



Claims data

For the period 1 October – 31 December 2022

OFFICIAL
INJURY
CLAIM

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1. Introduction

The Official Injury Claim (OIC) service was developed by the Motor Insurers' Bureau (MIB) on behalf of the Ministry of Justice (MoJ). It has been operational since the implementation of the government's Whiplash Reform Programme on 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 October 2022 to 31 December 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 detailed data reports will continue to be issued in this format on a quarterly basis. [We are however, pleased to announce that starting from January 2023, monthly data reports will also be shared on the OIC website in the same location as the quarterly reports \(see link above\). These reports are tabulated and provide a faster route to consuming core data.](#)

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 or changes in the claim status of a case. The figures shown in this publication are correct as of 1 January 2023.

2. Headline data

Reporting period 1 October 2022 – 31 December 2022

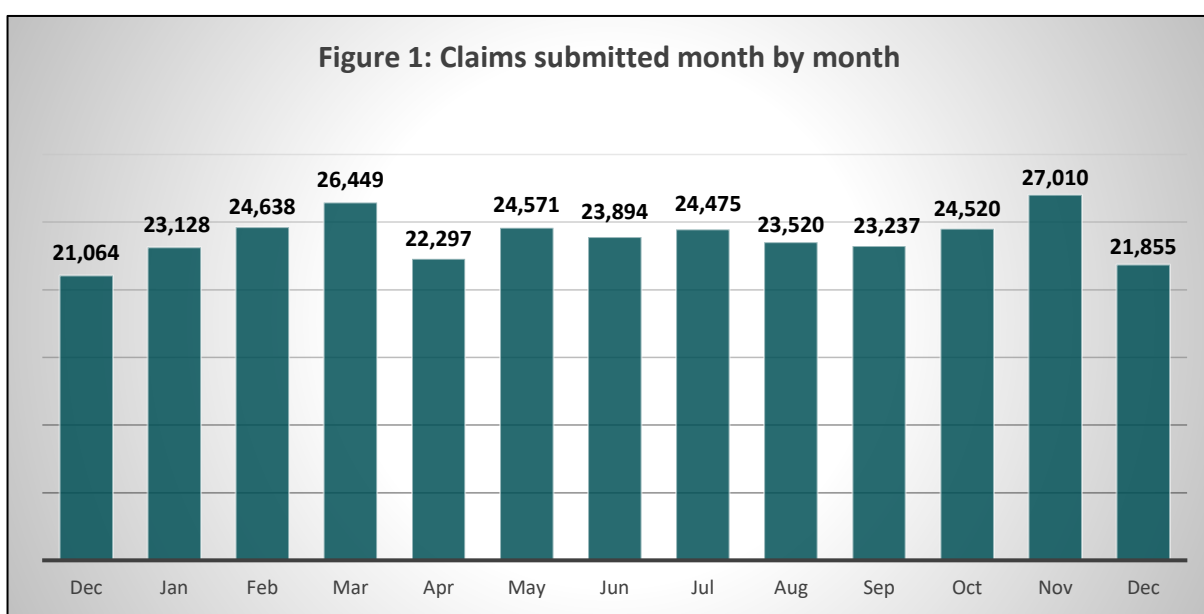
	Total since launch	This reporting period
Claims submitted	424,835	73,385
Represented claims	386,397	66,443
Unrepresented claims	38,438	6,942
Liability decisions	322,095	42,680*
Settlements (closed)	76,873	22,630
Settlements (open)	9,593	

*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 from December 2021-December 2022. Throughout this period, 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) and claims that are not in scope 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 several social and economic factors including cost of living, inflation and residual COVID-19 impacts, which will indirectly influence vehicle miles and parc, and ultimately the accident rate.



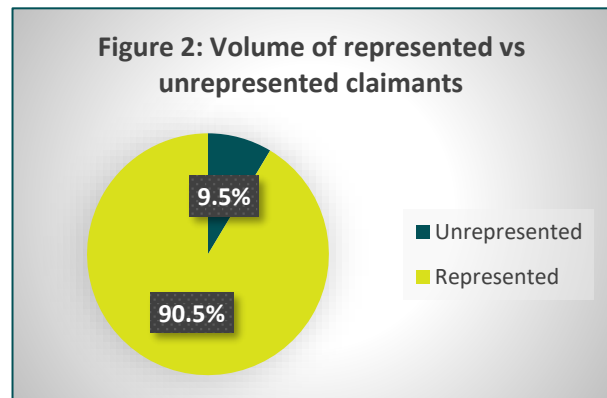
4. Representation

Of the 73,385 claims registered in this period, a total of **6,942** (9.5%) were made by unrepresented claimants and **66,443** (90.5%) had professional representation.

