



Claims data

For the period 1 October to 31 December 2025

OFFICIAL
INJURY
CLAIM

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1. Introduction

The Official Injury Claim (OIC) service was developed by MIB (the Motor Insurers' Bureau) on behalf of the Ministry of Justice (MoJ). It has been operational since the implementation of the government's Whiplash Reform Programme on 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 on making a claim along with frequently asked questions on the reforms and the OIC service are available [here](#) and on the OIC website [here](#). Additionally, further information regarding each stage of a claim journey, including sample forms, video walk-throughs and supporting documentation, can be found in the OIC Help Hub, [here](#).

The data and statistics presented on these pages reflect data captured by the service from 1 October 2025 to 31 December 2025, 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. Since the start of 2023, monthly data reports have also been 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 claims submitted, 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 2026.*

2. Headline data

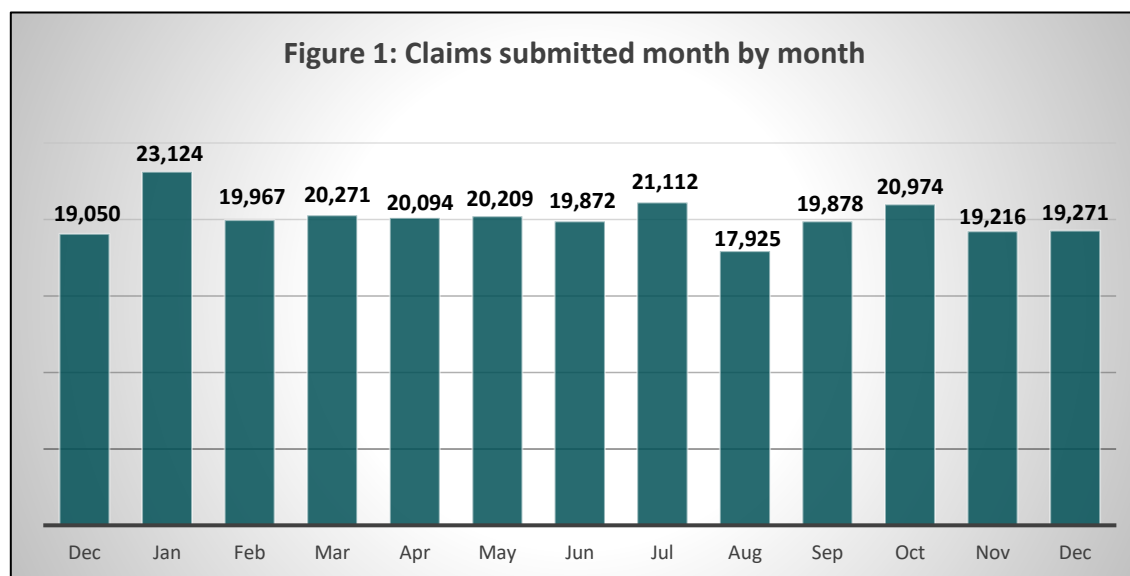
Reporting period 1 October 2025 to 31 December 2025

	Total since launch	This reporting period
Claims submitted	1,203,911	59,461
Represented claims	1,074,333	52,111
Unrepresented claims	129,578	7,350
Liability decisions	996,710	35,407*
Settlements (closed)	412,982	24,781
Settlements (open)	20,371	-

*Regarding marginal variance in numbers from last quarter, please see note at bottom of page 2.

3. Claims volume

Figure 1 shows the number of claims entered into the system per month from December 2024 to December 2025.



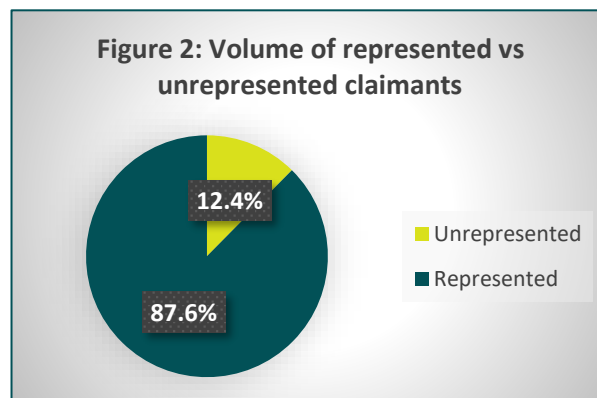
4. Representation

Of the **59,461** claims registered in this period, a total of **7,350** (12.4%) were made by unrepresented claimants and **52,111** (87.6%) had professional representation.

Since launch, **807** claimants have started a claim via the Portal Support Centre's assisted paper claims process (see section 10). This includes **34** active claims from this reporting period and **54** active claims from the previous period.

The percentage of unrepresented claimants using the system has increased to **12.4 %** for this quarter, up from **11.6%** for the last reporting period.

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 (76.9%) and licensed ABSs (23.0%).



Type of user	Number of claims	Percentage
UK law firm	40,052	76.9%
ABS	12,010	23.0%
CMC and other	49	<0.5%

* 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.

