step 3: Medical. The 'Claim overview' screen will explain what you need to do at each stage.

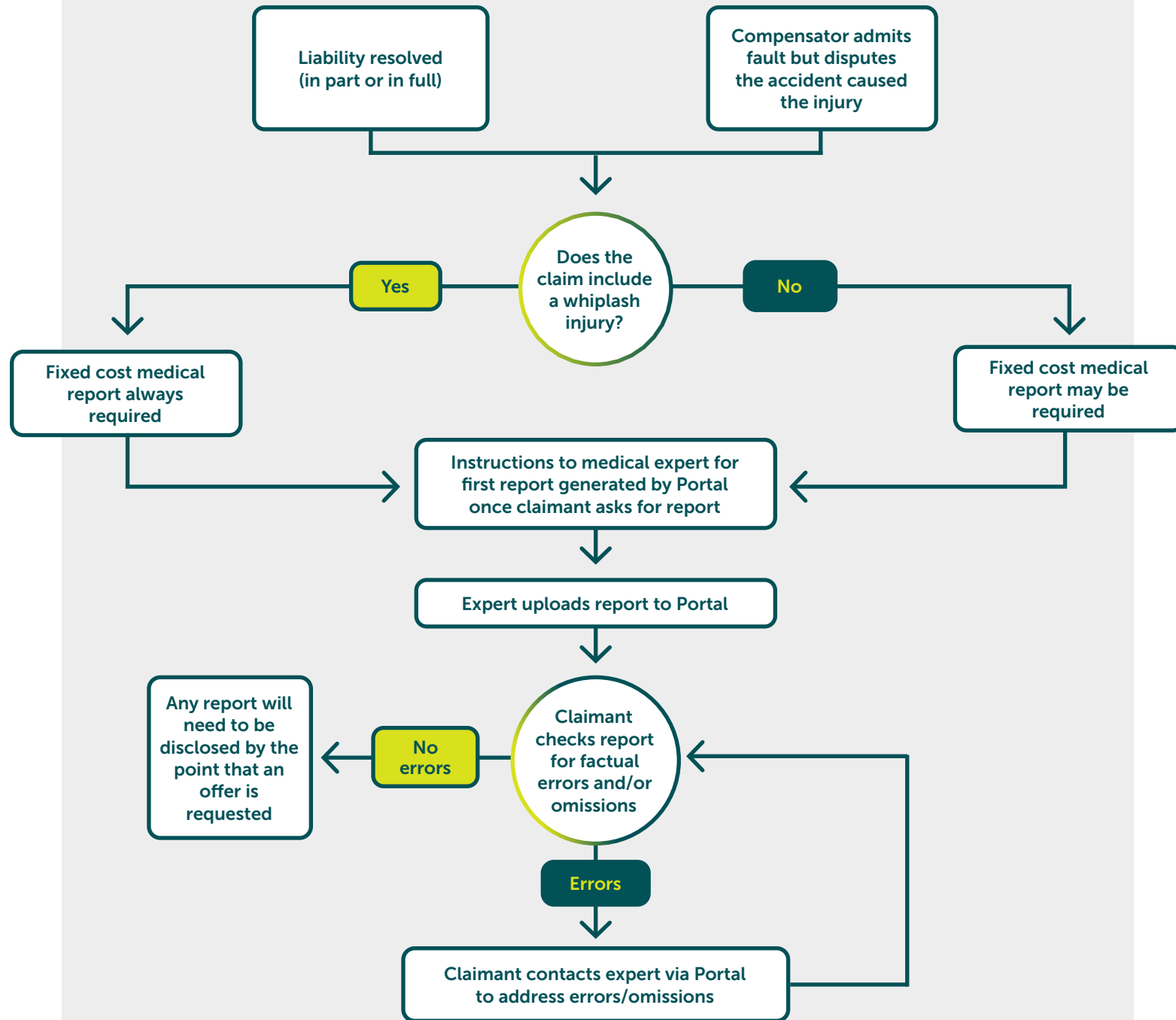
In this section, you will be guided through:

- the portal choices when proceeding to medical
- medical reports
- further payment options
- what happens if you can't use the portal or have accessibility needs

6.4.1 Portal choices when proceeding to medical

The following chart describes the medical report process for an unrepresented claimant (that is, you are going through the portal yourself).

Any claimant representative (otherwise known as a Pro-User) will not follow this process and will have to obtain a medical report on their client's behalf outside of the portal system, using MedCo.



6.4.1.1 Selection of medical preferences

If you have a whiplash injury and the compensator admits liability in full or in part, or admits fault (in full or in part) but disputes that the accident caused you any injury, you will need to select 'Proceed to medical'. (See below for further options if you have a non-whiplash injury.)

You will then go to a screen called 'Request a medical appointment' where you answer:

- where you would like the medical examination to take place
- where you will be travelling from for your appointment

You will then go to a screen called 'Select your medical report provider' where you answer:

- which type of medical report provider you want (for example a Direct Medical Expert or a Medical Reporting Organisation – see below)
- how far you are willing to travel for your appointment
- whether you would like the accredited medical expert to be a particular gender
- any other requirements for the appointment (such as wheelchair access, language interpreter)

The two types of medical report provider you can select are:

- Direct Medical Expert (DME): is an accredited medical expert who will organise your appointment, communicate directly with you when dealing with any queries, examine you and produce a medical report.
- Medical Reporting Organisation (MRO): is an independent organisation that will appoint an accredited medical expert to examine you and produce a medical report on your behalf. The MRO will have a panel of accredited medical experts from which they can arrange a suitable appointment. The MRO will help you in organising your appointment and/or dealing with any queries about the medical report.

A confirmation screen then displays your medical preferences.

- if the accredited medical expert wishes to review your existing medical records, they will contact you. This is not normally required

6.4.1.2 Non-whiplash injury claims

When you have a whiplash injury, the law requires you to obtain a medical report. With a non-whiplash injury, it is possible to try to resolve that part of your claim without a medical report, but the compensator may not agree to this.

The portal does not cover offers made without a medical report, but you may still contact the compensator via the portal messaging service and ask them for an offer for these injuries. The compensator may agree to make you an offer without a medical, or they may say that they want to see a medical report before they are prepared to do so.

If you would prefer to get a medical report, then you must follow the same process as for whiplash claims (outlined in the diagram above).

You should note that if you decide to start court proceedings to recover compensation for your injury or losses resulting from those injuries, a medical report will be required if you intend to rely on medical evidence. This is the case even if there is no whiplash injury element to your claim.

6.4.1.3 First medical report via MedCo

If you live in England and Wales, a medical examination and first medical report must be obtained via MedCo. This can be done via the Official Injury Claim portal. This is the system used to source DMEs and MROs, who will examine your injuries and provide medical reports (see www.medco.org.uk).

- MedCo is run by a non-executive board of directors with cross-industry representation and an independent chair
- MedCo must be used if you want to be eligible to make a claim on the portal

If you live outside England and Wales, your medical could be obtained via MedCo as long as you choose to search from an address in England and Wales. For instance, if you live in France but work in England or Wales, you should search using your work address in England or Wales.

If it is not possible to be examined in England or Wales (for example you live in France and were injured while on a visit to England or Wales), you will be allowed to source your own medical expert and upload your own medical report ([see further detail at 6.4.2.2](#)).

6.4.1.4 Medical examination and communication

When you have selected your medical report provider, the portal will send them instructions. These instructions will capture any relevant information you and the defendant have entered on the portal (for instance, answers concerning exceptional circumstances).

After this, any communication between you and the medical report provider will be done outside of the portal (that is, you select your medical report provider through the portal, but they communicate directly with you).

The medical report provider will then:

- arrange your medical appointment
- send any invoice for the first medical report directly to the compensator

If your circumstances have changed since you provided your initial answers on the portal, you must tell the accredited medical expert about it at your medical examination.

6.4.2 Medical reports

Following a medical examination, the medical report provider will upload your medical report to the portal. You will be able to download this report by selecting 'Review medical report' on your 'Claim overview' screen. At this stage the compensator will not see the report.

The question you will then answer is:

Do you believe the facts in the medical report are complete and correct?

This means you must check for any errors such as an incorrect date of birth, an inaccurate description of the accident or any failure to include something you told the accredited medical expert. It is particularly important if your whiplash injury is exceptionally severe, or where your circumstances increased the severity of your pain, suffering and loss of amenity caused by your whiplash injury, that the supporting facts are accurately reflected in your medical report.