Since launch, 246 claimants have started a claim via the Portal Support Centre's assisted paper claims process (see section 10). This includes **58** claimants from this reporting period and 51 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 (74.9%) and licensed ABSs (24.8%).



Type of user	Number of claims	Percentage
UK Law firm	49,786	74.9%
ABS	16,482	24.8%
CMC & other	175	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.

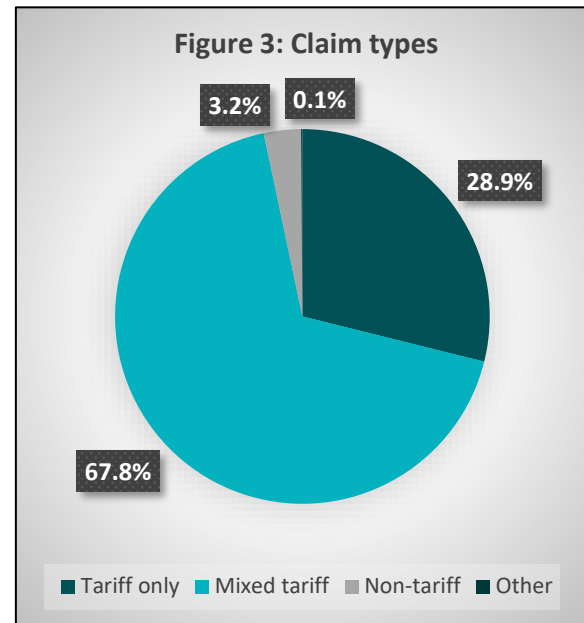
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** 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 October to 31 December 2022, broken down by claim category:

Claim types	Number of claims
Whiplash ¹ only	12,407
Whiplash + minor psychological ²	7816
Whiplash + physical ³	18,709
Whiplash + physical + minor psychological	24,153
Multiple injuries ⁴	4,613
Physical only	1,703
Physical + psychological	543
Other ⁵	77



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **20,223 (28.9%)** of claims presented in this period were covered solely by the tariff, and **47,475 (67.8%)** are mixed claims. **67,698 (96.7%)** 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.