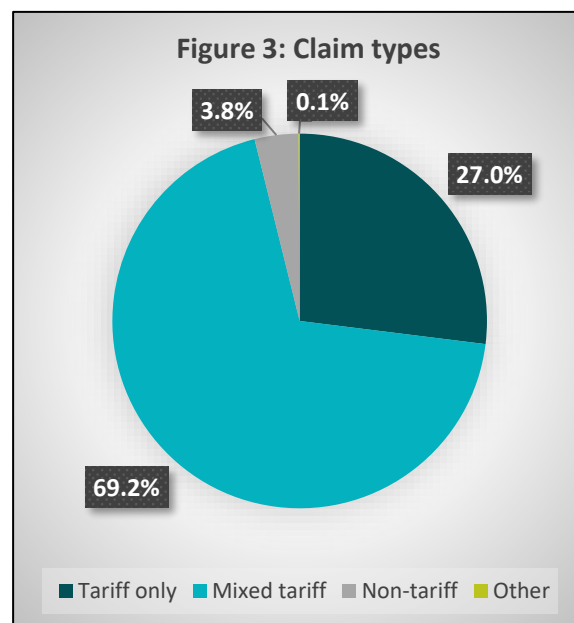
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** 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 claim* submitted within the period 1 October to 31 December 2025, broken down by claim category:

Claim types	Number of claims
Whiplash ¹ only	9,378
Whiplash + minor psychological ²	6,073
Whiplash + physical ³	13,974
Whiplash + physical + minor psychological	21,775
Multiple injuries ⁴	3,865
Physical only	1,551
Physical + psychological	609
Other ⁵	59



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury \(Amendment\) Regulations 2025](#). **15,451 (27.0%)** of claims presented in this period were covered solely by the tariff and **39,614 (69.2%)** are mixed claims. **55,065 (96.1%)** 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.

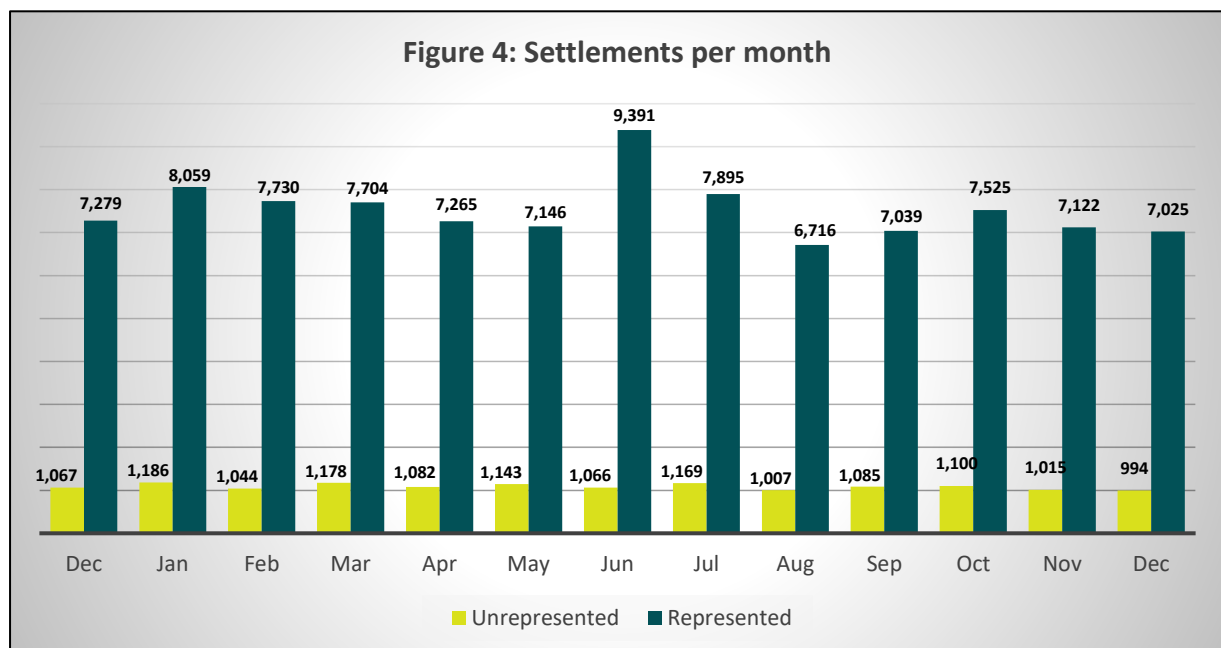
* Claims in the status of pending new, that have not had injury type added, are excluded.

6. Settlements

The volume of claims settling has continued to rise and we expect this trend to continue. **412,373** claims have settled since the launch of the service, including **24,781** claims in this reporting period. **3,109 (13%)** of these were unrepresented claimants. Represented claimants accounted for **21,672 (87%)** settlements.

