Claims data

For the period 1 April to 30 June 2026

OFFICIAL INJURY CLAIM

Contents

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 and 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 April 2026 to 30 June 2026, 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 July 2026.*

2. Headline data

Reporting period 1 April 2026 to 30 June 2026

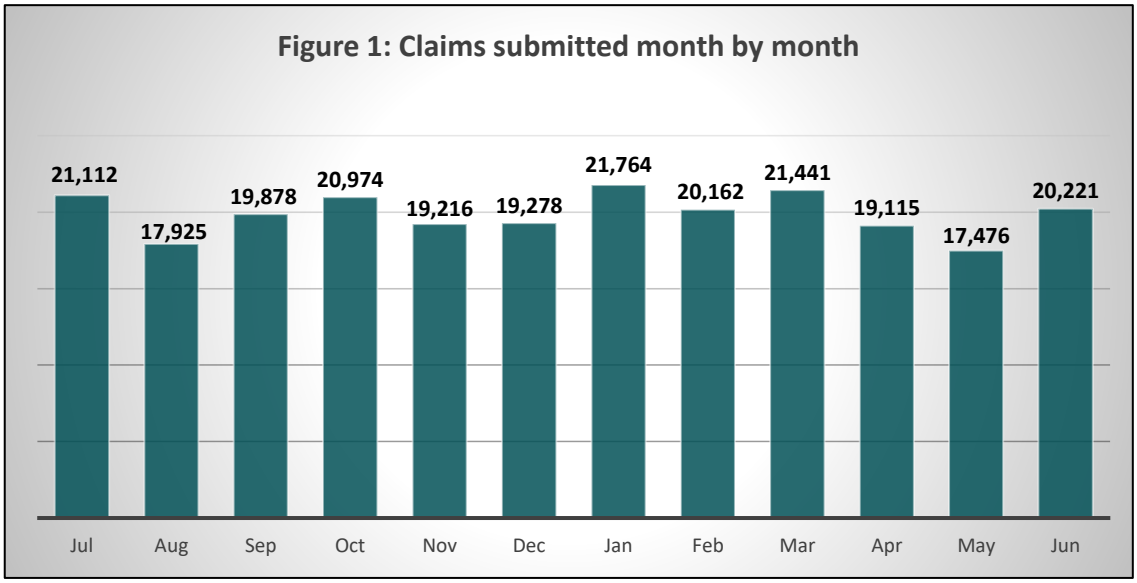
	Total since launch	This reporting period
Claims submitted	1,324,098	56,812
Represented claims	1,179,264	49,628
Unrepresented claims	144,834	7,184
Liability decisions	1,100,871	36,409
Settlements (closed)	463,254	24,961
Settlements (open)	20,163	-

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

3. Claims volume

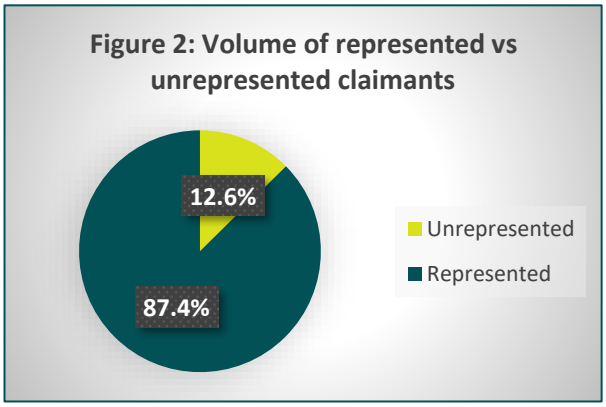
Figure 1 shows the number of claims entered into the system per month from July 2025 to June 2026.

Throughout this period, it shows around 20,000 claims per month have been made.



4. Representation

Of the **56,812** claims registered in this period, a total of **7,184** (12.6%) were made by unrepresented claimants and **49,628** (87.4%) had professional representation.



Since launch, 888 claimants have started a claim via the Portal Support Centre's assisted paper claims process (see section 10). This includes 25 active claims from this reporting period and 38 active claims from the previous period.

