



Claims data

For the period 1 July 2022 – 30 September 2022

OFFICIAL
INJURY
CLAIM

Contents

1. Introduction
2. Headline data
3. Claims volume
4. Representation
5. Types of claims
6. Settlement
7. Exceptional injury and circumstances
8. Claims exiting the portal
9. Liability
10. Portal Support Centre
11. System operation

1. Introduction

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

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

The OIC service can be used to claim compensation for a range of different RTA-related injuries with a value of less than £5,000.

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

The data and statistics presented on these pages reflect data captured by the service from 1 July 2022 to 30 September 2022, unless otherwise stated*. You can [download previous data publications here](#).

This data has been published on the OIC website, and it is intended that data will continue to be issued on a quarterly basis.

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

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

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

The statistics presented in this publication are generated by the OIC service.

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

2. Headline data

Reporting period 1 July 2022 – 30 September 2022

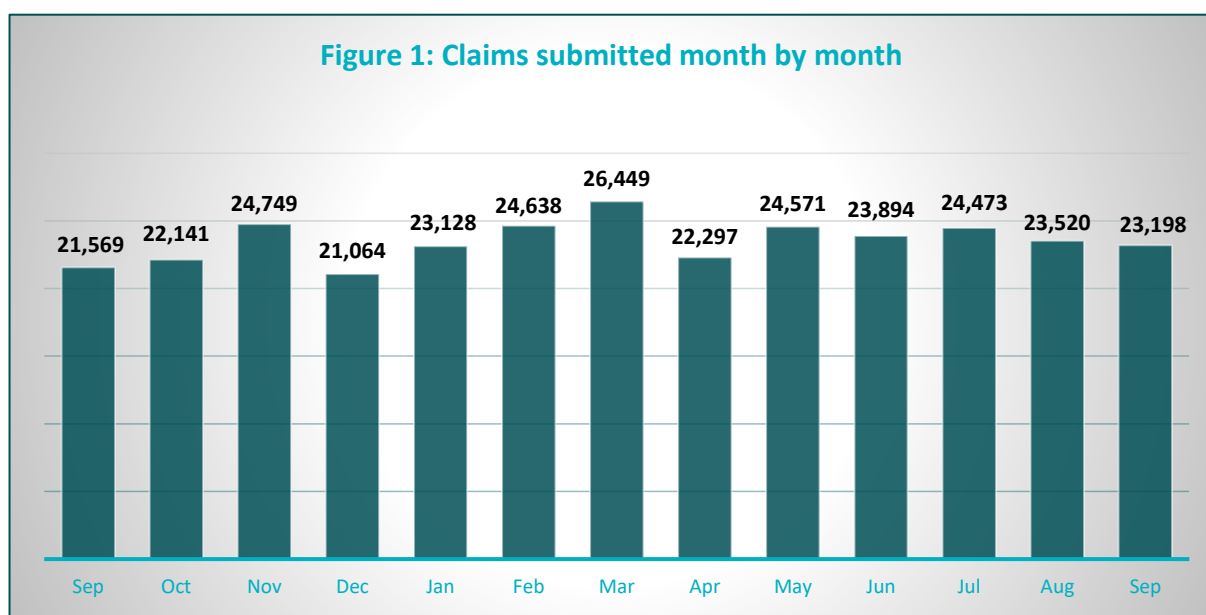
	Total since launch	This reporting period
Claims submitted	351,409	71,191
Represented claims	319,916	64,813
Unrepresented claims	31,493	6378
Liability decisions	266,995	41,427*
Settlements (closed)	54,368	19,921
Settlements (open)	6584	

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

3. Claims volume

Figure 1 shows the number of claims entered into the system per month since the launch of the OIC. Between July and September 2022, it shows around 24,000 claims per month have been made. These figures should not be viewed in isolation; higher value claims (i.e., those worth over £5000) are still correctly reporting into Claims Portal Ltd (CPL).