- If you believe the medical report is correct and there are no factual errors, you will select 'Yes', before deciding how you want to proceed
- If you believe the medical report is not correct, you will need to enter any reasons in the box provided. This is then sent back to the medical report provider who will amend the report if appropriate

If necessary, you can ask for amendments to be made to any factual errors, but not to any medical opinion. For example, the medical expert's opinion on how long it will take you to recover from your injury (prognosis period) is not a factual error and you cannot request an amendment.

Your medical report will not be shared with the compensator until you confirm that it should be. However, the compensator will need the medical report and other documents to make you an offer, so you will have to share it when you are ready/satisfied with it.

If any treatment is recommended in your report, you may wish to contact the compensator.

If the medical report indicates that you are likely to suffer from your injuries for more than 24 months from the date of the accident, the value of your claim may exceed the small claims track limit and you may be able to recover the cost of separate specialist advice. You can withdraw your claim from the portal process by using the 'Withdraw this claim' option under 'My other actions' on the 'Claim overview' screen. However, you should seek advice before taking this step.

6.4.2.1 Challenging factual accuracy

You only have one opportunity to challenge the first medical report. If you believe it is incomplete and/or inaccurate and the medical expert has refused to make any amendments, you may send details of your challenge and the expert's response when you send in the medical report to the compensator. You must also let the compensator know that you will argue that the medical report is incomplete and/or inaccurate.

6.4.2.2 Further medical reports

In most cases, only one medical report will be required. There may be occasions, however, when a further medical report is justified. This reason for this will be if:

- it is recommended in the first expert's report
- the first medical report recommends that further time is required before a prognosis of your injuries can be determined
- you are receiving continuing treatment; and/or
- you have not recovered as expected based on the original prognosis

You must select one of the 4 justifications if you ask the compensator for a further medical report. If you do not choose one of these reasons, you will not be able to rely on the medical report to evidence your claim or recover any medical report fee.

You will then be asked to provide the compensator with further information to support your request. You can show them your first report, share extracts from it or provide the information yourself.

You will also need to make it clear to the compensator what further type of expert you wish them to instruct on your behalf and why.

The request will then be sent to the compensator who will either acknowledge your request or object to it. Once the request is acknowledged, the compensator has 10 days to send the instructions. These will be in a standard form, uploaded to the portal.

You will then be contacted outside of the portal, by the MRO or medical expert to arrange your appointment.

This further report will be sent direct to you and you must check the contents carefully before you upload it.

If you prefer, you can obtain your own independent medical report and not involve the compensator. If the compensator objects to your request, you may choose to obtain your own report but note that if the report is not justified you may not be able to recover the cost.

If the further medical report indicates that you are likely to suffer from your injuries for more than 24 months from the date of the accident, the value of your claim may exceed the small claims track limit and you may be able to recover the cost of separate specialist advice. You can withdraw your claim from the portal process, you can do so by using the 'Withdraw this claim' option under 'My other actions' on the 'Claim overview' screen. However, you should seek advice before taking this step.

6.4.2.3 Payment of further medical report fee

Where the compensator arranges the further medical report, any invoice will be sent direct to the compensator for payment, as long as one of the 4 reasons in [6.4.2.2](#) is given.

If you would prefer to obtain your own medical report and not involve the compensator, the compensator will not pay the fee directly and you will need to claim it back at the end of the process alongside any other fees.

6.4.2.4 Medical reports outside England and Wales

If you live outside England and Wales, you may obtain a first medical report as follows:

- for whiplash: you can obtain your medical report from a person who is recognised by the country in which they practise as a medical expert with the required qualifications for diagnosis and prognosis of a whiplash injury
- for non-whiplash: you can obtain your medical report from a person who is recognised by the country in which they practise as being a medical expert

The medical expert needs to be independent and appropriate (for example you cannot send in a medical report for a whiplash injury from a gastroenterologist).

If you are uploading the medical report yourself (because it comes from outside England and Wales or it's a second report), you must check that the content is factually correct before you upload it.

6.5 Step 4: Offer

The tracker on your 'Claim overview' screen shows that you are at Step 4: Offer. The 'Claim overview' screen will explain what you need to do at each stage.

In this section, you will be guided through:

- what you need to provide for the compensator to make you an offer
- how the compensator makes an offer
- the portal offer process
- dispute over injury claim
- withdrawal of offers
- accepting offers previously rejected
- what happens if you can't use the portal or have accessibility needs

6.5.1. What you need to provide for the compensator to make you an offer

6.5.1.1 Receipt of relevant documents

At the offer stage, you must upload any further documents in support of your claim for other protocol damages (losses). You must also ensure that all protocol losses are included since you will not have an opportunity to add more losses after this point (except NVC losses if you decide later to go to court).

Documents to upload include:

- any fixed-cost medical report
- any challenge and response document
- any other medical reports you rely on to support your claim
- details in support of any claim for other protocol damages (see Section 5: What you can make a claim for)
- any photographs of your injuries
- details of any fees including invoices for:
 - medical reports sent by you to the compensator that they have not already paid for
 - the use of other experts
 - medical records
 - police reports
 - any court fees
 - anything else

You will also need to sign a Statement of Truth confirming your losses. The compensator will then be able to make an offer.

6.5.2 How the compensator makes an offer

The compensator will enter an amount against each item of damage (loss). This amount will represent its full value.

Each item of loss that you have notified the compensator of will have a value shown against it in the offer screen.

The compensator must also make an offer for injury based on the medical report. If the injury is for whiplash the screen will show a tariff amount and there will also be a non-tariff injury offer if applicable (i.e. where you have a non-whiplash injury).

The compensator will indicate that they believe the medical report shows there is a whiplash injury. If they say it does, then the compensator will need to indicate which tariff they have applied. There are 2 tariffs, one for whiplash injury/injuries and another for whiplash injury/injuries together with a minor psychological injury.

Where the compensator has indicated that they do not believe there is a whiplash injury then the tariff amount on the offer screen will show as £0.00.

Deductions may then be made against each value if relevant (**see diagram on the next page**) and as follows:

- to reflect your share of any liability for the accident
- if, in the medical expert's opinion, your injuries were made worse because you were not wearing a seatbelt
- if, as a result of the accident, you have received state benefits from the Compensation Recovery Unit (CRU). In some circumstances the compensator is entitled to reduce the amount offered against some of the items. If more than one item has been reduced in this way, the total of all the deductions is entered by the compensator in the 'Deduction – CRU' box. For further information on CRU deductions, visit the government website (**www.gov.uk/government/collections/cru**)
- if you have already received an interim payment for any items of damage that have been included in the list of losses and is still listed here, that sum will be deducted from the full amount. The compensator will enter the interim payment figure in the 'Deduction – interim payment' box.

Any deductions from the full value of your damages will be made in the order set out above. So:

- 1) the deduction to reflect your share of any liability for the accident will be made first
- 2) then any deductions for not wearing a seatbelt will be applied
- 3) then other deductions will be applied against the remaining sum

6.5.2.1 Deductions

Sometimes, the compensator will make deductions from your offer. Some deductions must be made by law and some will be to do with decisions about liability for the accident:

- deductions that must be made by law include where the compensator needs to repay certain elements of the claim to CRU (see below) or where they have already made an interim payment
- deductions for liability may be made if you have confirmed you were not wearing a seatbelt at the time of the accident or because the compensator has not accepted liability in full

The compensator will explain what sums have been deducted and why.

6.5.2.2 Compensation Recovery Unit (CRU)

If you have received social security benefits following your accident and you then receive compensation, the benefits may need to be repaid to the Department of Work and Pensions under social security law.

The compensator will need to obtain a CRU certificate that tells them of any deductions that must be made. The compensator will make it clear to you if deductions are being made.