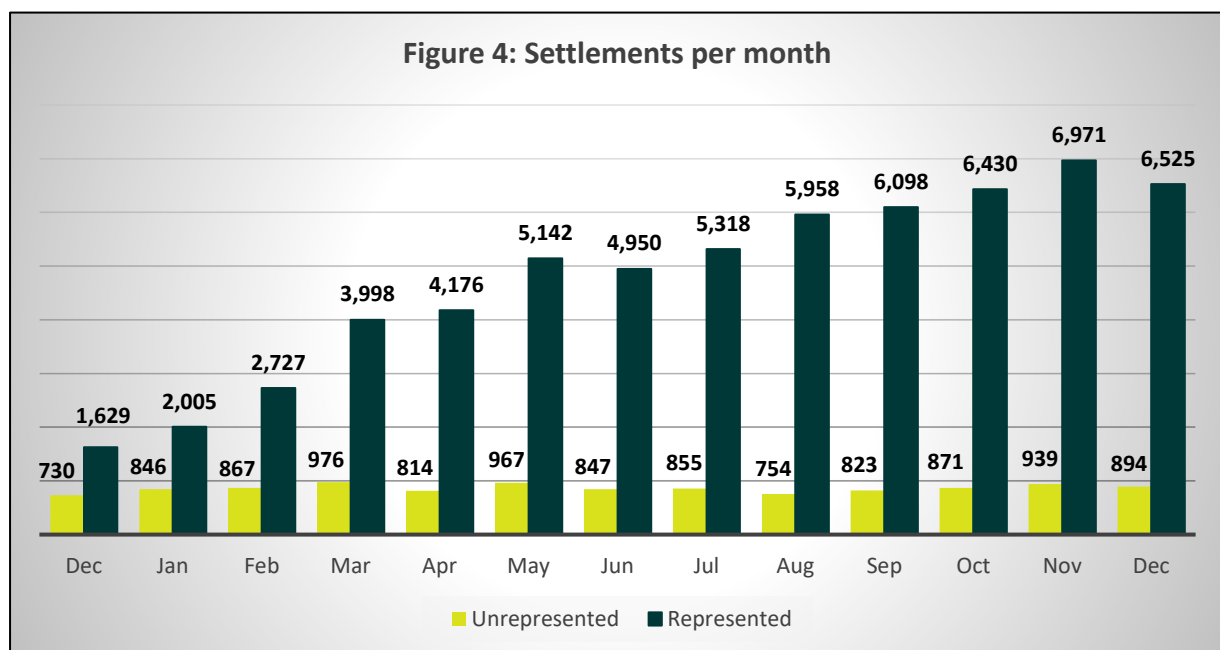
6. Settlements

The volume of claims settling has continued to rise and we expect this trend to continue. **76,873** claims have settled since the launch of the service, including **22,630** claims in this reporting period. **2,704 (12%)** of these were unrepresented claimants. Represented claimants accounted for **19,926 (88%)** settlements (both unrepresented and represented bear strong resemblance to the previous period).

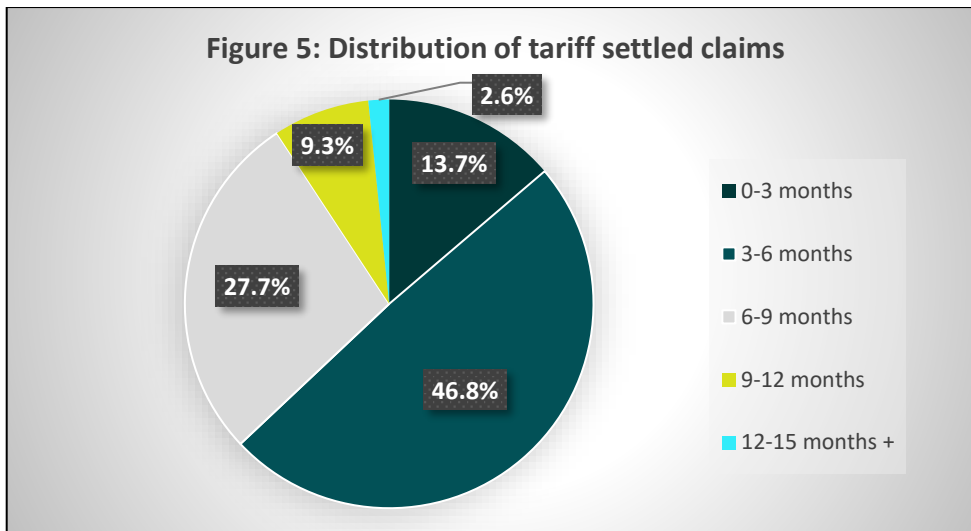
There is an additional cohort of claims which have settled but not yet fully progressed through the portal journey: they are referred to as ‘open’ settlements, where users have not yet completed the portal journey by confirming the claim is complete. There are currently **9,593** open settlements (**619** unrepresented and **8,974** 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 **227 days** compared to **207** days in the previous period. This is to be expected as we are now seeing cases settle with more complex injuries and longer prognoses. It is likely to continue to rise.

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



We continue to see increased maturity in the distribution of tariff, with settlements in the nine to 12-month bands emerging in greater numbers. This is entirely in line with an developing 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.



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.

Frequency – settled *(added to set context against average values and set against the total of c77,0000 settlements since launch)*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	5,276	13,003	626
Represented	22,725	62,633	857

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£932	£707	£151
Represented	£887	£704	£205

First instance judgments are continuing 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. The Court of Appeal heard evidence in November on cases brought to determine the way in which claimants and representatives value “mixed injury” – those cases where both tariff and non-tariff injuries are claimed for. We anticipate the judgment will allow the market to agree such cases with greater confidence and move the volume of settled cases forward substantially.

7. Exceptional injuries and circumstances

The Whiplash Injury Regulations 2021 also provide for an uplift in damages of up to 20% where either the injuries suffered, or the claimant’s circumstances are considered by the court to be exceptional. Of the total claims made in the reporting period, **5,461** claims included a request for an uplift for exceptional injury, **3,653** claims requested an uplift for exceptional circumstances and **9,444** 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.