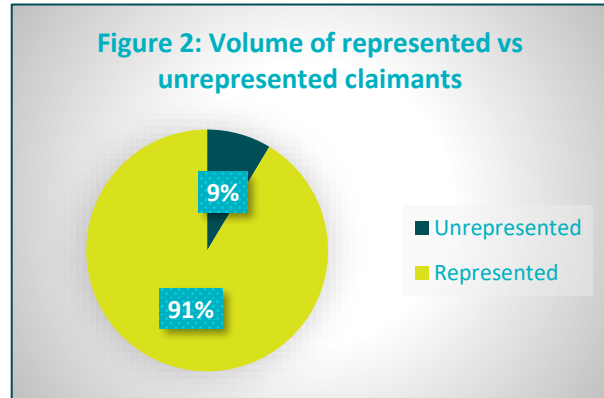
There are also significant non-service factors continuing to influence driver behaviour and accident rates. These include the continued impact of COVID-19 as well as the general economic factors of cost inflation that will indirectly influence vehicle miles and vehicle parc and ultimately the accident rate.



4. Representation

Of the 71,191 claims registered in this period, a total of **6,378** (9.0%) were made by unrepresented claimants and **64,813** (91.0%) had professional representation.

Since launch, 188 claimants have started a claim via the Portal Support Centre’s assisted paper claims process (see section 10). This includes **51** claimants from this reporting period and 56 claimants from the previous period.



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

Represented claimants are being supported by a range of different types of organisations, including law firms, Alternative Business Structures (ABSs)*, appropriately authorised claims management companies (CMCs)** and other***. As is shown in the table below, the vast majority continue to be law firms (73.6%) and licensed ABSs (26.1%).

Type of user	Number of claims	Percentage
Law firm	47,708	73.6%
ABS	16,885	26.1%
CMC & other	220	0.3%

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

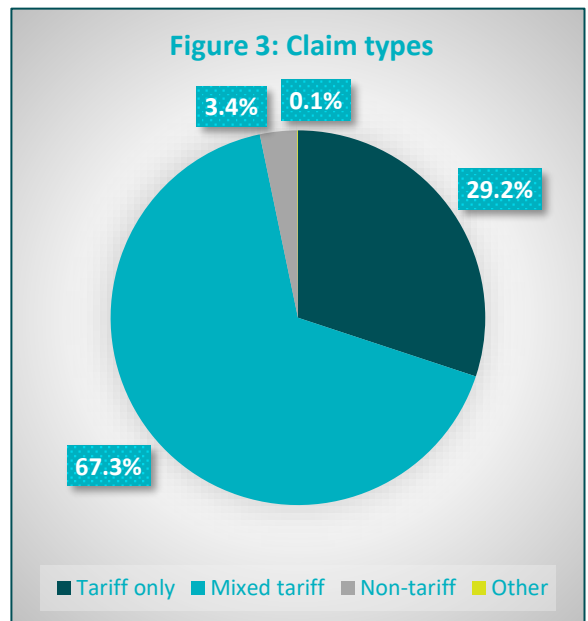
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

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

5. Types of claim

The OIC service can be used to claim compensation for a range of different RTA-related injuries with a value of less than £5,000. Figure 3 and its accompanying table below provide an overview of the types of claims* submitted within the period 1 July to 30 September 2022, broken down by claim category:

Claim types	Number of claims
Whiplash ¹ only	12,313
Whiplash + minor psychological ²	7475
Whiplash + physical ³	18,691
Whiplash + physical + minor psychological	21,791
Multiple injuries ⁴	5140
Physical only	1731
Physical + psychological	578
Other ⁵	68



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **19,788 (29.2%)** of claims presented in this period were covered solely by the tariff, and **45,622 (67.3%)** are mixed claims. **65,410 (96.5%)** of claims include a whiplash-tariff element.