Here is an sample calculation where the offer of £4,000 is reduced to a payment of £2,112.50 due to deductions as specified:

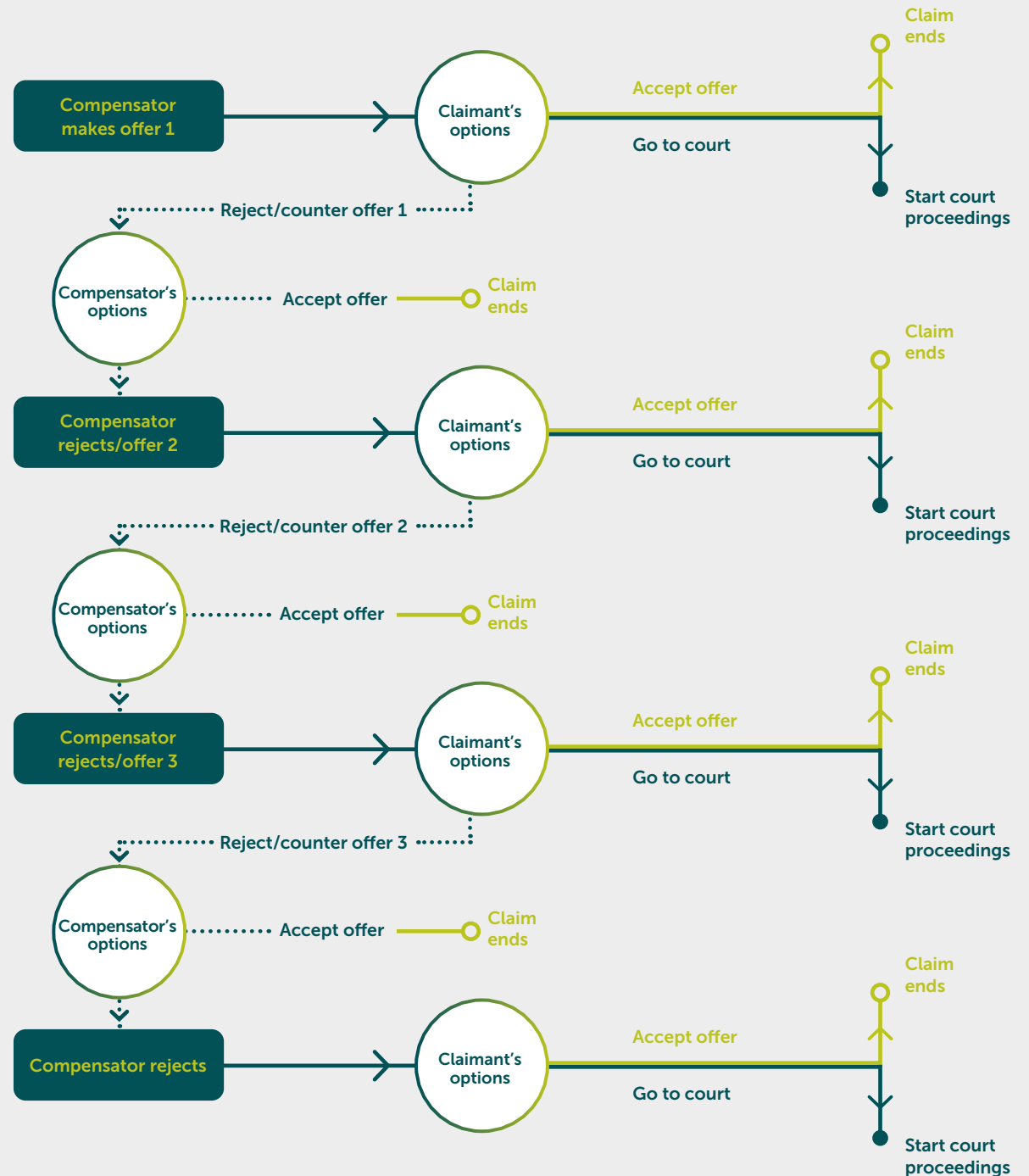
Total offer: £4,000			
Deductions	Injury: £1,000	Protocol damages: £3,000	
		Injury related: £1,500	Property related: £1,500
25% Liability deduction	£750	£1,125	£1,125
10% No seatbelt	£675	£1,012.50	£1,125 (no change)
CRU: of £500	£675 (no change)	£512.50	£1,125 (no change)
Interim for policy excess of £200	£675 (no change)	£512.50 (no change)	£925

Total payment = £2112.50 (i.e. £675 + £512.50 + £925)

In this example, if you accept this offer you will receive **£2,112.50**.

6.5.3 The portal offer process

The offer and counter offer process is outlined in the following chart. This also outlines the points where you can close the process and go to court.



6.5.3.1 Compensator offer

After they have received all the documents you have uploaded in support of your losses, the compensator has 20 business days to make you an offer.

Once you log on to the portal you will then be able to see the compensator's offer, if it has been made, by selecting 'View offer'. The offer amount and summary are displayed on the 'Review offer' screen. You will see what has been offered against each loss claimed and for your injury, together with any deductions made. There, you will be able to decide to:

- accept the offer (accept offer)
- dispute the offer (dispute offer)
- wait out the prognosis for your injury (wait out prognosis)

If you accept the offer, your claim will be closed and cannot be reopened. The compensator will contact you to arrange payment.

If you dispute the offer, this will go to the 'Offer not accepted' screen. There you must confirm which part you disagree. You will then either:

- return the claim to the compensator who may update their offer (it will be possible to upload additional evidence if required)

- make a counter offer (only 3 counter offers can be made). If the compensator's offer is lower than expected because you have not given enough evidence, you may upload any relevant evidence (such as receipts) to demonstrate that a higher offer should be made
- go to court (that is, start court proceedings)

Remember: the compensator can make you up to 3 offers via the portal and you can make up to 3 counter offers. Each offer that the compensator makes should be higher than the previous offer and each offer you make should be lower than the previous offer. However, the compensator may also stick with their original offer; they do not always have to make a higher offer.

At any stage after the first offer, you can choose the go to court option, but the Pre-Action Protocol encourages negotiation between the parties before this step is taken.

If you intend to reject the compensator's offer and make a counter offer of your own, you should consider the value of your counter offer before you reject. If you do not agree with the compensator on whether there is a whiplash injury, you can indicate this on the portal. If you say there is no whiplash injury then your counter offer on tariff amount will show as £0.00. If the compensator has said there is no whiplash injury

and you believe there is, then you will be asked to select the appropriate tariff amount.

Once agreement is reached on this point, you will not have further opportunity to challenge whether there is a whiplash injury in the portal. You can still dispute which tariff should apply (but only if the compensator has indicated they believe the lower whiplash tariff applies, once the higher whiplash and minor psychological injury tariff is selected by the compensator this cannot be altered).

Once agreement has been reached that there is a whiplash injury and which tariff applies (e.g. whiplash injury only or whiplash and minor psychological injury), the only challenge that can be made is to the duration of injury selected to calculate the tariff amount

If you select 'Wait out prognosis', your claim will not progress until you either confirm that you would like to proceed to offer (for example because you have recovered from your injury) or confirm you have not recovered from your injury or injuries by the end of the prognosis period and you would like the compensator to arrange for a further medical report.

'Wait out prognosis' covers the period the medical expert believes it will take you to recover from your injury or injuries, as stated in the medical report.

If you wait out the prognosis and are recovered as anticipated in the report and no further losses have been incurred you can then respond any available offer made by the compensator and continue through the offer process as set out above.

If you incur further losses during the wait out prognosis period, or do not recover as anticipated and require a further medical report this will have the effect of starting the offer process over again. You will need to update the information by uploading your further losses and list of losses and any new medical evidence and the compensator will make a new first offer based on the updated information.

6.5.3.2 Fees

At the same time as they make an offer on your losses, the compensator will also make an offer for any fees. However, you will need to agree the settlement of your losses i.e., personal injury and other accident related damages (**see 6.5.3.1**) before starting any negotiation about the offer on fees.

Once you move on to consider the fees offer, you may make a counter offer to the compensator, or provide details of further fees that have been incurred since the List of Losses was provided, which they will either accept or reject. If they reject your counter offer, you can start preparing separate court proceedings for recovery of your fees, if you wish.

6.5.3.3 Valuing any offer

You will need to review and decide whether the value of any offer is acceptable. **Go back to Section 4.4** and review the details given on valuation.

6.5.4 Dispute over injury claim

The compensator may have admitted fault, but not accepted that the accident caused your injury.

If this is the case, as long as you have given the required information, they must contact you within 20 business days saying that they dispute the injury element of your claim, and the reasons why.

At the same time, the compensator may make a final offer to settle other protocol damages (for example damages related to your personal injury,

but not the personal injury itself) and to property damaged because of the accident (see Section 5). This is all communicated through the portal.

Your options in such a dispute are:

- to accept that you will not get compensation for the injury itself, but take the compensator's offer for other protocol damages. This would be final settlement of your claim
- to drop the injury claim, but dispute the amount offered for other losses
- to continue with your injury claim. This means the claim is disputed and the portal process will then no longer apply – you may wish to take advice as court proceedings are likely to be the next step
- If the compensator does not contact you within 20 business days confirming the dispute, or they make an offer to you that includes any sum for damages for injury, they will be deemed to admit liability and can no longer argue that the injury was not caused by the accident.