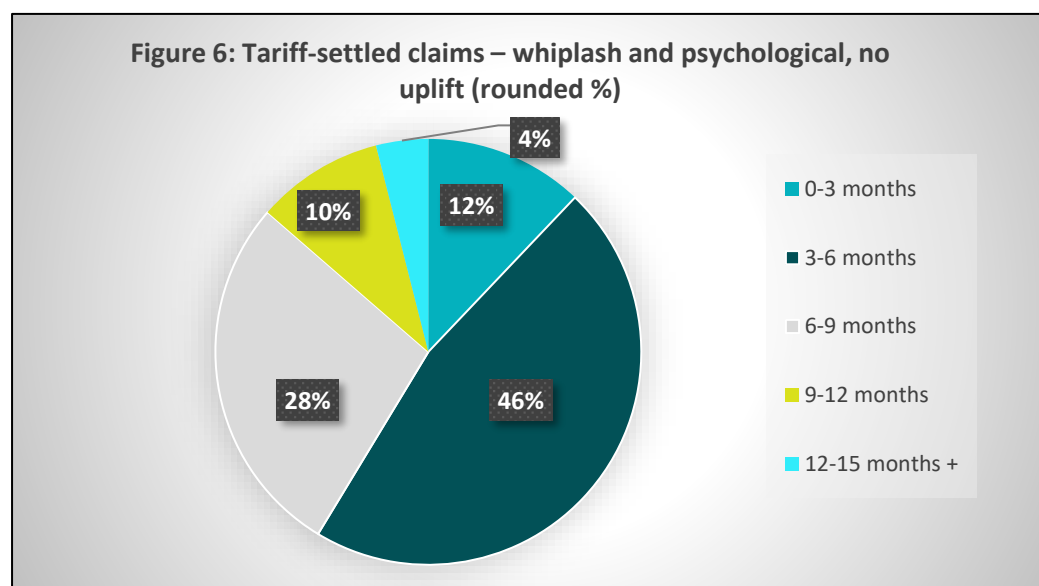
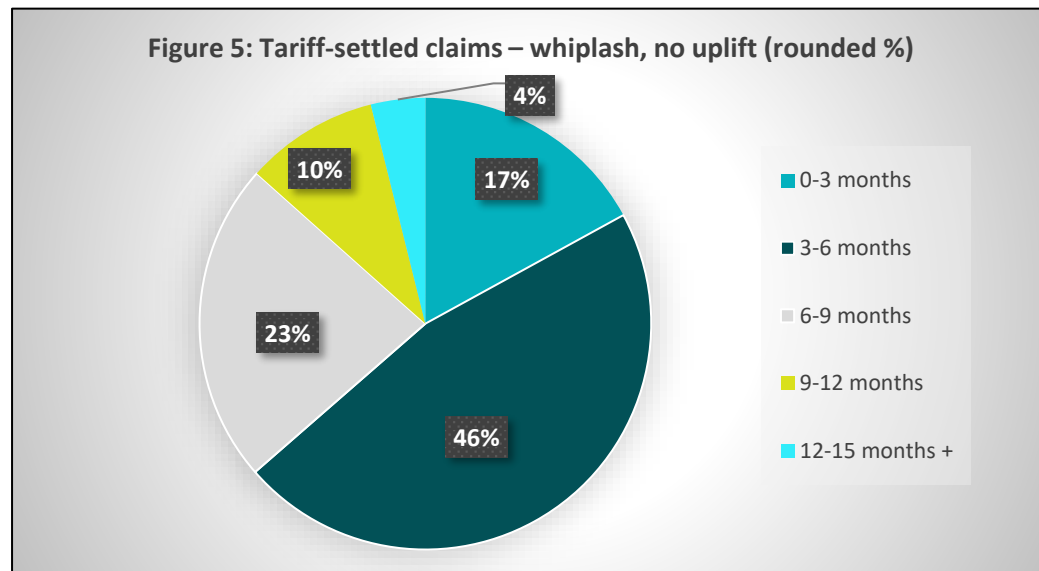
There is an additional cohort of claims which have settled but not yet fully progressed through the portal journey: they are referred to as 'open' settlements, where users have not yet completed the portal journey by confirming the claim is complete. There are currently **20,371** open settlements (**639** unrepresented and **19,732** represented). To better understand some of this dormancy we have been working on additional data views and can now present these, shown in section 11 of this report.

We are seeing the average time from claim submission to settlement as now being **378 days** compared to **377 days** in the previous reporting period.



We continue to see increased maturity in the distribution of tariff, with settlements consistent with the last reporting period.

Figures 5 and 6 show the breakdown of tariff-settled claims by the prognosis period of the whiplash injury. Figure 5 shows the breakdown for claims for whiplash injuries only, while figure 6 shows the breakdown for claim for whiplash injuries with minor psychological injuries. Both figures only represent claims without exceptional uplifts (as defined by Section 5 of the Civil Liability Act 2018).



Settlement data indicates that unrepresented and represented claimants are agreeing similar levels of compensation for pain suffering and loss of amenity. The table below gives some insight into these averaged early settlements for tariff and non-tariff injury elements covering the period to date. This data only relates to damages for injuries. Items such as fees and compensation for injury-related additional losses and non-protocol vehicle costs (NPVC) are not included.

Frequency – settled *(added to set context against average values and set against the total of c412,000 closed settlements since launch)*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	23,584 (5.7%)	53,329 (12.9%)	2,333 (0.6%)
Represented	147,451 (35.7%)	352,289 (85.3%)	4,556 (1.1%)

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£1,069	£751	£159
Represented	£1,069	£751	£162

7. Exceptional injuries and circumstances

The Whiplash Injury Regulations 2021 (as amended by The Whiplash Injury (Amendment) Regulations 2025) 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, **5,308** claims included a request for an uplift for exceptional injury, **2,821** claims requested an uplift for exceptional circumstances, and **7,310** 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.