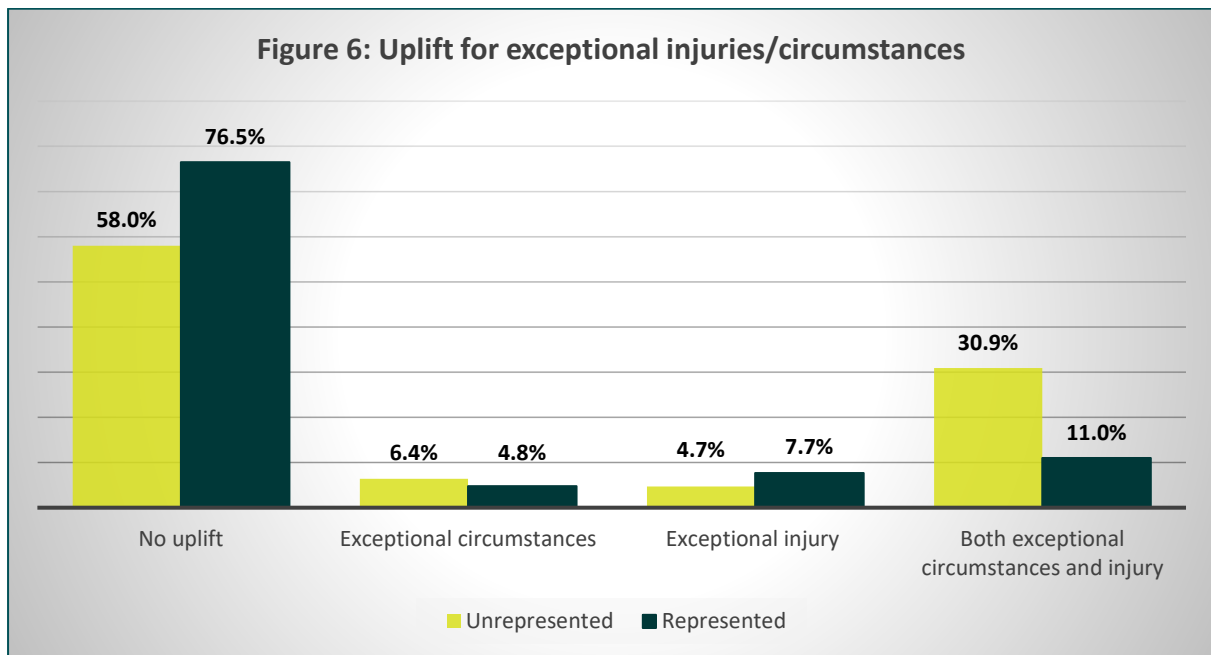
The table below provides the number of claims, broken down by representation in the reporting period October – December 2022, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift only claimed	Exceptional injury uplift only claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	4,027 (58.0%)	441 (6.4%)	327 (4.7%)	2,147 (30.9%)
Represented	50,800 (76.5%)	3,212 (4.8%)	5,134(7.7%)	7,297 (11.0%)

2,915 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **42%** of unrepresented claimants.

15,643 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **23.5%** of represented claims made.

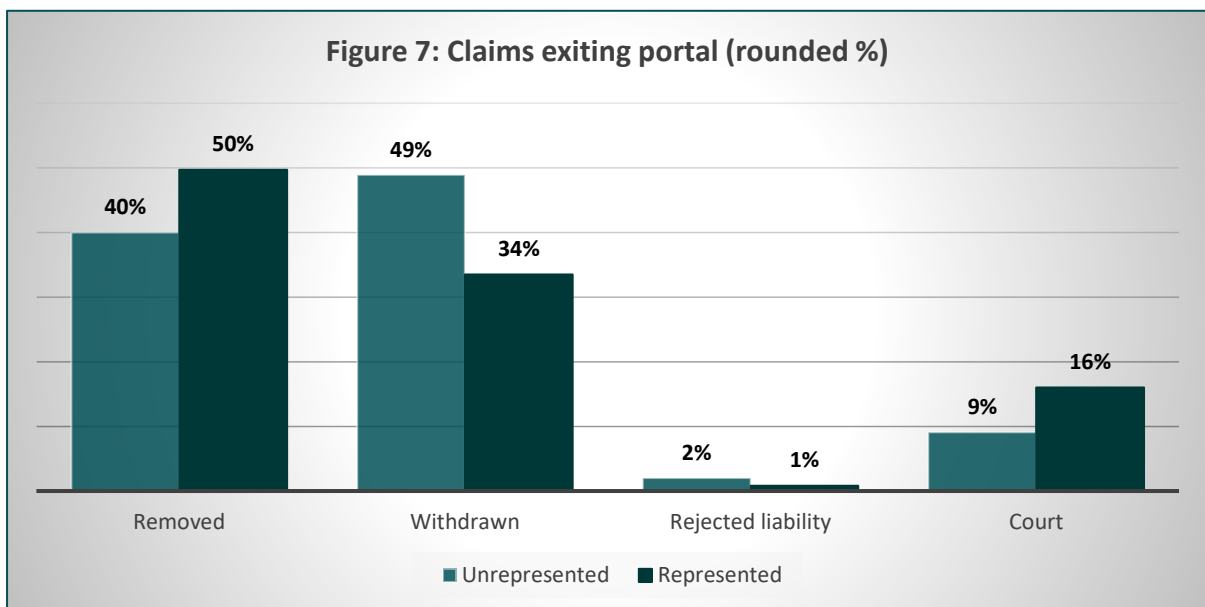
Figure 6 provides the percentages of represented and unrepresented claims, between October and December 2022, with a claim for uplift for exceptionality.