The percentage of unrepresented claimants using the system has decreased slightly to 12.6 % for this quarter, down from 12.8% 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 (76.1%) and licensed ABSs (23.8%).

Type of user	Number of claims	Percentage
UK law firm	37,774	76.1%
ABS	11,831	23.8%
CMC and other	53	<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.

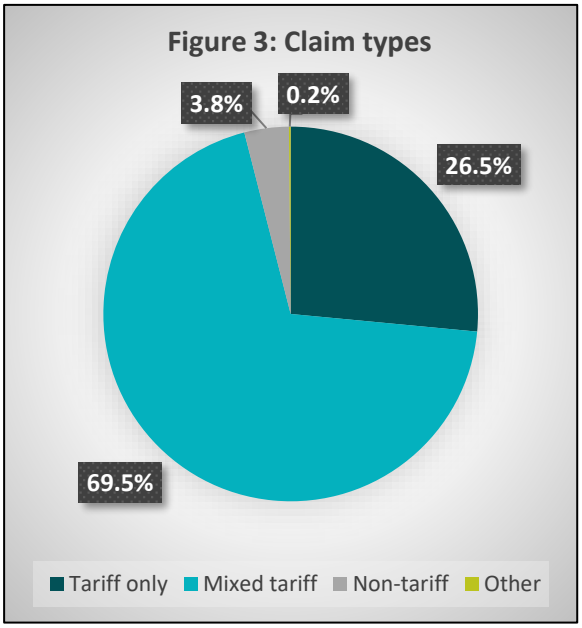
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** 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 January to 31 March 2026, broken down by claim category:

Claim types	Number of claims
Whiplash[1] only	9,043
Whiplash + minor psychological[2]	5,425
Whiplash + physical[3]	13,472
Whiplash + physical + minor psychological	20,732
Multiple injuries[4]	3,745
Physical only	1,411
Physical + psychological	681
Other[5]	82



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under The Whiplash Injury (Amendment) Regulations 2025. **14,468 (26.5%)** of claims presented in this period were covered solely by the tariff and **37,949 (69.5%)** are mixed claims. **52,417 (96.0%)** 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.*

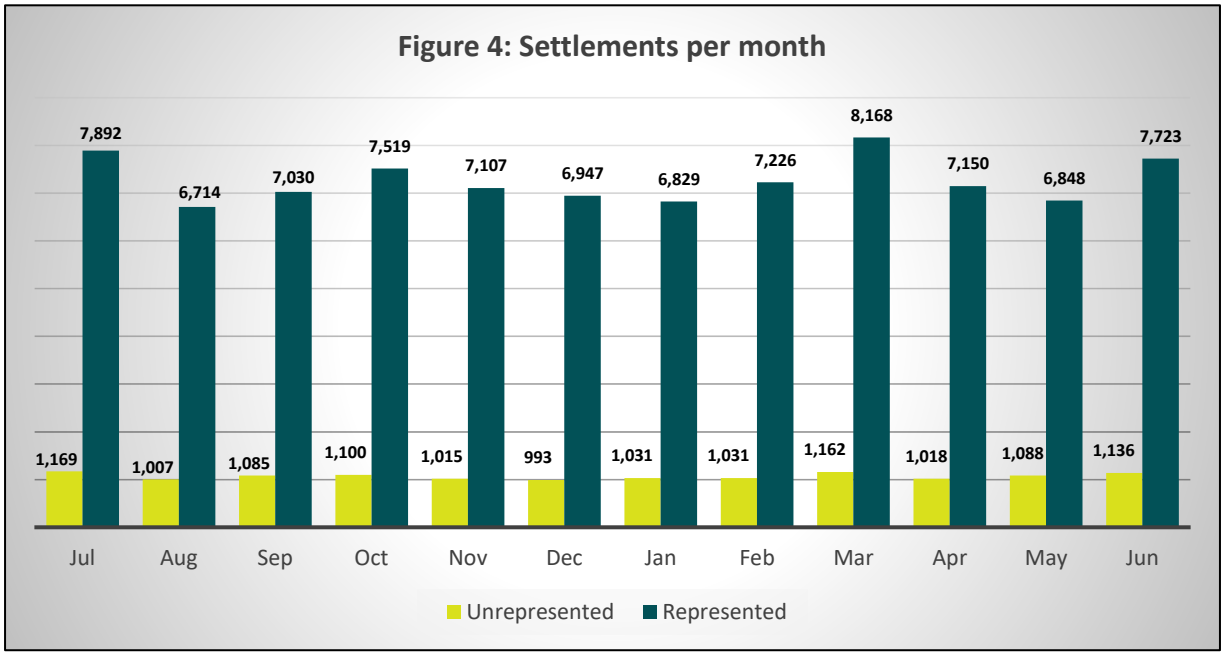
** Claims in the status of pending new, that have not had injury type added, are excluded.*