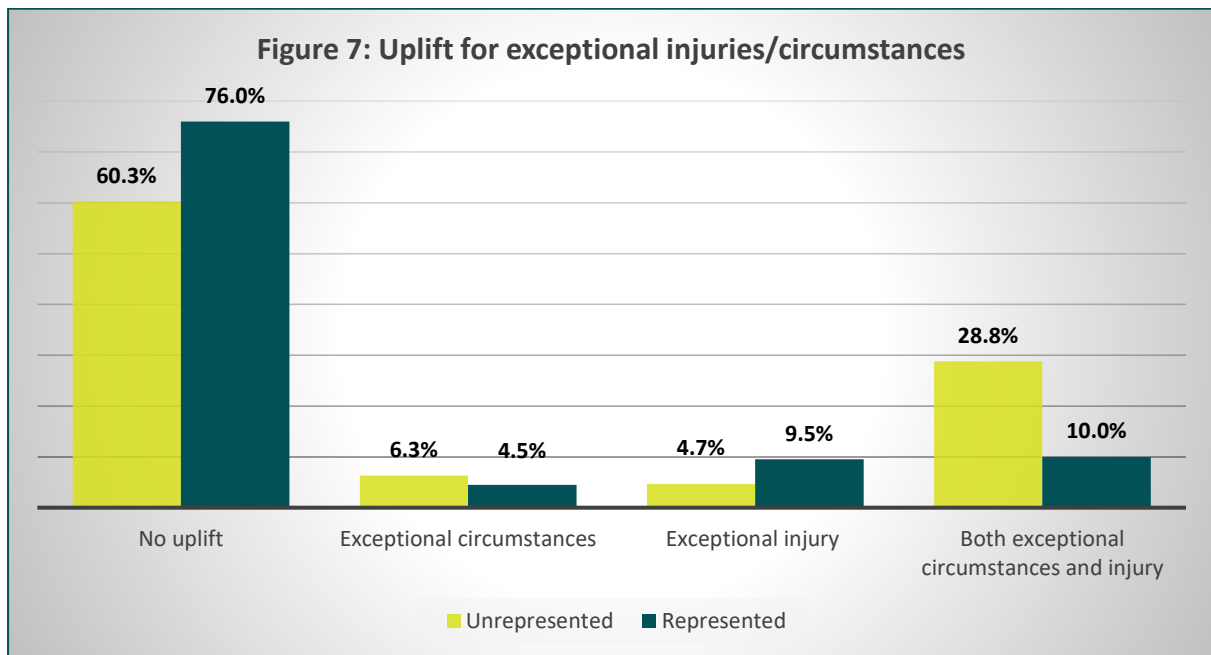
The table below provides the number of claims, broken down by representation, in the reporting period October to December 2025, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift only claimed	Exceptional injury uplift only claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	4,434	460	342	2,114
Represented	39,588	2,361	4,966	5,196

2,916 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **39.7%** of unrepresented claimants.

12,523 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **24.0%** of represented claims made.

Figure 7 provides the percentages of represented and unrepresented claims, between October and December 2025, with a claim for uplift for exceptionality.

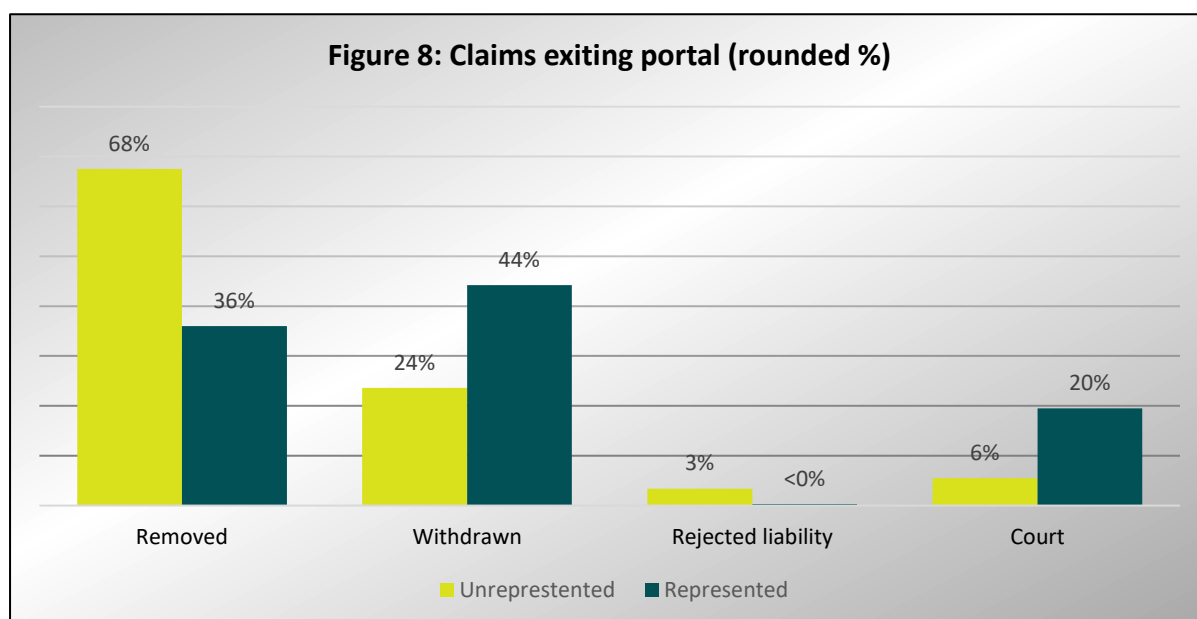


8. Claims exiting the portal

361,063 claims have exited the portal for a reason other than settlement since launch. 23,853 claims exited in the current reporting period, as shown in Figure 8 below, including 22,471 represented and 1,382 unrepresented claimants. Claims can exit the OIC process for a variety of different reasons, and Figure 8 provides data on the reasons for the current reporting period.