8. Claims exiting the portal

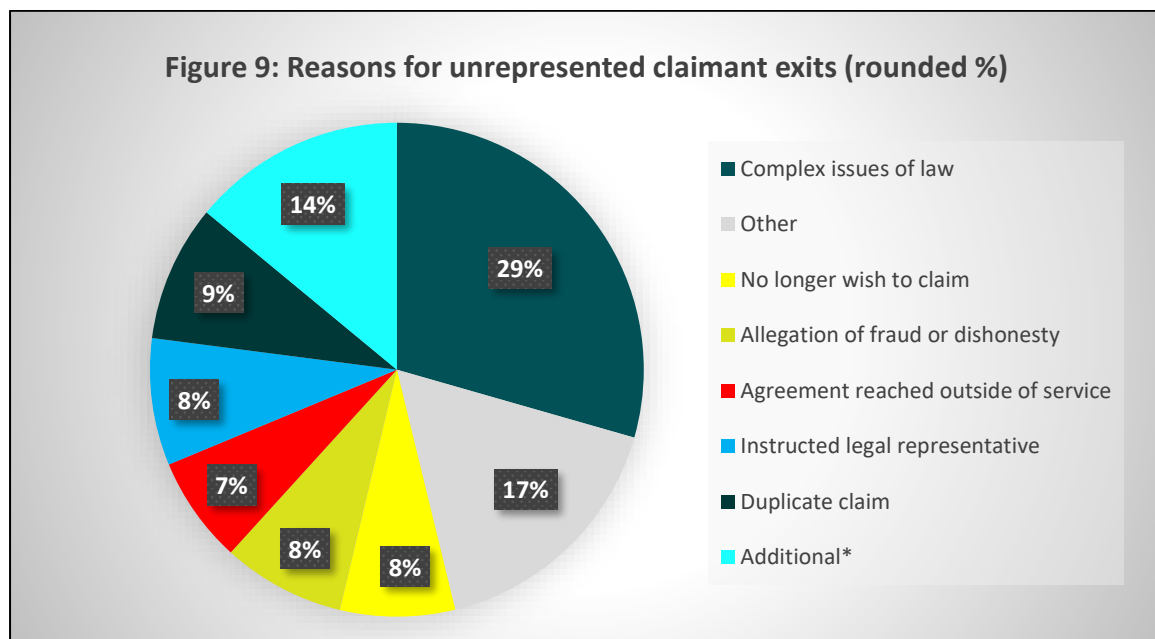
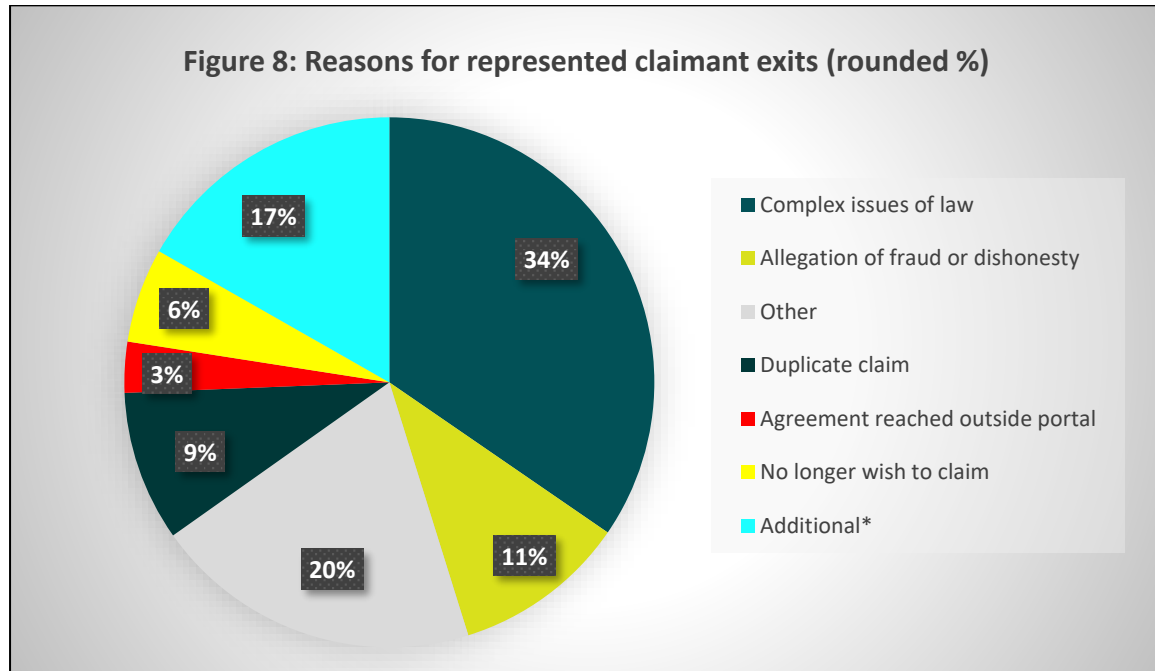
46,354 claims have exited the portal for a reason other than settlement since launch. 11,465 claims exited in the current reporting period, as shown in Figure 7 below, including 10,962 represented and 503 unrepresented claimants. Claims can exit the OIC process for a variety of different reasons, and Figure 7 provides data on the reasons for the current reporting period.