6.5.5 Withdrawal of offers

Remember: that you can use the portal for offer negotiation.

You and the compensator can make up to 3 offers each.

After an offer is made, it is left 'open' on the portal, and each side can choose to accept, reject or go back with a further offer (up to a maximum of 3 times). However, if no response to an offer has been made within 10 business days, either side can withdraw their offer if they wish: you can use 'Withdraw offer' to do this.

Note: if you withdraw before the offer is rejected it doesn't count as one of your 3 offers.

Any withdrawal of an offer via the portal can only happen before the Court Valuation Form is created (**see 6.6.3**). If the process has moved beyond this stage, a withdrawal can only be made by written notice, using the message facility on the portal or via email/letter to the other party.

6.5.5.1 What happens next

The implications of withdrawing an offer are as follows:

- if an offer is withdrawn it can no longer be accepted
- the party withdrawing the offer is left with no offer on the portal
- the party withdrawing the offer may replace it with a new offer

- if an offer is withdrawn and a new offer made before the other party has made their next offer, the new offer has the same number as the withdrawn offer (for example, if the second offer is withdrawn and replaced, the new offer will still be the second one)
- if an offer is withdrawn after the other party has made their next offer, the new offer will be their next offer
- if the compensator withdraws their offer after you have made your third and final offer, the compensator cannot make a new offer on the portal. An effect of the compensator withdrawing an offer and not replacing it with a new offer (or not being able to do so) is to remove any of their comments on losses so that they do not show on the documents for court. These comments will not be visible to the court.

You can still accept the offer after this action has been taken by sending a written notice to the other party using the message facility on the portal or via email/letter.

6.5.6 Accepting offers previously rejected

You may reject an offer that the compensator has made but then later decide that you want to accept that offer. The same is true for the compensator who decides that they may want to accept your offer even if they previously rejected it. If the offer has not been withdrawn, this is possible via the portal, until the creation of the Court Valuation Form.

6.6 Step five: close process

The tracker on your 'Claim overview' screen shows that you are at Step 5: Close process. The 'Claim overview' screen will explain what you need to do at each stage.

In this section, the guide explains how your claim might finish (that is, 'close') and what happens next. The points reviewed include:

- claim closed
- payment
- go to court
- what happens if you can't use the portal or have accessibility needs

6.6.1 Claim closed

A claim is closed on the portal and will be shown on the tracker as 'Claim closed' if:

- you and the other party have reached agreement on the settlement of all the different losses
- it has been rejected by the compensator and you accept this as final

A claim may show as closed during court proceedings. However, it may also be qualified as being a 'On hold claim' ([see section 6.6.1.1](#)).

6.6.1.1 On hold claims

If you have chosen to 'Go to court' for a liability dispute or to ask the court to value your claim, the claim will show on the tracker as 'Claim closed', but there will be a note saying that it is still in the court process. In this case, the claim is 'on hold'. This means it will not progress any further on the portal while court proceedings take place. However, your claim can be reopened on the portal when the court has concluded the issues it was asked to decide.

If you are successful in your court proceedings, you will then be able to enter the court's determination on percentage liability in the portal or upload a court order.

Court orders can take time to process, so may not be available immediately. You should keep a careful note of the court decision so that you can go back to the portal, upload details of the outcome and progress to the next stage.

6.6.1.2 Seeking advice

There are various sources of advice you could use. For instance, your own insurer or legal adviser, although you may need to pay for a legal adviser's services.

6.6.2 Payment

The compensator must pay any sum offered to you within 10 business days from the date the offer was accepted on the portal. You could still be in an ongoing dispute on fees, but the main sum must be paid within 10 days.

Where the compensator needs time to get an updated Compensation Recovery Unit (CRU) certificate ([see 6.5.2.2](#)), their payment must be made within 30 business days.

Once you have accepted an offer, the compensator will contact you to arrange payment. This will be done outside the portal.

6.6.2.1 When a claim can no longer proceed on the portal

There are various reasons why your claim may no longer be able to proceed on the portal, such as when the Pre-Action Protocol no longer applies to your claim. This occurs:

- if either you or the compensator say that the claim has been revalued and that the overall claim is more than £10,000 and/or the claim for damages for injury is more than £5,000
- if either you or the defendant becomes a protected party. A protected party is one defined by the **Pre-Action Protocol** (see 4.3(g)) as a “party, or an intended party, who lacks capacity to conduct proceedings”
- if the compensator notifies you that the claim is unsuitable for this protocol because there are complex issues of fact or law
- if the compensator makes an allegation of fraud or fundamental dishonesty against you in respect of your claim
- if the compensator disputes or continues to dispute that the accident caused you any injury following disclosure of a medical report

- if the court makes an order in proceedings that the claim must exit the portal and be added to/ included in those proceedings
- if neither party is able to provide an address for the defendant when preparing the court form (i.e. if the compensator is the MIB or its agents, or the insurer has indicated that their status is RTA Insurer).

If the compensator advises that the claim should no longer proceed on the portal, they must also provide you with a reason. You may then wish to seek advice.

Although the claim will then leave the portal, remember that you will still be able to download all correspondence and documents about your claim. This will help you when you seek advice.

If your injury claim is worth more than £5,000 or your claim (including injury and other protocol damages (**see 1.1**)) is worth more than £10,000 then this portal is not the right place to start your claim and you should seek advice (your adviser will explain the position on costs to you (**see 1.2.3.1**)).

Remember: if NVC are included at this stage, that may mean your total figure comes to more than £10,000 and you may be able to get legal advice

(**see 1.2.3.1**). However, you can still use the portal as long as the injury and protocol damages are within the limits set above (**see 1.1.1**).

6.6.3 Go to court

Going to court can be a stressful and time-consuming process. The aim of the portal is to help avoid or reduce the need to go to court. However, if you have tried to settle your claim through the portal, but are still not content, you can ask the court to determine/decide on your claim.

The portal supports some elements of the ‘Go to court’ process (for example the preparation of the court pack). Other court processes sit outside the portal, although as mentioned above, If the court decides in your favour, your claim may be reopened on the portal.

6.6.3.1 Go to court - limitation period

If you started your claim in the portal but are not able to complete it within the 3-year limitation period (from the date of the accident), you will need to start a court claim before that deadline is reached. This requires you to complete a court form. The portal will guide you through this process.

6.6.3.2 Go to court - non-protocol vehicle costs

If you can't agree a settlement and you want to go to court, you will need to include any unsettled non-protocol vehicle costs (NVC) within your claim (**see section 5.2.4**). The portal will ask several questions that will help you check that non-protocol vehicle costs have been included.

You will need to:

- add all information about the non-protocol vehicle costs
- upload any supporting evidence
- complete the non-protocol vehicle costs claim document
- sign a Statement of Truth and upload it to the portal

If you add non-protocol vehicle costs to your claim and it takes the value of your claim over the portal's value limits, you should seek separate advice.

It may be that when you contact a representative about non-protocol vehicle costs, and you advise them that you are about to start a court claim, they may offer you representation in court. If you choose to accept this, you will need to download all relevant documents from the portal and give these to representative.

If you choose to go to court without representation, you will still need to complete a court form and court pack – you can use the portal to help you (see above).

6.6.3.3 Go to court – court form

Preparation of your court pack list

You must first send the compensator your court pack list (unless you are starting court proceedings because of the 3-year limitation date), as they will need to confirm that they agree the content. The portal will guide you through which documents need to be included in the list. Once you have received the compensator's reply, the portal will ask you a series of questions. Your answers will be used to populate the rest of the court form.

The agreed court pack list will set out all the documents you need to print off to create the court pack. This must be sent to the court with the court form (see below).

Completion of address

The options on completion of address are as follows:

- if you or the compensator have not added the defendant's address, the court form will show the compensator as the defendant
- if the compensator has instructed a solicitor to represent the defendant, the representative's details will show as the address for service
- If the compensator is the MIB (or its agents), or the insurer has indicated that their status is RTA Insurer, the MIB or the insurer will be added as the 2nd defendant and the driver will be the first defendant. In these cases where neither you nor the compensator is able to provide the first defendant's address when preparing the court form, the claim will exit the portal at this stage. You should seek legal advice as to how to proceed.

Previous claims

On the portal, you will be asked if you have started a claim for this accident before.

- if you have not already started a claim, you answer 'No'
- if this is not the first time you have started a court claim for this accident, you answer 'Yes' (for example you issued proceedings because liability was denied, or you issued proceedings in order to obtain an interim payment)

If you answered yes, you will then be asked to give the claim number that the court allocated to you when you initially started the claim or first took the claim to court. This will be found on your notice of issue or any previous court order.