6. Settlements

The volume of claims settling has continued to rise and we expect this trend to continue. **463,254** claims have settled since the launch of the service, including **24,961** claims in this reporting period. **3,242 (13%)** of these were unrepresented claimants. Represented claimants accounted for **21,719 (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 **20,163** open settlements (**572** unrepresented and **19,591** 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 **367 days** compared to **383 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 distribution of tariff-settled claims for both 'whiplash, no uplift' and 'whiplash and psychological, no uplift'.

Figure 5: Tariff-settled claims – whiplash, no uplift (rounded %)

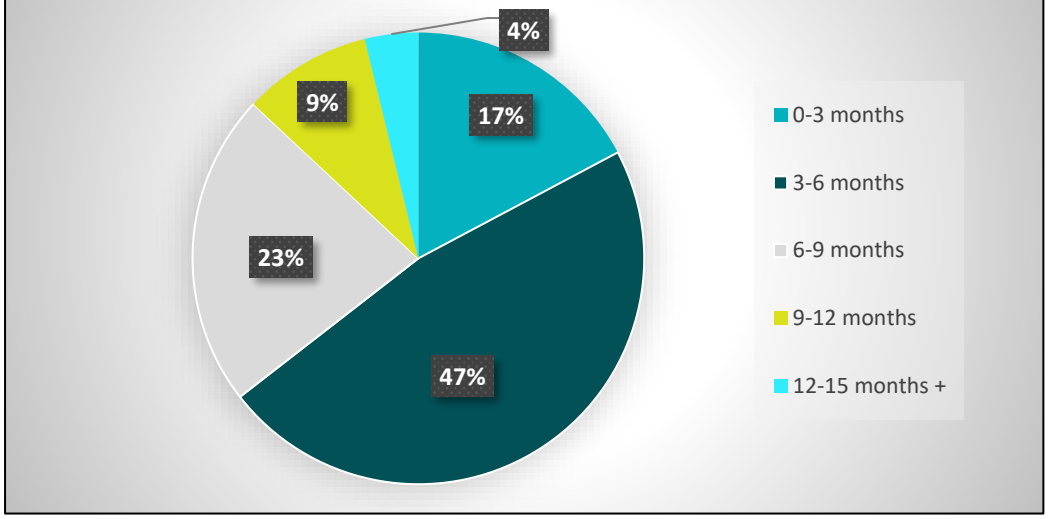
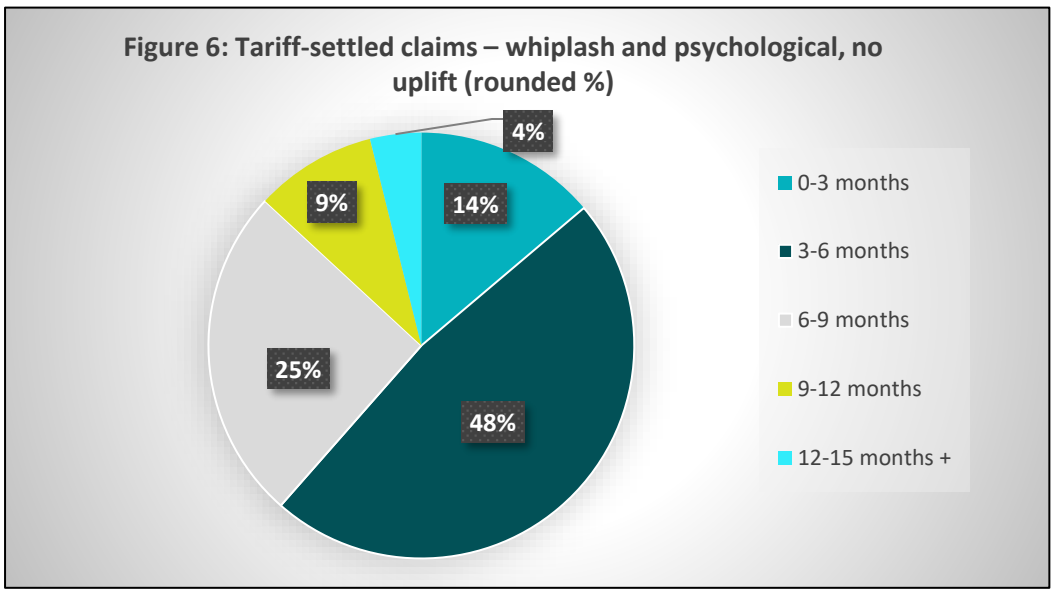