	Removed*	Withdrawn	Rejected liability	Court
Represented claimants	5,453	3,668	85	1,756
Unrepresented claimants	201	246	10	46



*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 (this data includes removals and withdrawals). 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

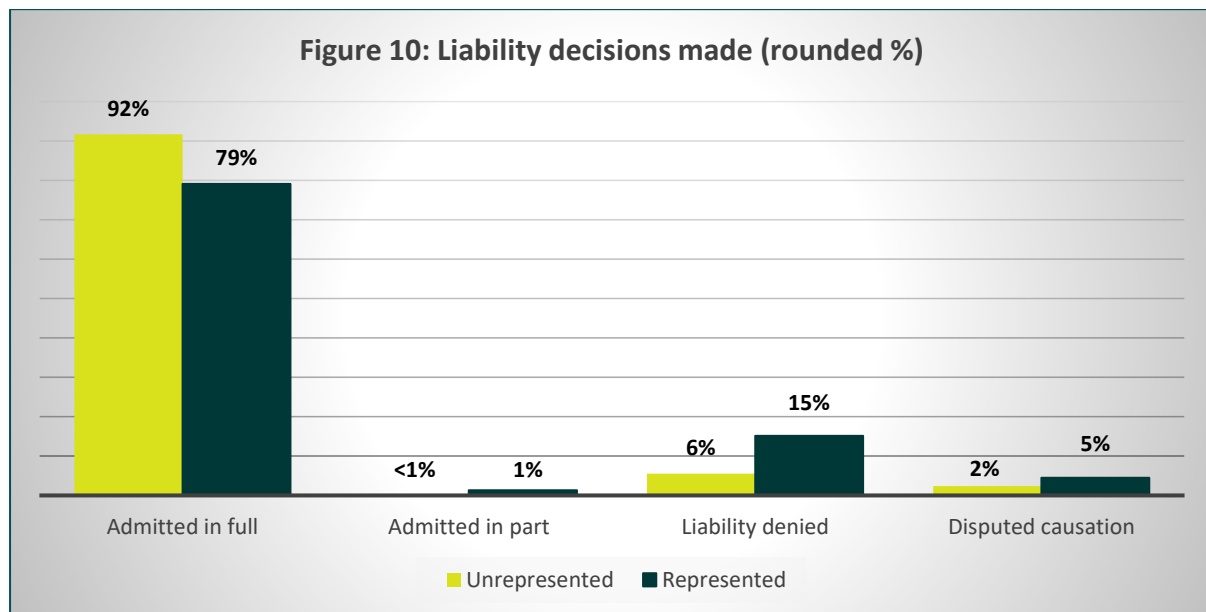
In total **42,680** claims have had a liability decision made by the compensator in this reporting period*. Of these, **34,726 (81%)** claimants have had liability admitted in part or in full by the at-fault compensator (compared to **82%** in the previous reporting period).