We have seen an increase in cases being removed and withdrawn from the portal due to the piece of dormancy work we undertook last year, where we wrote to organisations who had the biggest pots of dormancy claims within the portal from the data we hold. We asked them to clear their dormant claims at 'Pending new/removal' for representatives or 'Pending withdrawal/acknowledgement' for compensators. More information on this can be found in section 11.

	Removed*	Withdrawn	Rejected liability	Court
Represented claimants	8,100	9,933	66	4,372
Unrepresented claimants	933	326	47	76



*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 9 and 10 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.

Figure 9: Reasons for represented claimant exits (rounded %)

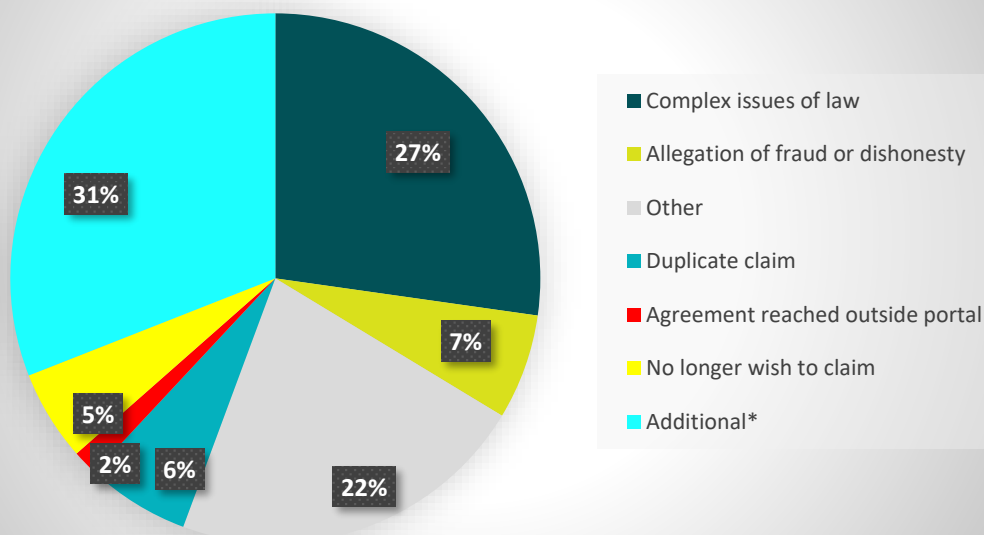
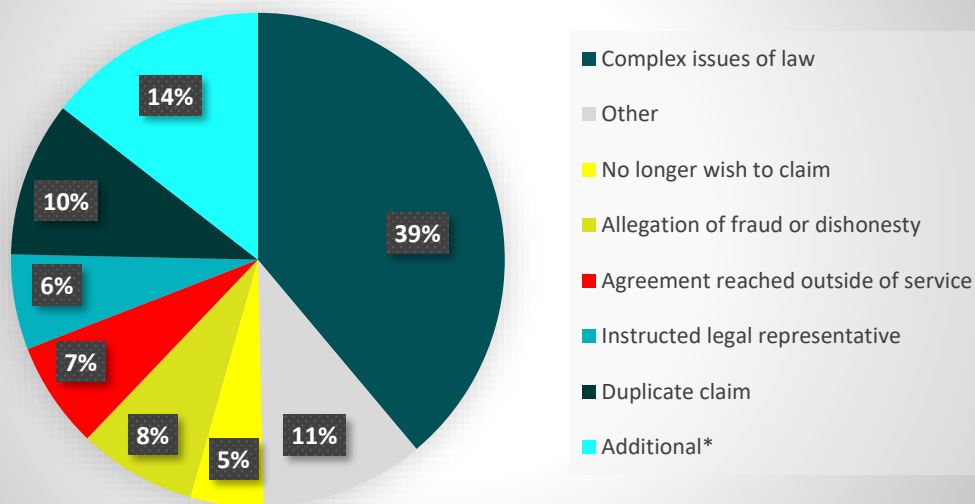


Figure 10: Reasons for unrepresented claimant exits (rounded %)



*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. ‘Other’ includes various reasons for exiting a claim, as entered by the user in the free-text box.