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

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

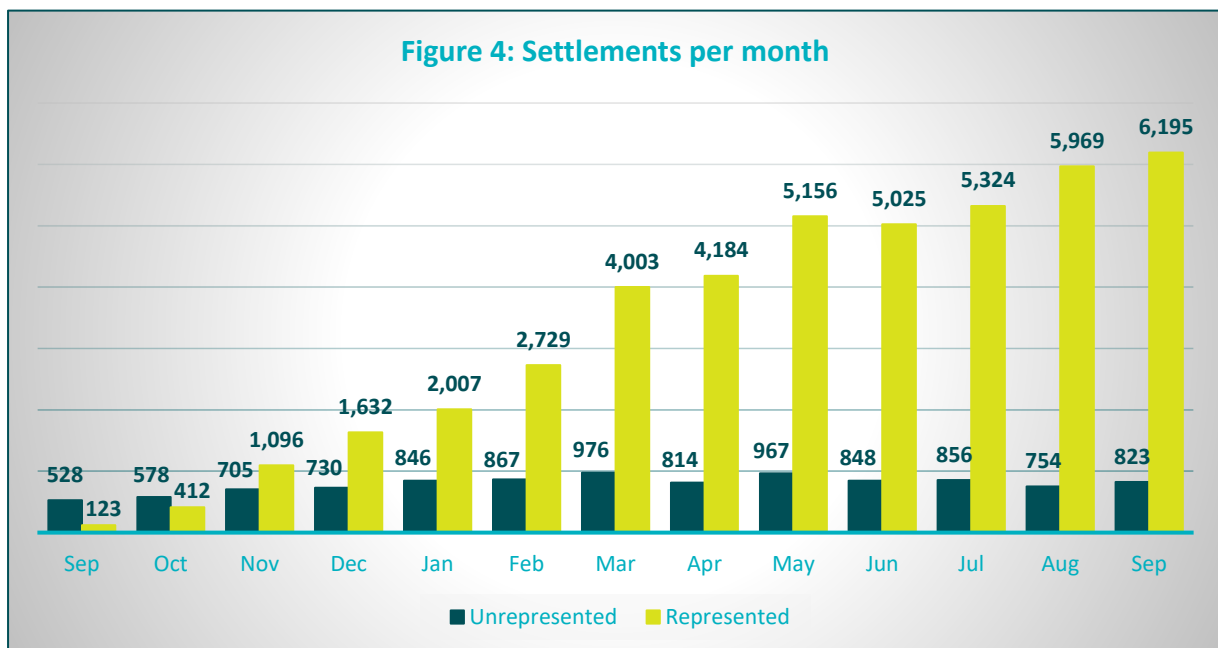
6. Settlements

The volume of claims settling has continued to rise since the data was previously published. We expect this trend to continue. **54,469** claims have settled since the launch of the service, including **19,921** claims in this reporting period. **2433 (12%)** of these were unrepresented claimants (compared to **15%** in the previous period). Represented claimants accounted for **17,488 (88%)** settlements (compared to **85%** in the previous period).

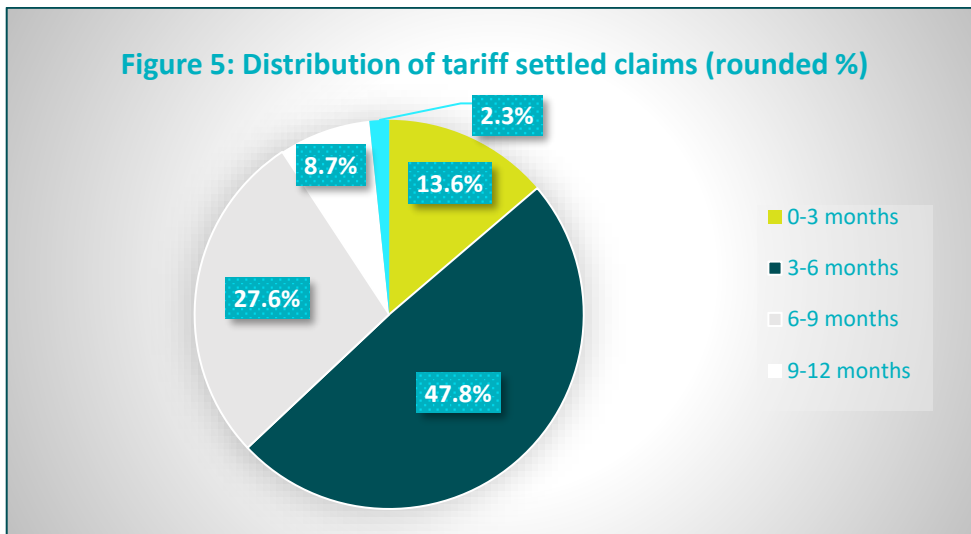
There is an additional cohort of claims emerging which have settled but not yet fully progressed through the portal journey: they are referred to as ‘open’ settlements, where users have not yet completed the portal journey by confirming the claim is complete. There are currently **6,584** open settlements (**469** unrepresented and **6,115** represented). We will introduce a feature into the system that auto-closes cases after a period once this open settlement status has been reached. We expect to implement this change during 2023.