In the case of the remaining claims, causation was disputed in **1,851** claims (**1,761** represented and **90** unrepresented) and denied in **6,103** claims (**5,900** represented and **203** 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	30,820	503	5,900	1,761
Unrepresented claimants	3,391	12	203	90

Figure 10 below shows that **80%** of represented and **92%** of unrepresented claims have had liability admitted in part or in full.



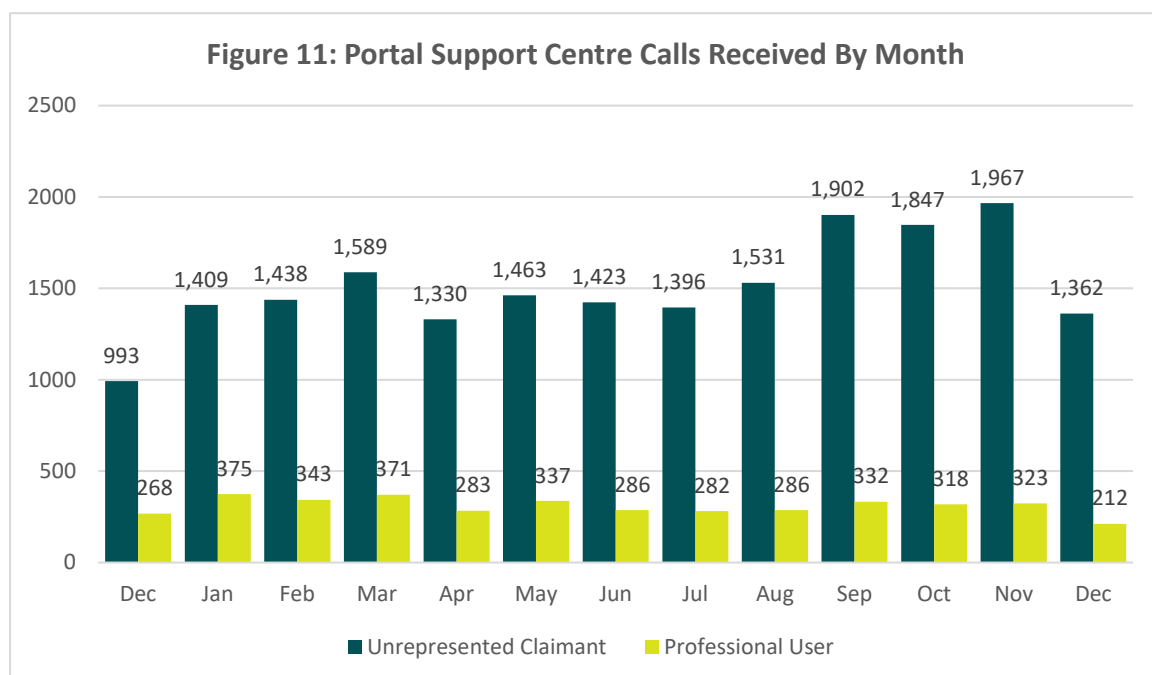
*Claims which have had a liability decision may have been started at any time since launch, not just between 1 October and 31 December 2022.

10. Portal Support Centre

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

The Portal Support Centre received **6,029** enquiries between 1 October 2022 and 31 December 2022. Of these, **853** were from professional users and **5,176** were from unrepresented claimants.

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 had a scheduled code drop in November. Details were widely shared ahead of time. This code drop resolved a number of low-level system bugs and facilitated one of the major industry integrators to launch an A2A service.

Code drop will continue at 6-monthly intervals through 2023. It will follow the 2022 regime of change notification, coding and Data Dictionary changes, adopting changes into staging 3 (test environment) before any Production Launch. 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. 2023 will continue as a mixture of small change, iterative bug fixes and enhancements. No substantive changes are envisaged.

As the volume of claims and transactions in the Portal 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.