This process allows you to start a claim and continue it at various points. For instance, you may have previously started a claim for liability, which has been decided by the court, and now you want to go to court to decide the value of that claim.

Linked claims

The portal will ask you whether you are aware of any other claims linked to the same accident. These could be claims proceeding within the portal that you have been made aware of, claims proceeding outside of the portal or claims where proceedings have already been issued. If you are aware of any claims, you should provide any details that you have (for example court claim number, date of court decision, names of the claimant and defendant).

Preparation of your court form

Before you start a court claim, you must prepare a court form. This needs to be sent to the court together with your court pack. The portal will guide you through the preparation of the court form.

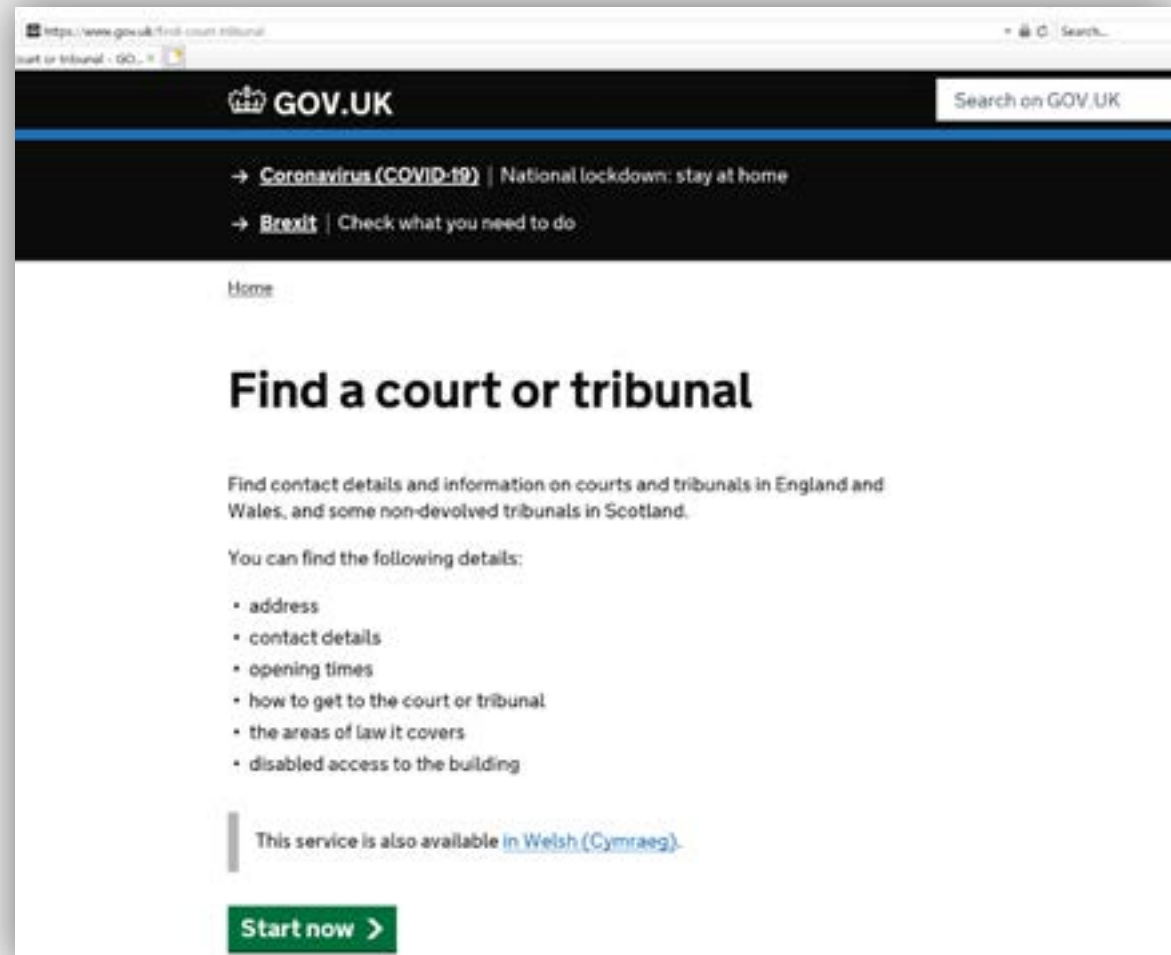
Much of the form will have been pre-populated based on the information the portal holds on your claim. The portal may need to ask you additional questions so that the court form can be fully completed, and you will then be able to download it from the portal when ready.

Starting your claim

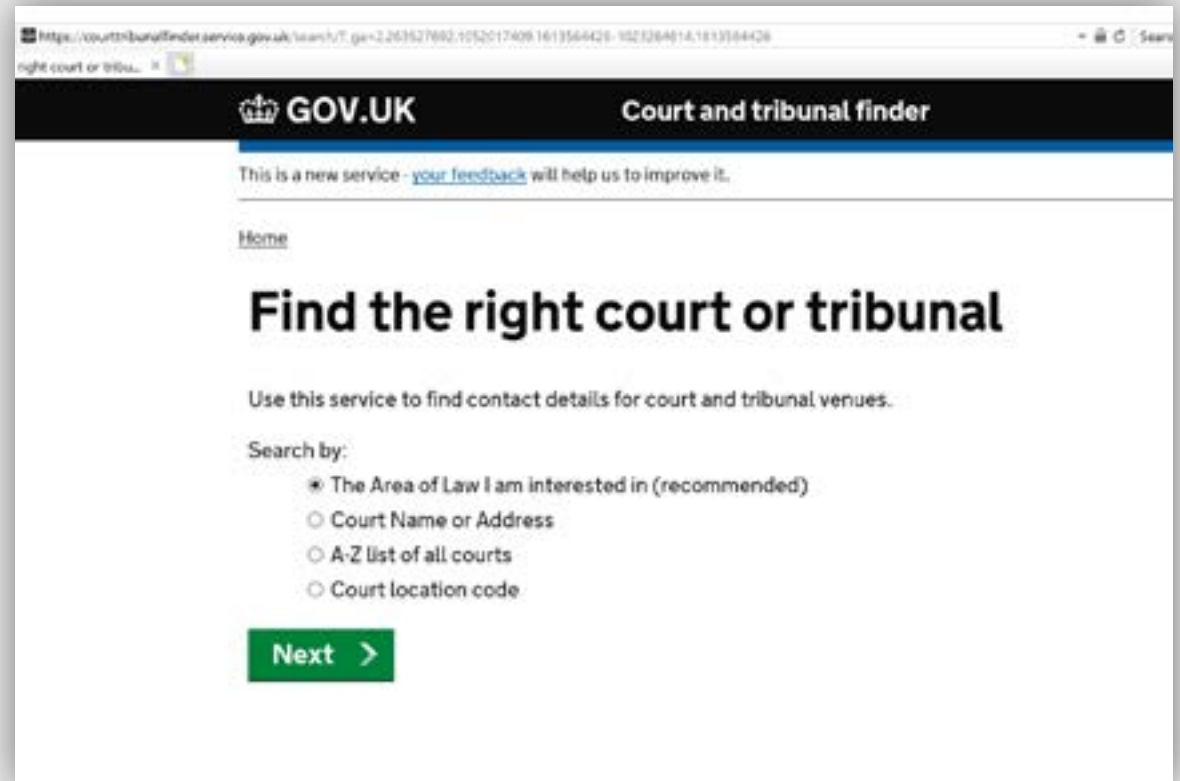
All claims must be started at the County Court Money Claims Centre at Salford. To start your claim all relevant documents (see below) must be printed off and sent together with the fee to Salford.