The average time from claim to settlement for these claims was **208 days** compared to **175** days in the previous period. This is to be expected as we see cases settle with more complex injuries and longer prognoses. It is likely to continue to rise.

Figure 4 shows settlements month on month since September 2021 (closed cases).



We continue to see increased maturity in the distribution of tariff, with settlements in the nine to 12-month bands starting to emerge in greater numbers. This is entirely in line with an ageing system as more complex injuries are dealt with. The trend will continue. For present purposes we have not differentiated between settlements for tariff and tariff plus minor psychological injuries, but combined that data into the view in Figure 5. We will show split tariff level information in 2023.



Early settlement data indicates that unrepresented and represented claimants are agreeing similar levels of compensation. The table below gives some insight into these averaged early settlements for tariff and non-tariff elements covering the period to date. Data on items such as fees, injury-related additional losses and non-protocol vehicle costs (NPVC) have not been included.

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£925	£691	£153
Represented	£891	£693	£214

First instant judgments are now beginning to emerge, and we expect these to start impacting on overall settlement values and the way in which claims are being agreed. Whilst such judgments are not directly related to the operation of the system, they do have the potential to impact on user behaviour. Therefore, settlement data will take some considerable time to fully mature, and a more settled picture is unlikely to emerge for some time yet.

Frequency – settled *(added to set context against average values and set against the total of c61,000 settlements since launch)*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	4,149	10,372	515
Represented	15,437	43,119	594

7. Exceptional injuries and circumstances

The Whiplash Injury Regulations 2021 also provide for a court to award an uplift in damages of up to 20% where either the injuries suffered, or the claimant’s circumstances are considered to be exceptional. Of the total claims made in the reporting period, **5,147** claims included a request for an uplift for exceptional injury, **3,526** claims requested an uplift for exceptional circumstances and **8,964** claims requested an uplift in both categories.

Exceptional circumstances

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

Exceptional injuries

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

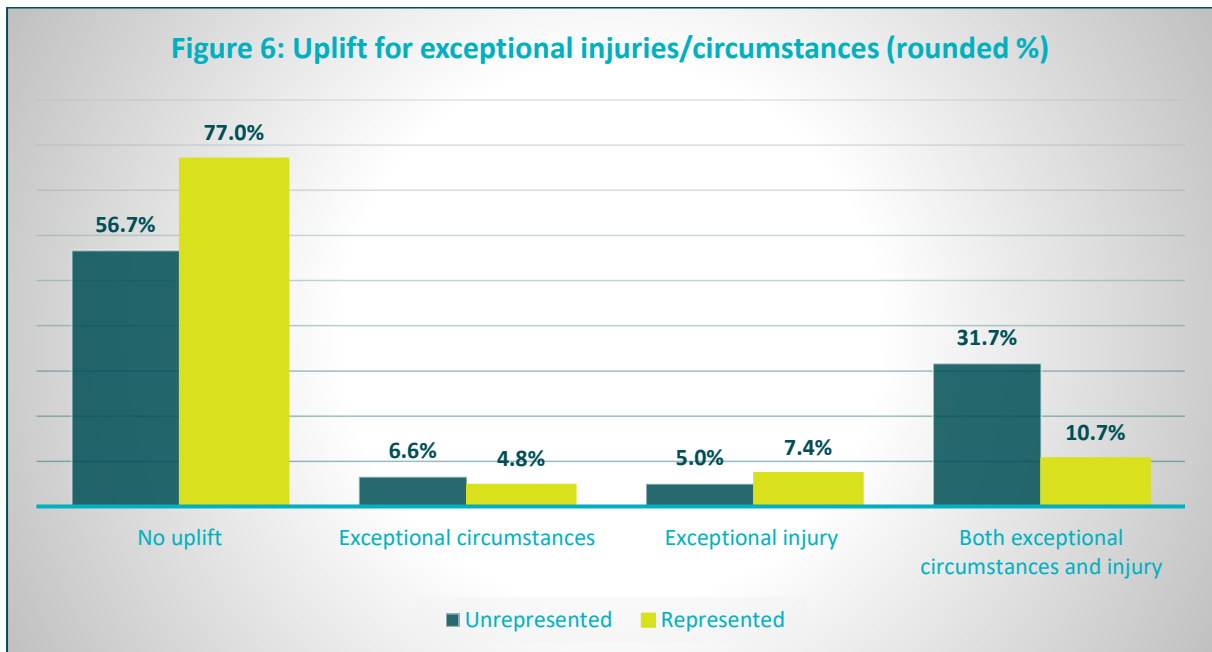
The table below provides the number of claims, broken down by representation in the reporting period July – September 2022, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift claimed	Exceptional injury uplift claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	3,619 (56.7%)	418 (6.6%)	321 (5%)	2,020 (31.7%)
Represented	49,935 (77%)	3,108 (4.8%)	4,826 (7.4%)	6,944 (10.7%)