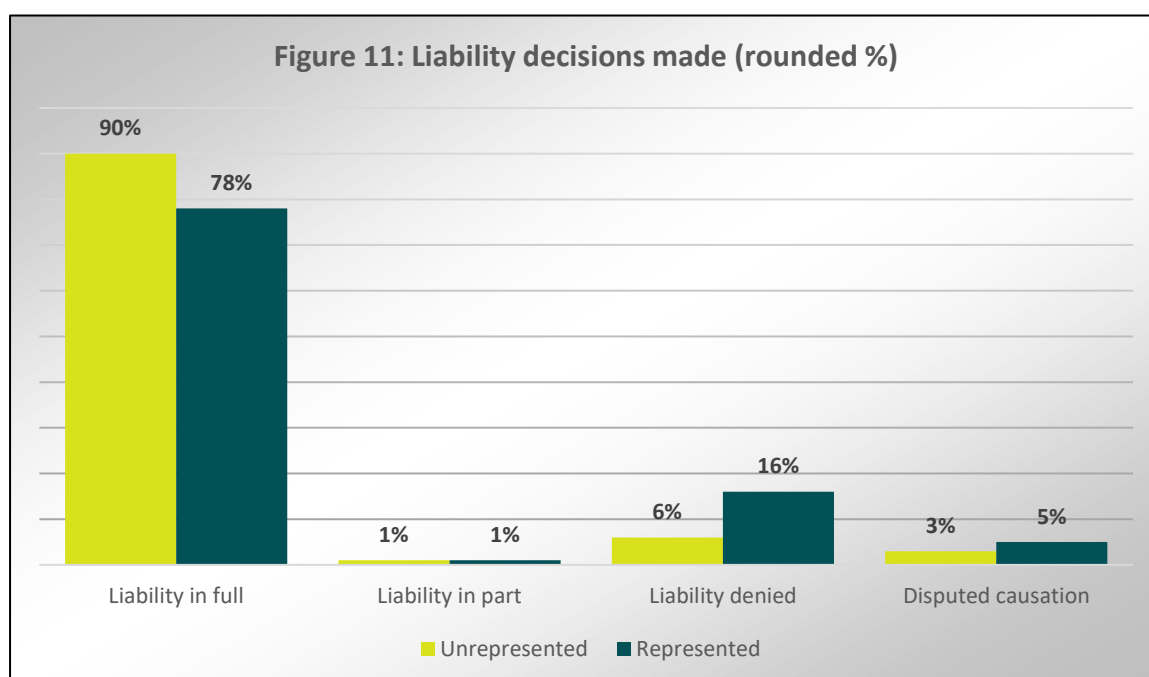
9. Liability

In total **35,407** claims have had a liability decision made by the compensator in this reporting period*. Of these, **24,822 (79%)** claimants have had liability admitted in part or in full by the at-fault compensator, the same as in the previous reporting period.

In the case of the remaining claims, causation was disputed in **1,823** claims (**1,702** represented and **121** unrepresented) and liability denied in **5,174** claims (**4,920** represented and **254** unrepresented).

The table below provides a breakdown of liability decisions made in the reporting period, with figure 11 showing these as a percentage.

	Liability in full	Liability in part	Liability denied	Disputed causation
Represented claimants	24,403	419	4,920	1,702
Unrepresented claimants	3,557	31	254	121

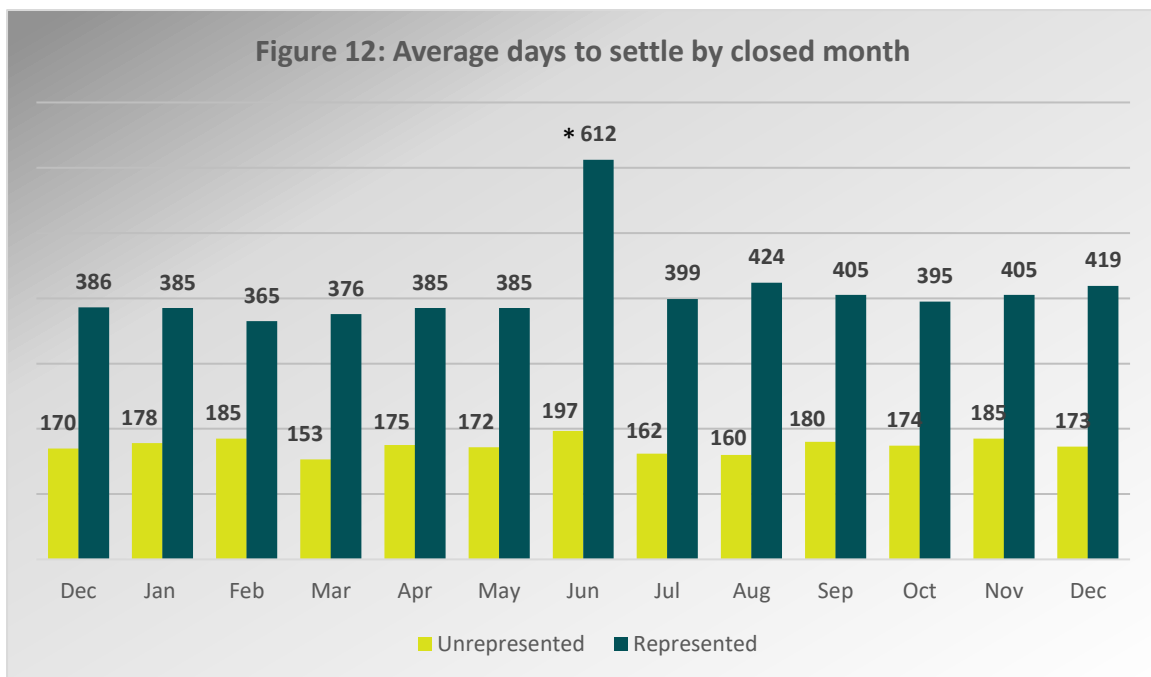


*Claims which have had a liability decision may have been started at any time since launch, not just between 1 October and 31 December 2025.

10. Lifecycle

To further our transparency in how we share service data and to show how claims progress through the portal, we now provide claim lifecycle commentary.

Within the OIC portal, lifecycle is measured in days between when a claim enters our system and when we are told it is settled. Figure 12 shows the average days taken to settle by closed month from December 2024 to December 2025. We are still seeing a number of older files settle within the portal; this will continue while users review their dormancy claims (please see section 11).