To find a court please follow the steps below:

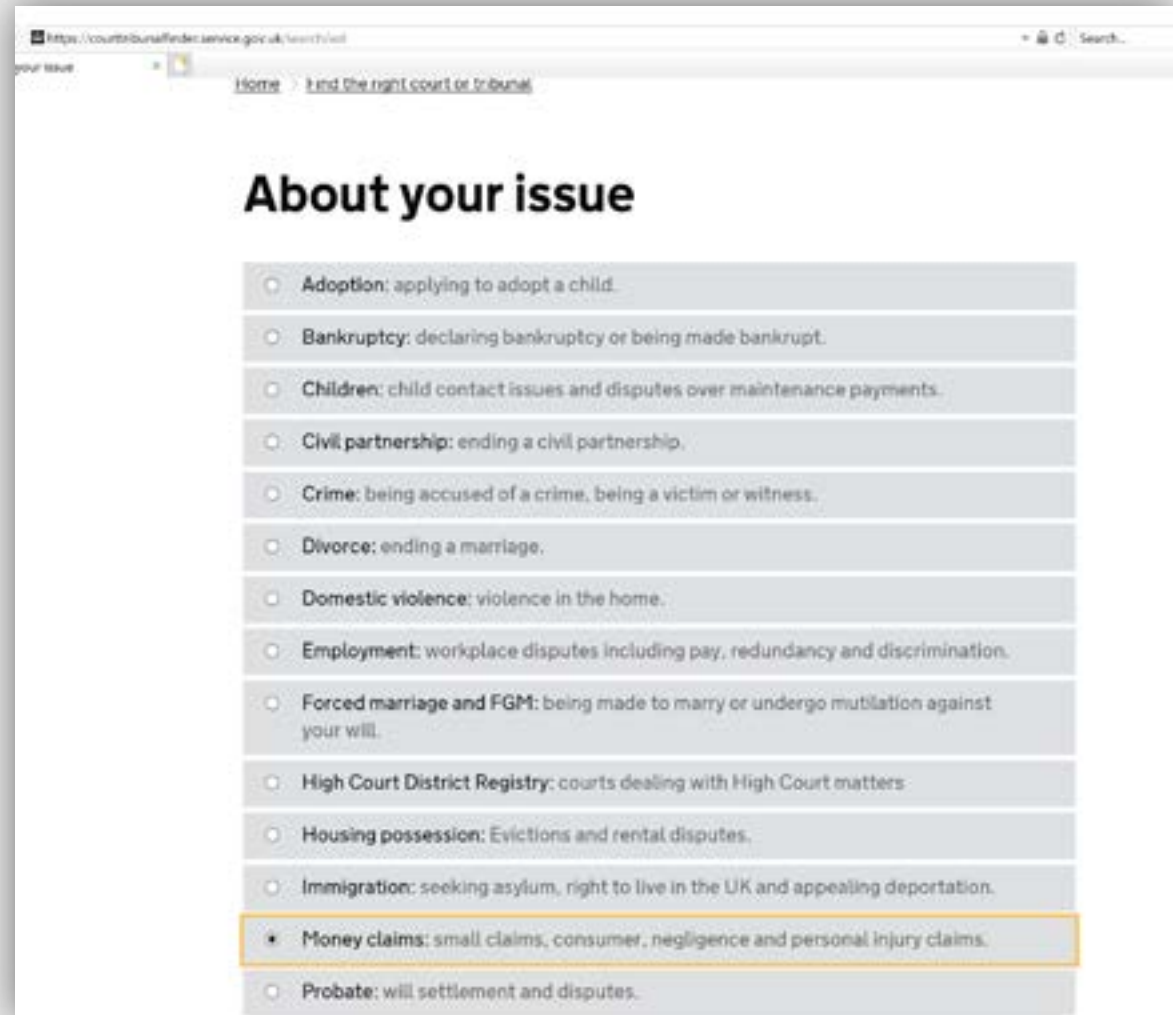
1. Go to <https://www.gov.uk/find-court-tribunal>
2. Click on **start now** as shown in this screenshot



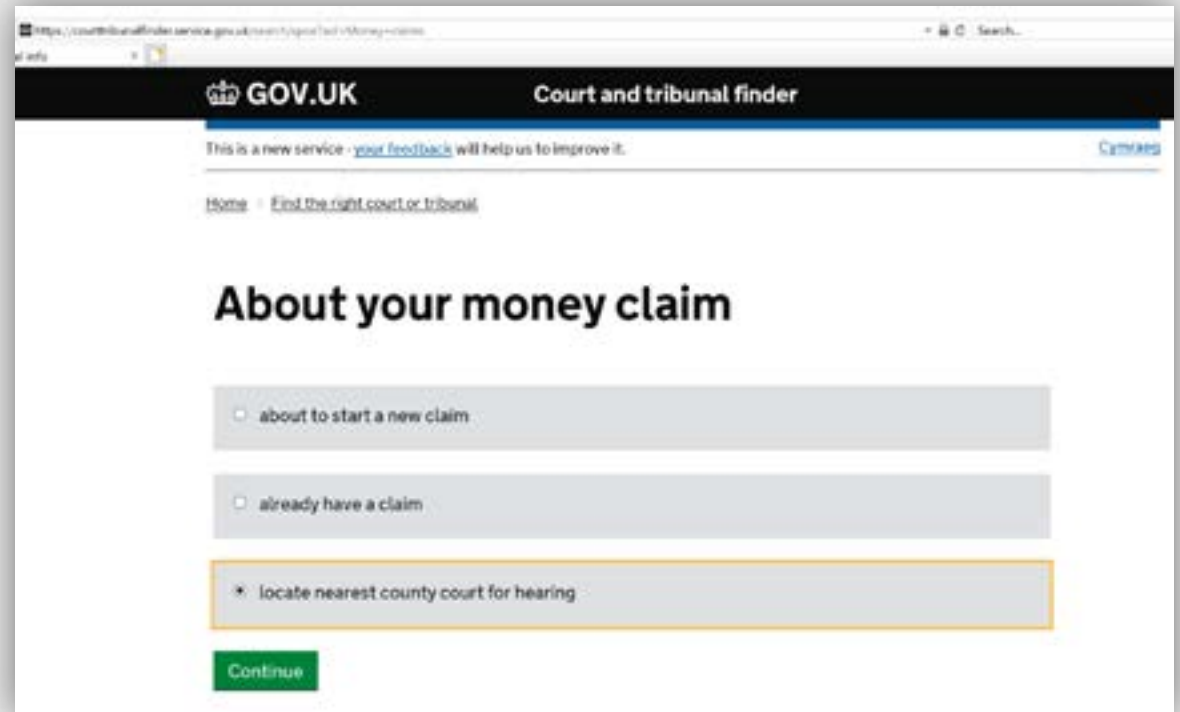
3) Click on the 'The Area of Law I am interested in'



4. Select 'Money claims'

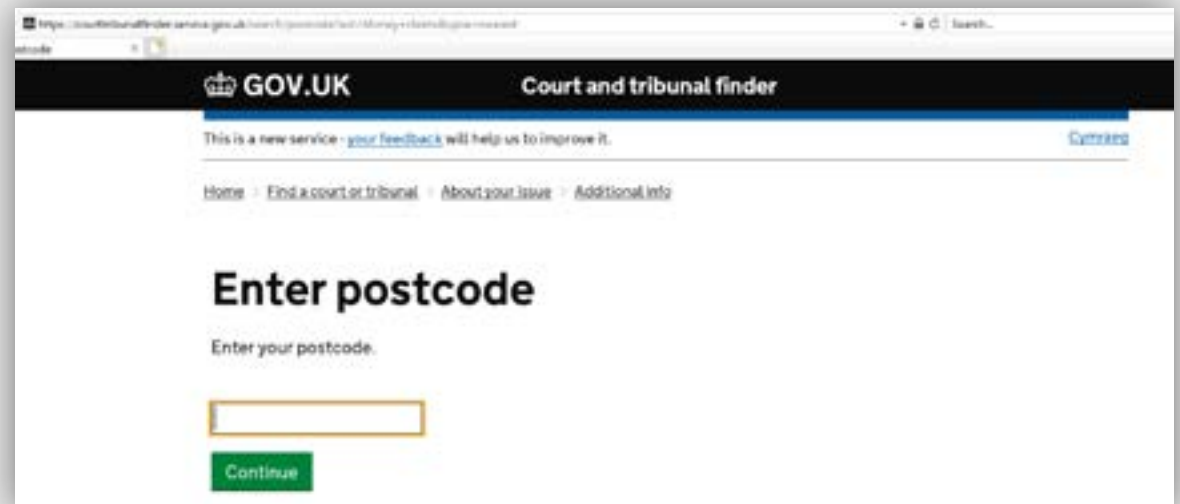


5. Click on 'locate nearest county court for hearing' and click continue



The screenshot shows the GOV.UK 'Court and tribunal finder' page. The header includes the GOV.UK logo and the title 'Court and tribunal finder'. Below the header, there is a message: 'This is a new service - your feedback will help us to improve it.' with a 'Continue' link. The breadcrumb trail reads 'Home > Find the right court or tribunal'. The main heading is 'About your money claim'. There are three radio button options: 'about to start a new claim', 'already have a claim', and 'locate nearest county court for hearing'. The third option is selected and highlighted with a yellow border. A green 'Continue' button is located below the options.