2,759 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **43.3%** of **6,378** unrepresented claimants.

14,878 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **23%** of **64,813** represented claims made.

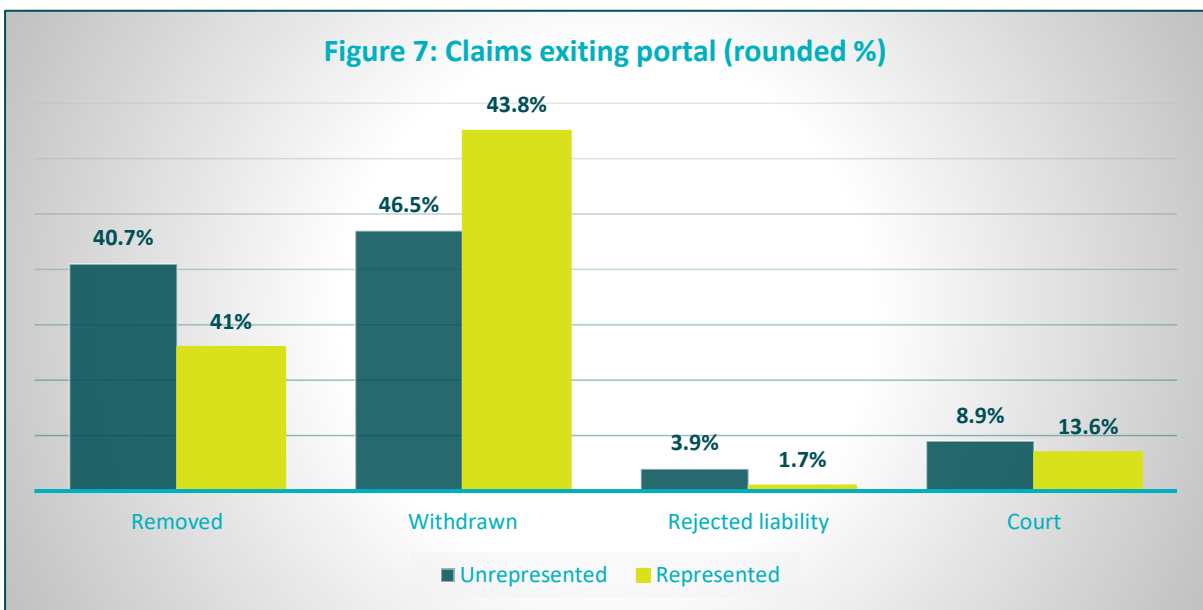
Figure 6 provides the percentages of represented and unrepresented claims, between July and September 2022, with a claim for uplift for exceptionality.