Claims follow a journey through the system determined by the RTA Small Claims Protocol. There is an obvious and marked difference in the cycle times of those that are represented. The unrepresented claimants are progressing their claims within a narrow margin and that trend has been present all year. Represented claims continue to increase in lifecycle as they are not settling quickly.

** The increase seen in June 2025, for represented cases closing, is linked to a body of work undertaken aimed at reducing dormancy. Please see section 11 for more information on this piece of work.*

11. Dormancy

We are continuing the work we started during 2024 on dormant claims within the OIC portal to understand the true number of live claims and why these claims are left without any action, therefore affecting the lifecycle of claims within the service.

Within the OIC system, we track the claims' progress through various stages. We know claims are presented and go through the process of liability being resolved, obtaining and sharing a medical, making and receiving offers, and settling. Dormancy happens when claims start to stick in the process, with a lack of input or update to the system, leaving the claim in the same status. Of course, some claims will need to stay in a particular stage while details are worked through by advisors, but our insight suggests dormancy is playing an increasing role in being a barrier to claims progressing.

We are still seeing a high number of claims being left in a dormant state. These claims then close once they have reached three years and three months post-accident, where no limitation has been issued. These then also affect the lifecycle of all claims.

We continue to discuss with the MOJ and the judiciary around reducing dormant claims while still adhering to the rules and MoJ requirements, ensuring access to justice continues.

As the figures show on the next page, there is still a very high number of claims where liability has been rejected but these claims remain open with no action being taken. We continue to recommend that users of the portal perform their own housekeeping of claims within the portal. If required, we can send list of dormant claims upon request to individual organisations.

Further detail on this body of work can be found in previous data reports, which can be viewed [here](#).

'Pending liability rejected' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending liability rejected	14,705	81	589	82	15,294	82
Pending liability rejected (dormant)	33,917	577	2,454	619	36,371	580
Total/average	48,622	427	3,043	515	51,665	432

'Pending liability rejected' – liability has been rejected, and no decision has been made by the claimant/professional user on how to proceed.

'Pending medical' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending medical	48,498	78	3,002	58	51,500	77
Pending medical (dormant)	70,621	577	6,773	633	77,394	582
Total/average	119,119	374	9,775	456	128,894	380

'Pending medical' (including 'Pending medical report upload', 'Pending upload own medical') – the claim is pending a medical. A medical examination is waiting to be arranged/uploaded.

'Pending withdrawal' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending withdrawal	1,393	15	31	10	1,424	15
Pending withdrawal (dormant)	874	47	13	48	887	47
Total/average	2,267	27	44	21	2,311	27

'Pending withdrawal' – awaiting the compensator/TPA (Third-Party Administrator) to acknowledge the decision to withdraw the claim from the claimant.

'Pending removal' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending removal	1,080	16	210	18	1,290	16
Pending removal (dormant)	887	46	208	48	1,095	47
Total/average	1,967	30	418	33	2,385	30

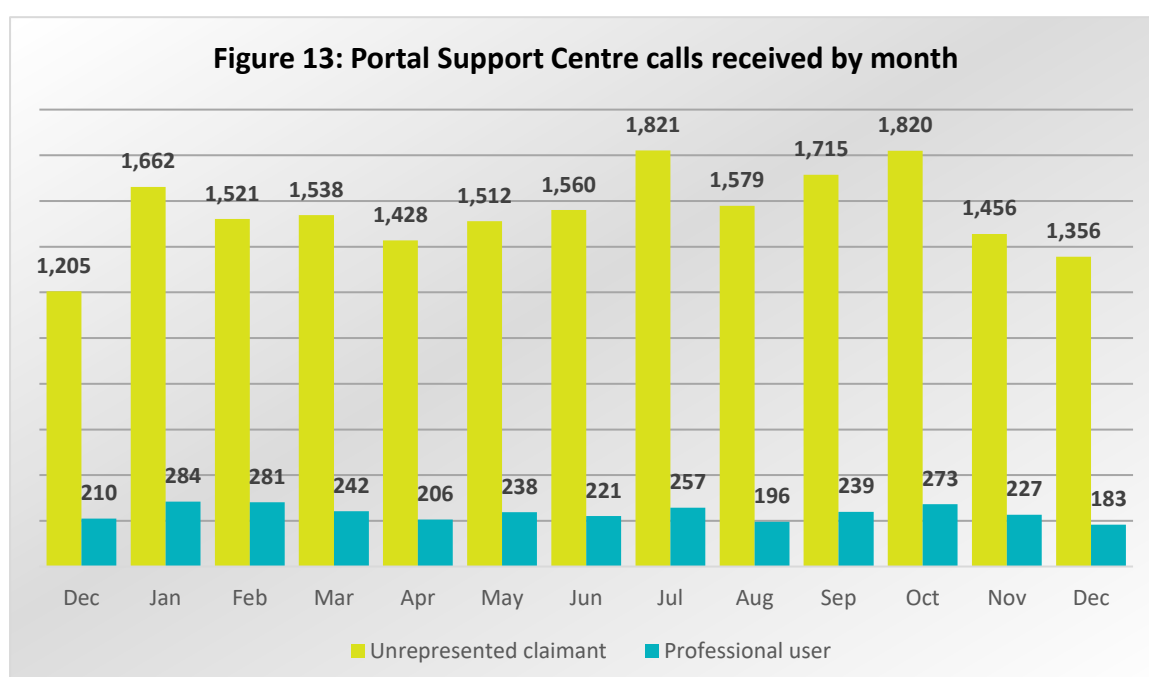
'Pending removal' – awaiting the claimant/professional user to acknowledge the removal of the claim by the compensator/TPA.