6. Finally enter your postcode
You will then be given the details of nearest relevant county court.



The screenshot shows the GOV.UK 'Court and tribunal finder' page. The header includes the GOV.UK logo and the title 'Court and tribunal finder'. Below the header, there is a message: 'This is a new service - your feedback will help us to improve it.' with a 'Continue' link. The breadcrumb trail reads 'Home > Find a court or tribunal > About your issue > Additional info'. The main heading is 'Enter postcode'. Below the heading, there is a prompt: 'Enter your postcode.' followed by an empty text input field. A green 'Continue' button is located below the input field.

Where liability is disputed

Where liability is disputed, court rules require an oral hearing (that is, in person). In other claims (for example where you are requesting an order for the payment of an agreed sum), the court is likely to deal with the issue without a hearing. In some cases, the rules will allow the court to decide whether there should be a determination (a decision made) with or without a hearing. If this applies to your claim, you will be asked to indicate your preference.

Where witnesses need to attend

Normally, you will already have provided witness details to the compensator, together with details of what the witness will say.

Where witnesses need to attend a court hearing, the portal will prompt you to list out the witnesses that you want to attend to give evidence:

The process is as follows:

- you must always list yourself
- all witnesses you have entered will be listed on the screen, enabling you to select those that you wish to give evidence at a hearing
- you will be able to add details of any other witnesses that you have not listed before, but you will need the permission of the court for those witnesses to attend the hearing. The court will deal with that at the directions stage (see below)

Confirmation of evidence

In the court pack, you must include all the evidence you wish to rely on that has already been shown to the compensator. You will be asked to confirm whether there is any further evidence that you wish to rely on that is not included in your court pack, as you have not yet shown it to the compensator.

This could be:

- documents that you want to rely on
- any witnesses

You must list in the court form any evidence that is not already in the court pack and confirm that you will attach it to the court form.

You must also explain why the evidence has not already been provided and set out a summary of what the evidence is.

If you are unable to attach the evidence to the court form, you must explain why.

This information will be considered by the court when they give directions (see below). The court will confirm whether they will allow you to rely on any additional evidence not included in the court pack.

Directions

When the court receives the court form and court pack, your claim will be considered and, where appropriate, the court will give directions.

Directions set out how the claim will be dealt with and the steps that you must take. Usually the court will give standard directions. These can be found in Appendix B of the **Practice Direction** to Part 27 of the Civil Procedure Rules.

Completion of form

Once the form is completed, you must print it off and check it carefully. You must also sign the Statement of Truth confirming that the information is correct. You should then collate:

- the court form
- list of documents for the court
- the printed court pack
- any additional evidence that you are asking the court for permission to rely on

This is sent to:

County Court Money Claims Centre,
PO Box 527, Salford M5 0BY
(This will be changing)

You must pay any relevant court fee
(see **www.gov.uk/get-help-with-court-fees**)

6.6.3.4 Court fees

You will need to pay court fees when you start court proceedings, (although you may be exempt or partially exempt). You will either need to pay a value based issue fee or an application fee, depending on your reason for going to court. If you need to go to court more than once there may be a top up fee to pay if the value of your claim has changed over time. There may also be a hearing fee to pay. You will need to write the fee on the court form after you have printed it off and send the payment to the court with the relevant documents. If your claim is successful the defendant will usually be ordered to pay the court fee to you.

6.6.3.5 Help with fees

You might be able to get money off the court fees if you have little or no savings, are on certain benefits or have a low income. By following the link on the screen, you will be able to complete an online application form which will confirm whether or not you qualify to pay a reduced fee or no fee at all.

In order to complete the online application, you will need details of relevant benefits and, if appropriate, your income. There is a detailed step by step guide on the gov.uk website at **www.gov.uk/government/publications/apply-for-help-with-court-and-tribunal-fees**.

6.6.3.6 Court processes not supported by the portal process:

The portal does not handle the court process, it simply gives you some of the information and forms required to take court action. Please refer to the **Pre-Action Protocol** and the court **Practice Direction** for more information.

6.6.4 What happens if you can't use the

You will need extra support to use the portal or make a claim if:

- you are a foreign language or Welsh speaker
- the online process is not suitable for you (for example you are uncomfortable with filling out a claim form online or you have accessibility needs). Note: the portal has complied with Website Content Accessibility Standards

If this is the case, then you will need to contact the Portal Support Centre (**contact details are in section 2**). They will let you know what steps you need to take – for instance whether you can receive a paper application form or whether you can complete the claim process with the help of a customer care agent (that is, by phone or with the use of a translation service available for the top 10 languages in England and Wales).

Appendix

Extracts from the Judicial College Guidelines (16th edition) for valuation of non-whiplash injuries

NOTE: IF YOU HAVE SUFFERED A WHIPLASH INJURY AFTER 31 MAY 2021 YOUR CLAIM WILL BE VALUED BY REFERENCE TO A TARIFF AND THIS EXTRACT DOES NOT INCLUDE THE TARIFF.

Minor injuries, including cuts, lacerations and abrasions

Minor injuries are injuries which are of short duration, where there is a complete recovery within three months, and are not otherwise referred to in other chapters. Cases where there is significant pain or multiple injuries albeit full recovery within three months may fall outside this chapter. Likewise cases involving, for example, travel anxiety (associated with minor physical injuries) or minor scarring where symptoms last for more than three months may appropriately be included in this chapter. The awards within each bracket will be dependent on the severity and duration of symptoms. The extent to which the level of symptoms remains relatively constant will also be a relevant factor. Claims solely in respect of shock or travel anxiety in the absence of physical or recognized psychiatric injury will not attract an award of compensation.

Where there is a complete recovery within three months	£1,370 to £2,450
Where there is a complete recovery within 28 days	£690 to £1,370
Where there is a complete recovery within seven days	A few hundred pounds to £690

Ribs/chest

Rib and chest injuries

Fractures of ribs or soft tissue injuries causing serious pain and disability over a period of weeks only	Up to £3,950
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Lung injuries

Injuries leading to collapsed lungs from which a full and uncomplicated recovery is made	£2,190 to £5,320
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Temporary aggravation of bronchitis or other chest problems resolving within a very few months	£2,200 to £5,320
--	------------------

Face/cheek/jaw/nose

Eye injuries

Minor eye injuries - In this bracket fall cases of minor injuries, such as being struck in the eye, exposure to fumes including smoke, or being splashed by liquids, causing initial pain and some temporary interference with vision	£3,950 to £8,730
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Transient eye injuries - In these cases the injured person will have recovered completely within a few weeks	£2,200 to £3,950
--	------------------

Ear injuries / hearing impairment

Slight noise induced hearing loss without tinnitus or slight tinnitus without noise induced hearing loss	Up to £7,010
--	--------------

Face/cheek/jaw/nose

Nose injuries

Fractures of nose or nasal complex - displaced fracture where recovery complete but only after surgery	£3,950 to £5,100
Fractures of nose or nasal complex – displaced fracture requiring no more than manipulation	£2,520 to £3,150
Fractures of nose or nasal complex – simple undisplaced fracture with full recovery	£1,710 to £2,520

Cheekbone injuries

Simple fracture of cheekbones for which some reconstructive surgery is necessary but from which there is a complete recovery with no or only minimal cosmetic effects	£4,350 to £6,460
Simple fracture of cheekbone for which no surgery is required and where a complete recovery is effected	£2,320 to £2,990

Forearm/wrist/hand/finger(s)

Elbow injuries – moderate to minor:

They comprise simple fractures, tennis elbow syndrome, and lacerations; i.e., those injuries which cause no permanent damage and do not result in any permanent impairment of function

Injuries fully resolving after about one year	In the region of £3,530
Injuries with the majority of symptoms resolving within 18 to 24 months but with nuisance level symptoms persisting after that	Up to £6,500

Wrist injuries

Very minor undisplaced or minimally displaced fractures and soft tissue injuries necessitating application of plaster or bandage for a matter of weeks and a full or virtual recovery within up to 12 months or so	£3,530 to £4,740
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Forearm/wrist/hand/finger(s)

Hand and finger injuries

Loss of the terminal phalanx of the ring or middle fingers	£3,950 to £7,870
Loss of part of the little finger - this is appropriate where the remaining tip is sensitive	£3,950 to £5,860
Severe dislocation of the thumb	£6,340 to £7,780
Minor hand, finger and thumb injuries - This will include fractures which generally have recovered in six months. Also injuries such as scarring, tenderness, and reaction to the cold where there is full recovery	Up to £4,750