8. Claims exiting the portal

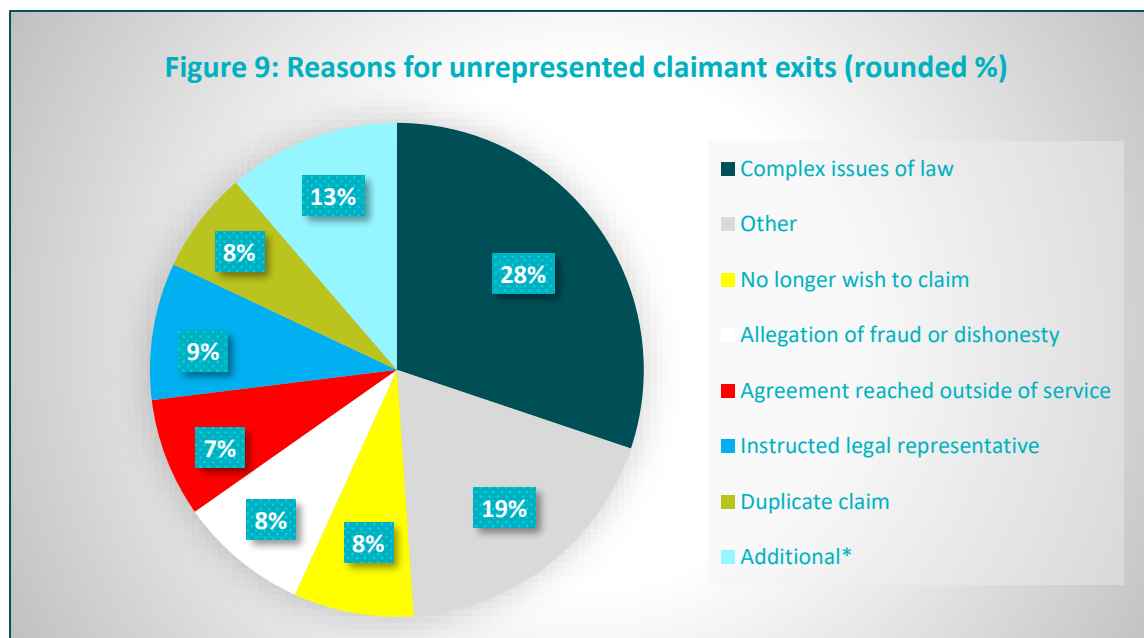
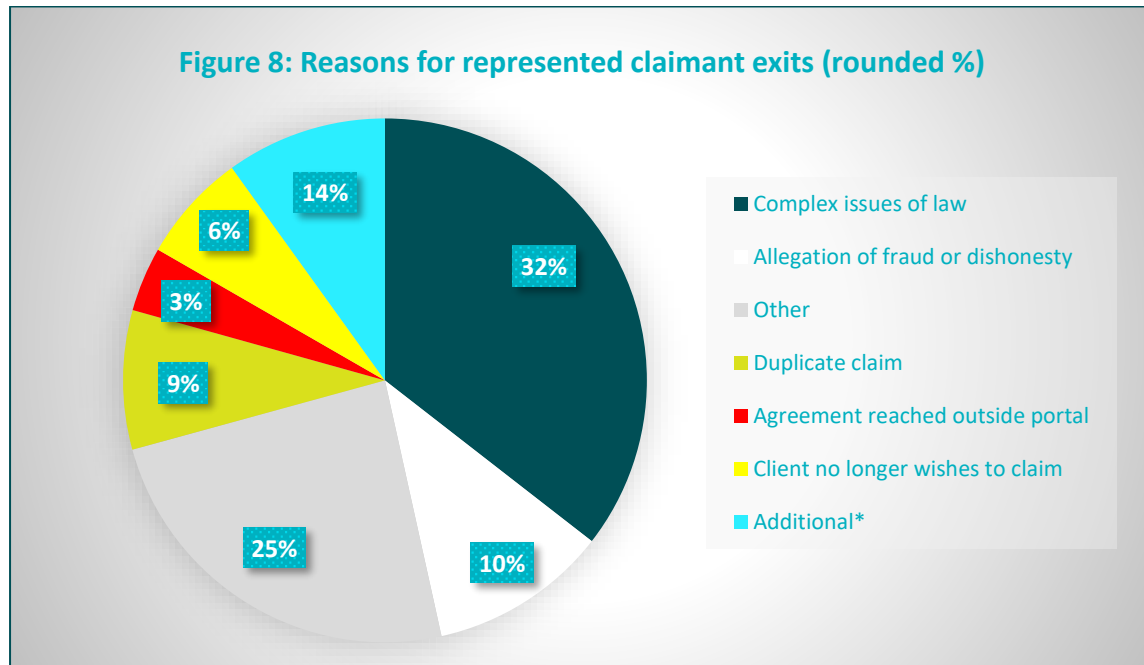
39,286 claims have exited the portal for a reason other than settlement since launch. 8,222 claims exited in the current reporting period, as shown in Figure 7 below, including 7,760 represented and 462 unrepresented claimants. Claims can exit the OIC process for a variety of different reasons, and Figure 7 provides data on the reasons claims exited the OIC portal in the current reporting period.