Figure 6: Tariff-settled claims – whiplash and psychological, no uplift (rounded %)



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 *(*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	26,548 (5.7%)	59,530 (12.8%)	2,655 (0.6%)
Represented	165,661 (35.8%)	395,338 (85.3%)	5,012 (1.1%)

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£1,079	£750	£157
Represented	£1,073	£748	£161

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, 4,440 claims included a request for an uplift for exceptional injury, 2,779 claims requested an uplift for exceptional circumstances and 7,258 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.

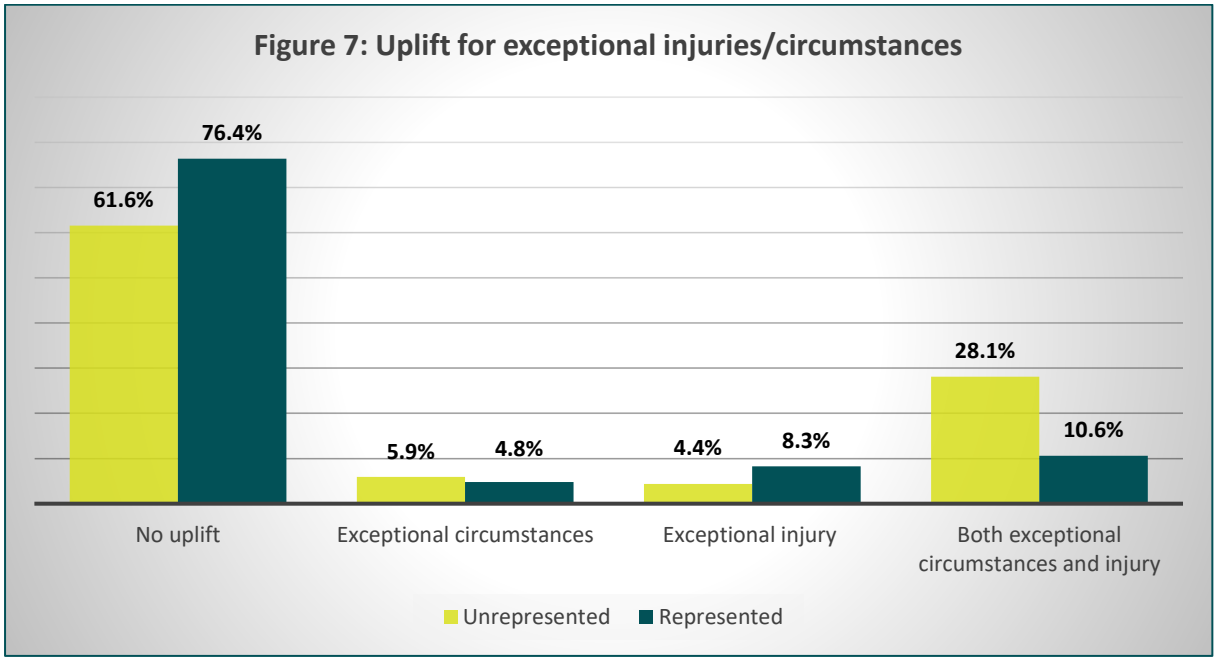
The table below provides the number of claims, broken down by representation, in the reporting period April to June 2026, which have included a claim for uplift for exceptionality of kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift only claimed	Exceptional injury uplift only claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	4,423	421	319	2,021
Represented	37,912	2,358	4,121	5,237