12. 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 **5,315** calls between 1 October and 31 December 2025. Of these, **683** were from professional users and **4,632** were from unrepresented claimants.

Figure 13 provides information on the number of calls received per month from both professional users and unrepresented claimants during the last 12 months.



Figures 14 and 15 on the following page show the top five reasons for calls being made into the Portal Support Centre over the last quarter from both professional and unrepresented claimants. During this period, we can see there are high number of calls from both user groups for activation and password resets.

Figure 14: Direct customer

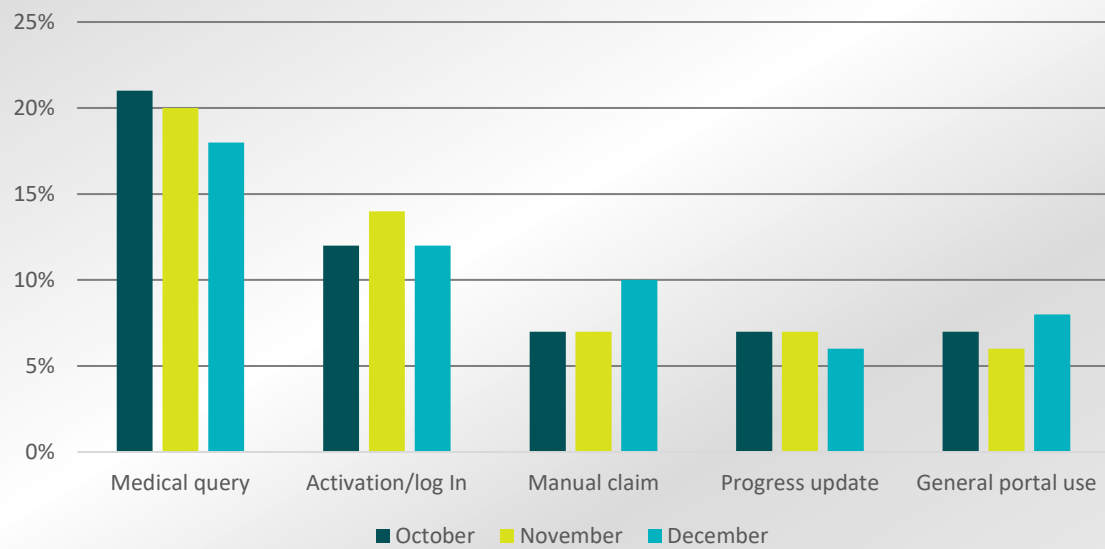
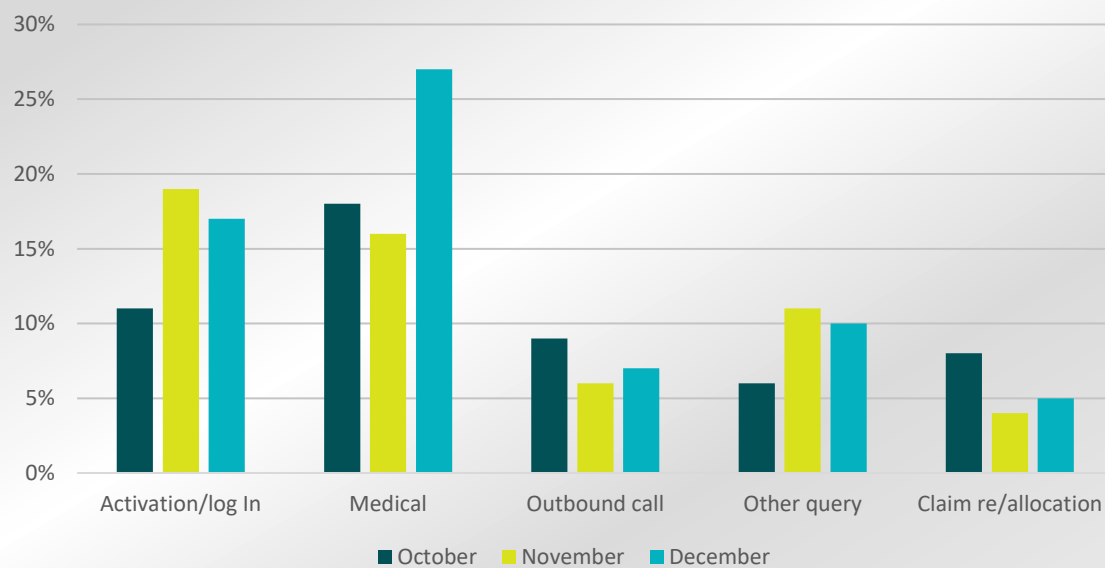


Figure 15: Professional user



13. 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.

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.

We are in discussion with the MoJ around build requirements for 2026. Once this is known, we will share with all users through the normal channels.

Concurrency of use is being monitored in the background, and we regularly see more than 500 users on the system at any point during business hours.

MIB will continue to support users and seek feedback on how the service can be improved. Any change is managed through the process agreed with the MoJ.

To ensure that your organisation is kept informed of all deployment activity or if you have any questions regarding this report, please contact: customer.service@officialinjuryclaim.org.uk.