	Removed*	Withdrawn	Rejected liability	Court
Represented claimants	3,181	3,395	130	1,054
Unrepresented claimants	188	215	18	41



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

Figures 8 and 9 provide more detailed information on the reason for exit. The reasons for exit are displayed separately for represented and unrepresented claimants because the latter have additional categories to choose from (such as 'Instructed legal representative'). It should be noted that the categories shown are self-selected by the claimants or professional user at the point of exit. As such, they should only be considered as an approximate indication of the reason for exit.



*Additional categories include claims being valued above the £10,000 or £5,000 limits, liability rejected, going to court and dispute over cause of injury.

9. Liability

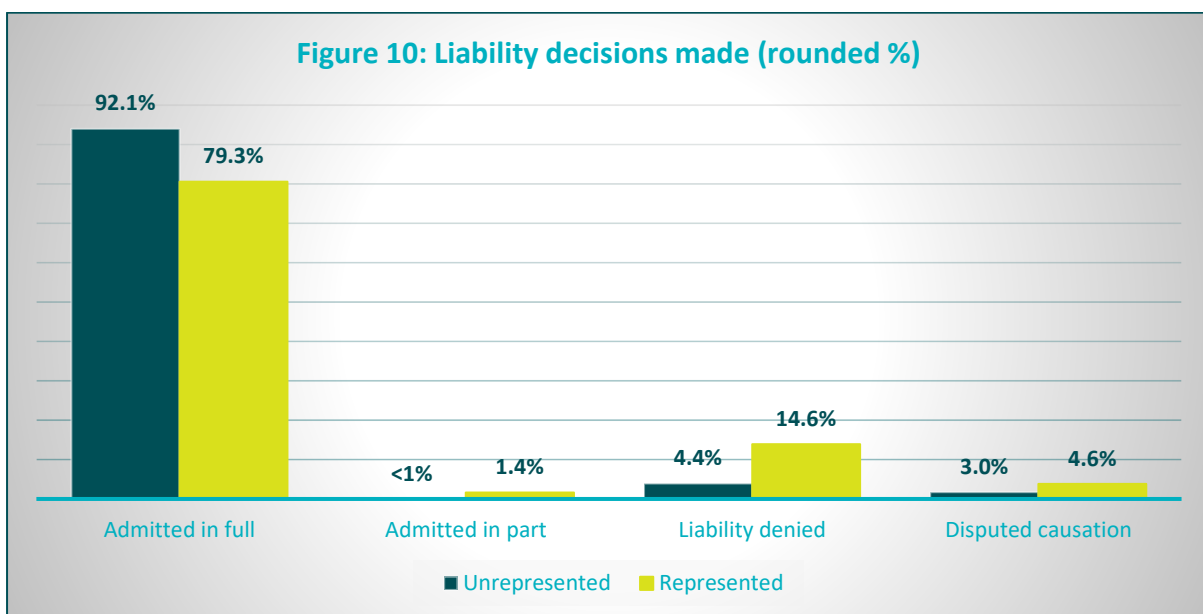
In total **41,427** claims have had a liability decision made by the compensator in this reporting period*. Of these, **33,871 (82%)** claimants have had liability admitted in part or in full by the at-fault compensator (compared to 83% in the previous reporting period).

In the case of the remaining claims, causation was disputed in **1,854** claims (**1,749** represented and **105** unrepresented) and denied in **5,702** claims (**5,549** represented and **153** unrepresented).

The table below provides a breakdown of liability decisions made in the reporting period.