2,761 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to 38.4% of unrepresented claimants.

11,716 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to 23.6% of represented claims made.

Figure 7 provides the percentages of represented and unrepresented claims, between April and June 2026, with a claim for uplift for exceptionality.

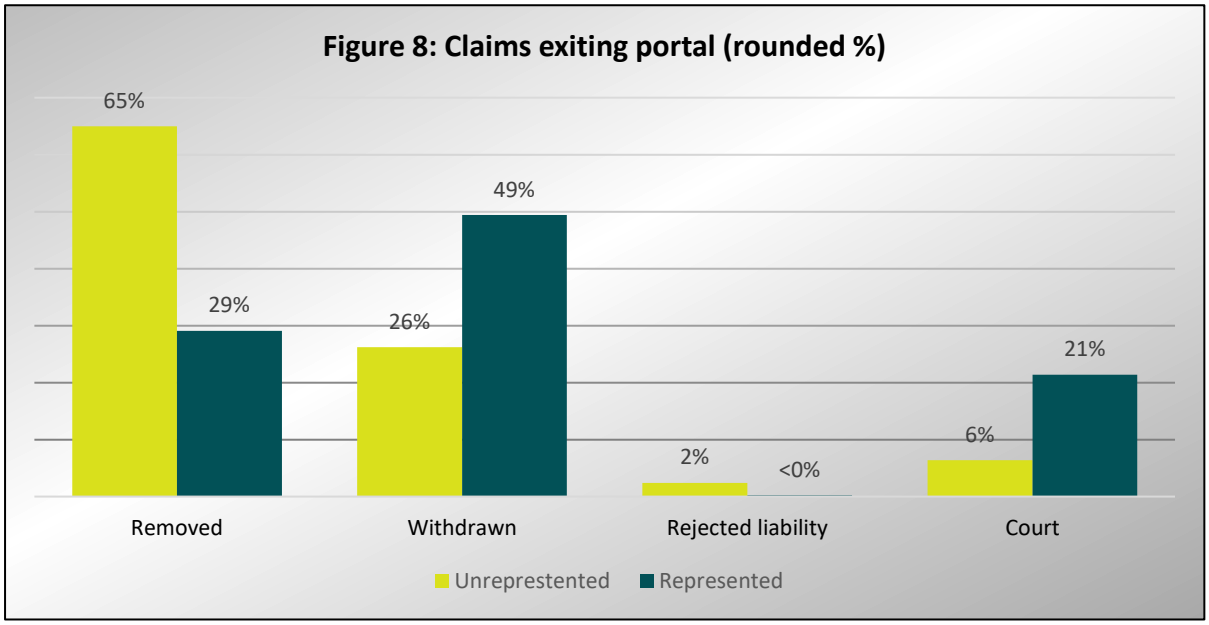


8. Claims exiting the portal

412,722 claims have exited the portal for a reason other than settlement since launch. 27,486 claims exited in the current reporting period, as shown in Figure 8 below, including 26,021 represented and 1,465 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	7,562	12,847	52	5,560
Unrepresented claimants	952	384	35	94



*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 %)