Leg/knee/ankle/foot/toe

Leg injuries - Simple Fractures to Tibia or Fibula or Soft Tissue Injuries

Where there has been a simple fracture of the tibia or fibula with a complete recovery. The level of award will be influenced by time spent in plaster and the length of the recovery period	£7,080 to £9000
A wide variety of soft tissue injuries, lacerations, cuts, bruising, or contusions, all of which have recovered completely or almost so and any residual disability is cosmetic or of a minor nature.	Less than £2,450 when fully resolved within a few months

Leg/knee/ankle/foot/toe

Knee injuries

Shorter periods of acceleration or exacerbation, and also lacerations, twisting, or bruising injuries. Where recovery has been complete or almost complete the award is unlikely to exceed £6,020

Up to £13,740

Foot and toe injuries

The less serious, minor or undisplaced fractures, sprains, and ligamentous injuries. The level of the award within the bracket will be determined by whether or not a complete recovery has been made and, if recovery is incomplete, whether there is any tendency for the ankle to give way, and whether there is scarring, aching or discomfort, loss of movement, or the possibility of long-term osteoarthritis. Where recovery is complete without any ongoing symptoms or scarring, the award is unlikely to exceed £7,700. Where recovery is complete within a year, the award is unlikely to exceed £5,160

Up to £13,740

Leg/knee/ankle/foot/toe

Simple metatarsal fractures, ruptured ligaments, puncture wounds and the like. Where there are continuing symptoms, such as a permanent limp, pain, or aching, awards between £7,010 and £13,740 would be appropriate. Straightforward foot injuries such as fractures, lacerations, contusions etc. from which complete or near complete recovery is made would justify awards of £7,010 or less. Modest injuries that resolve within a short space of time will attract lower awards. Awards for minor foot injuries resolving within a few months, with little impact on lifestyle or day to day activities, are unlikely to exceed £2,450

Up to £13,740

Moderate toe injuries - These injuries include relatively straight-forward fractures or the exacerbation of a pre-existing degenerative condition or laceration injuries to one or more toes. Cases involving prolonged minor symptoms and/or the need for surgery resulting in prolonged discomfort and permanent scarring are likely to justify awards towards the upper end of this bracket. Only £5,590 or less would be awarded for straightforward fractures or crushing/soft tissue injuries of one or more toes with complete resolution or near complete resolution

Up to £9,600

Scarring

Less significant facial scarring - In these cases there may be but one scar which can be camouflaged or, though there is a number of very small scars, the overall effect is to mar but not markedly to affect the appearance and the reaction is no more than that of an ordinarily sensitive young person	£3,950 to £13,740
Trivial facial scarring - In these cases the effect is minor only	£2,370 to £7,830
Scars to other parts of the body - A single noticeable scar, or several superficial scars, of leg(s) or arm(s) or hand(s), with some minor cosmetic deficit	£2,370 to £7,830

Damage to teeth

Loss of or serious damage to several front teeth	£8,730 to £11,410
Loss of or serious damage to two front teeth	£4,350 to £7,630
Loss of or serious damage to one front tooth	£2,200 to £3,950
Loss of or damage to back teeth: per tooth	£1,090 to £1,710

Head

Minor brain or head injury - In these cases brain damage, if any, will have been minimal. The level of the award will be affected by the following considerations:

- (i) the severity of the initial injury;
- (ii) the period taken to recover from any symptoms;
- (iii) the extent of continuing symptoms;
- (iv) the presence or absence of headaches.

The bottom of the bracket will reflect full recovery within a few weeks.

**£2,210 to
£12,770**

Less serious damage to hair in consequence of defective permanent waving, tinting, or the like, where the effects are dermatitis, eczema, or tingling or 'burning' of the scalp causing dry, brittle hair, which breaks off and/or falls out, leading to distress, depression, embarrassment, and loss of confidence, and inhibiting social life. Also, cases where hair has been pulled out leaving bald patches. The level of the award will depend on the length of time taken before regrowth occurs. This bracket will include cases of alopecia induced by stress causing some hair loss where full recovery is made within two years.

**£3,950 to
£7,340**

Psychological

Moderate psychiatric damage - While there may have been the sort of problems associated with factors (i) to (iv) above¹ there will have been marked improvement by trial and the prognosis will be good.

**£5,860 to
£19,070**

Cases of work-related stress may fall within this category if symptoms are not prolonged

Less severe psychiatric damage - The level of the award will take into consideration the length of the period of disability and the extent to which daily activities and sleep were affected. Cases falling short of a specific phobia or disorder such as travel anxiety when associated with minor physical symptoms may be found in the Minor Injuries chapter

**£1,540 to
£5,860**

PTSD, moderate - In these cases the injured person will have largely recovered and any continuing effects will not be grossly disabling

**£8,180 to
£23,150**

PTSD, less severe - In these cases a virtually full recovery will have been made within one to two years and only minor symptoms will persist over any longer period

**£3,950 to
£8,180**

¹ (i) the injured person's ability to cope with life, education, and work;
(ii) the effect on the injured person's relationships with family, friends, and those with whom he or she comes into contact;
(iii) the extent to which treatment would be successful;
(iv) future vulnerability;

Neck – non-whiplash injuries only (where a whiplash injury has been sustained you will need to consider the tariff to value your claim)

This bracket includes minor soft tissue injuries. Whilst the duration of symptoms will always be important, factors such as those listed below may justify an award in either a higher or lower bracket.

- the severity of the neck injury;
- the intensity of pain experienced and the consistency of symptoms;
- the extent to which ongoing symptoms are of a minor nature only;
- the presence of additional symptoms in the back and/or shoulder and/or referred headaches;
- the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities;
- the impact of the injuries on the injured person's ability to work;
- the extent of any treatment required;
- the need to take medication to control symptoms of pain and discomfort.

Neck – non-whiplash injuries only (where a whiplash injury has been sustained you will need to consider the tariff to value your claim)

Where a full recovery takes place within a period of about one to two years. This bracket will also apply to short-term acceleration and/or exacerbation injuries, usually between one and two years

**£4,350 to
£7,890**

Where a full recovery takes place between three months and a year. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually less than one year

**£2,450 to
£4,350**

Where a full recovery is made within three months

Up to £2,450

Shoulder – non-whiplash injuries only (where a whiplash injury has been sustained you will need to consider the tariff to value your claim)

The starting point for the assessment will be the duration of symptoms but the severity of the original injury, the degree of pain experienced, and the extent to which ongoing symptoms are of a minor nature only may justify an award in a higher or lower bracket.

In less than two years	£4,350 to £7,890
Within a year	£2,450 to £4,350
Within three months	Up to £2,450

Back – non-whiplash injuries only (where a whiplash injury has been sustained you will need to consider the tariff to value your claim)

This bracket includes less serious strains, sprains, disc prolapses, soft tissue injuries, or fracture injuries which recover without surgery. As with minor neck injuries, whilst the duration of symptoms will always be important, factors such as those listed below may justify an award in either a higher or lower bracket.

- the severity of the original injury;
- the degree of pain experienced and the consistency of symptoms;
- the extent to which ongoing symptoms are of a minor nature only;
- the presence of any additional symptoms in other parts of the anatomy, particularly the neck;
- the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities;
- the impact of the injuries on the injured person's ability to work;
- the extent of any treatment required;
- the need to take medication to control symptoms of pain and discomfort.

Back – non-whiplash injuries only (where a whiplash injury has been sustained you will need to consider the tariff to value your claim)

Where a full recovery takes place without surgery between three months and two years. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually less than two years	£4,350 to £7,890
Where a full recovery is made within three months	Up to £2,450

Tariff

Regulation 2(1)(a) is whiplash only and 2(1)(b) is whiplash + minor psychological injury

Duration of injury	Amount- Regulation 2(1)(a)	Amount- Regulation 2(1)(b)
Not more than 3 months	£240	£260
More than 3 months, but not more than 6 months	£495	£520
More than 6 months, but not more than 9 months	£840	£895
More than 9 months, but not more than 12 months	£1,320	£1,390
More than 12 months, but not more than 15 months	£2,040	£2,125
More than 15 months, but not more than 18 months	£3,005	£3,100
More than 18 months, but not more than 24 months	£4,215	£4,345

For help and support, phone us on 0800 118 1631. The portal support centre is open Monday to Friday from 9am-5pm.

Address:

Official Injury Claim Limited

Linford Wood House

6-12 Capital Drive

Linford Wood

Milton Keynes

MK14 6XT

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