	Liability in full	Liability in part	Liability denied	Disputed causation
Represented claimants	30,111	542	5,549	1,749
Unrepresented claimants	3,202	16	153	105

Figure 10 below shows that **81%** of represented and **93%** of unrepresented claims have had liability admitted in part or in full.



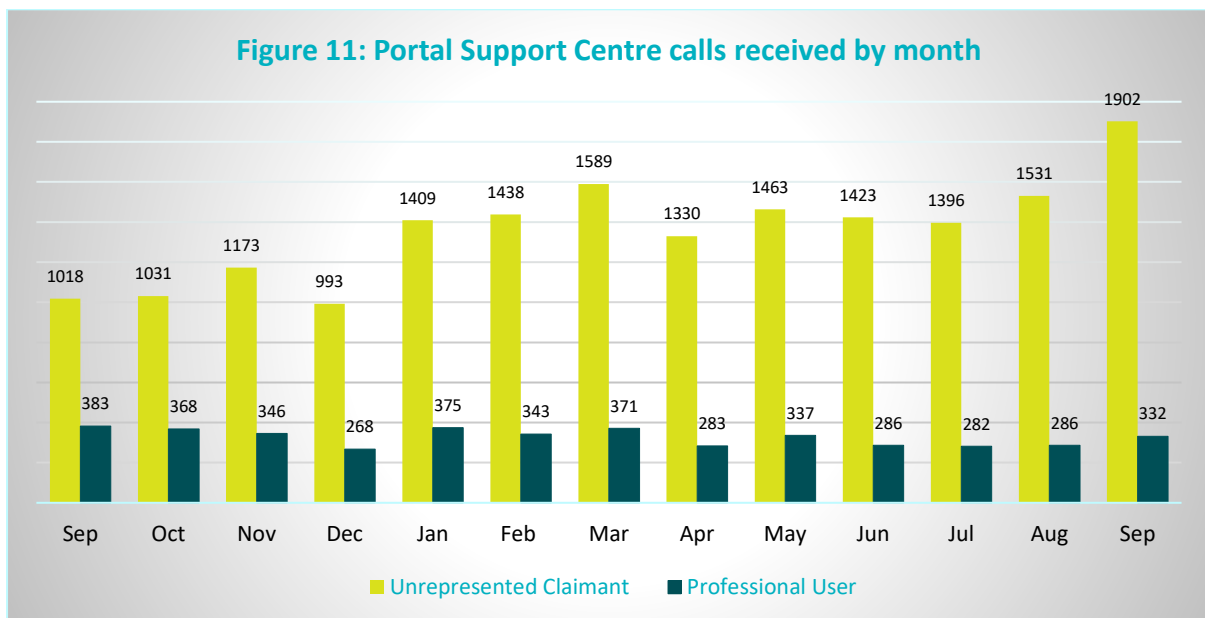
*Claims which have had a liability decision may have been started at any time since launch, not just between 1 July and 30 September 2022.

10. Portal Support Centre

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

The Portal Support Centre received **5,729** enquiries between 1 July 2022 and 30 September 2022. Of these, **900** were from professional users and **4,829** were from unrepresented claimants. Monthly telephone-based contacts are showing a level of consistency.

Figure 11 provides information on the number of calls received per month from both professional users and unrepresented claimants during the last 12 months.



11. System operation

Core system availability remains stable with system availability running 24/7 since launch. Users can interact with the service by using the web service or through an Automated Portal Interface (API).

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

The API service has a scheduled code drop in November. Details have already been widely shared. This code drop resolves a number of low-level system bugs. It will be the final code drop for 2022; the next drop is scheduled for May 2023. During 2023 we will adopt a May / November drop cadence in response to a request from the integrator groups to adopt a strict regime. Whilst 6 monthly drops and fixes have not been universally welcomed, it strikes a reasonable balance between those that want to develop faster and those that need more time.

As the volume of claims and transactions have increased there has been no service deterioration or delays with 'page turns' (the rate of refresh after data is entered). The system has alerts to highlight any deterioration in performance, and capacity can be increased quickly if required. Concurrency of use is being monitored in the background, and we regularly see in excess of 700 users on the system at any point during business hours.

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

Any questions as always should be fed back via customer.service@officialinjuryclaim.org.uk.