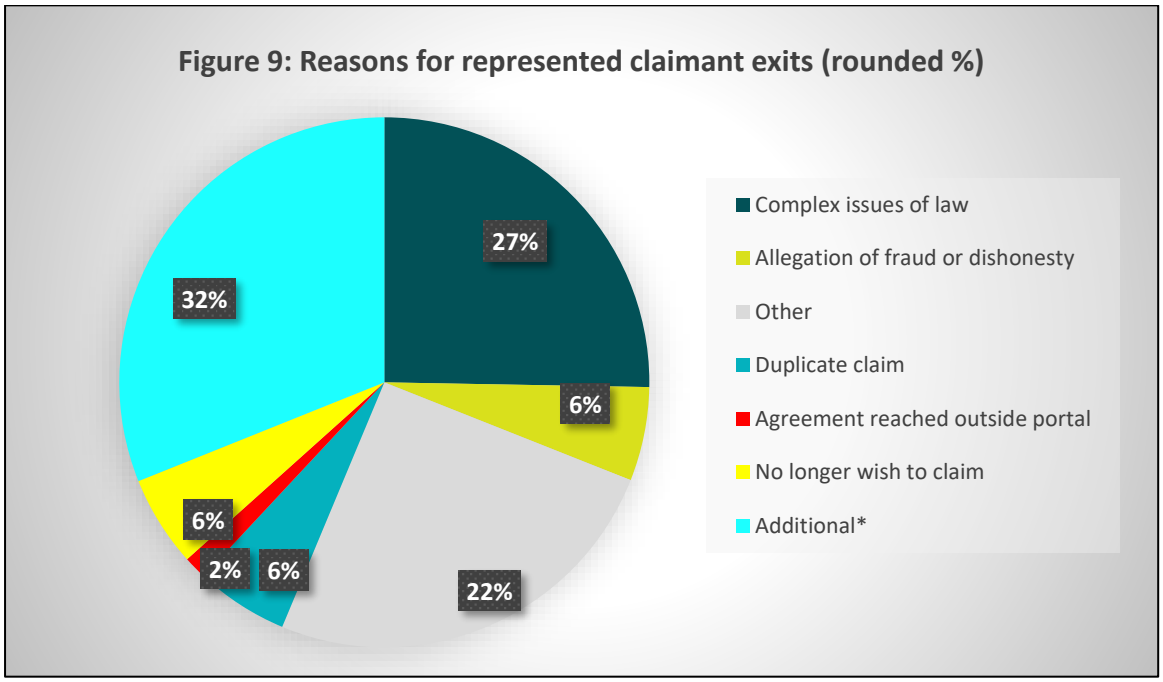
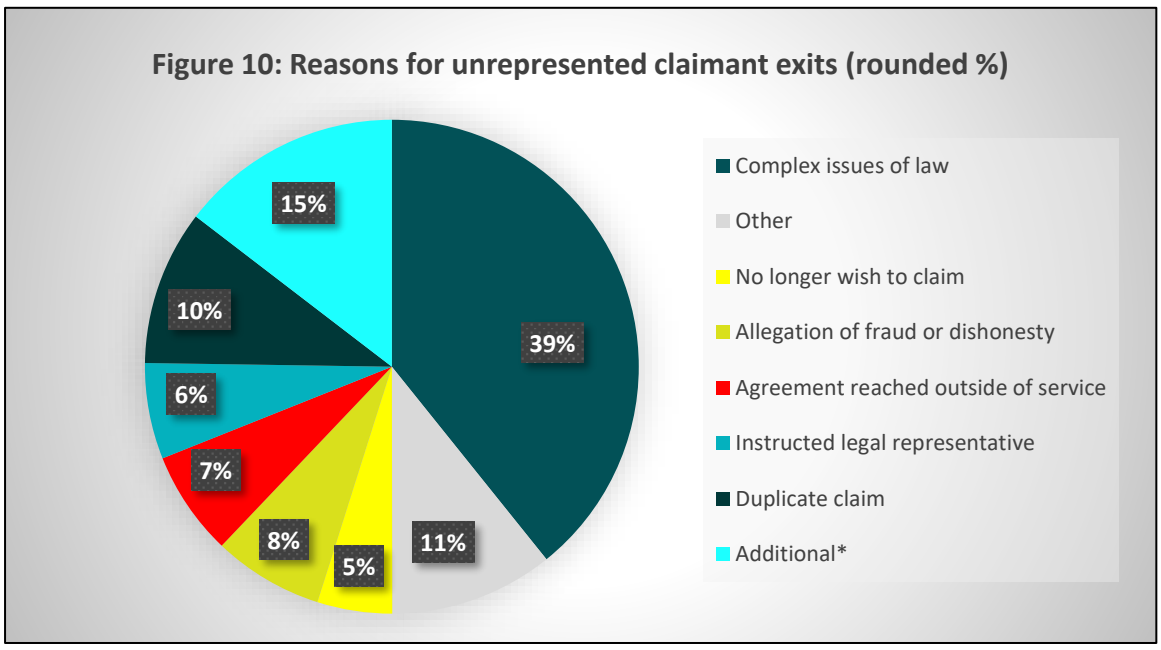


Figure 10: Reasons for unrepresented claimant exits (rounded %)



*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.

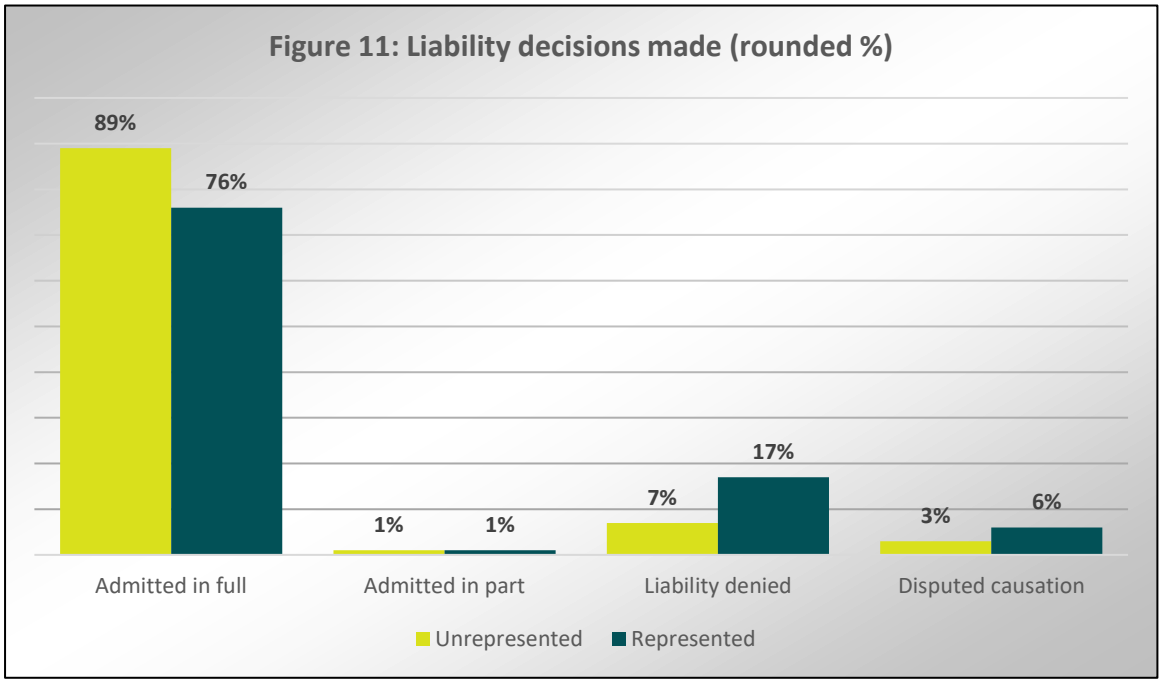
9. Liability

In total 36,409 claims have had a liability decision made by the compensator in this reporting period*. Of these, 28,632 (79%) claimants have had liability admitted in part or in full by the at-fault compensator.

In the case of the remaining claims, causation was disputed in 2,074 claims (1,932 represented and 142 unrepresented) and liability denied in 5,703 claims (5,405 represented and 298 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	24,551	428	5,405	1,932
Unrepresented claimants	3,629	24	298	142

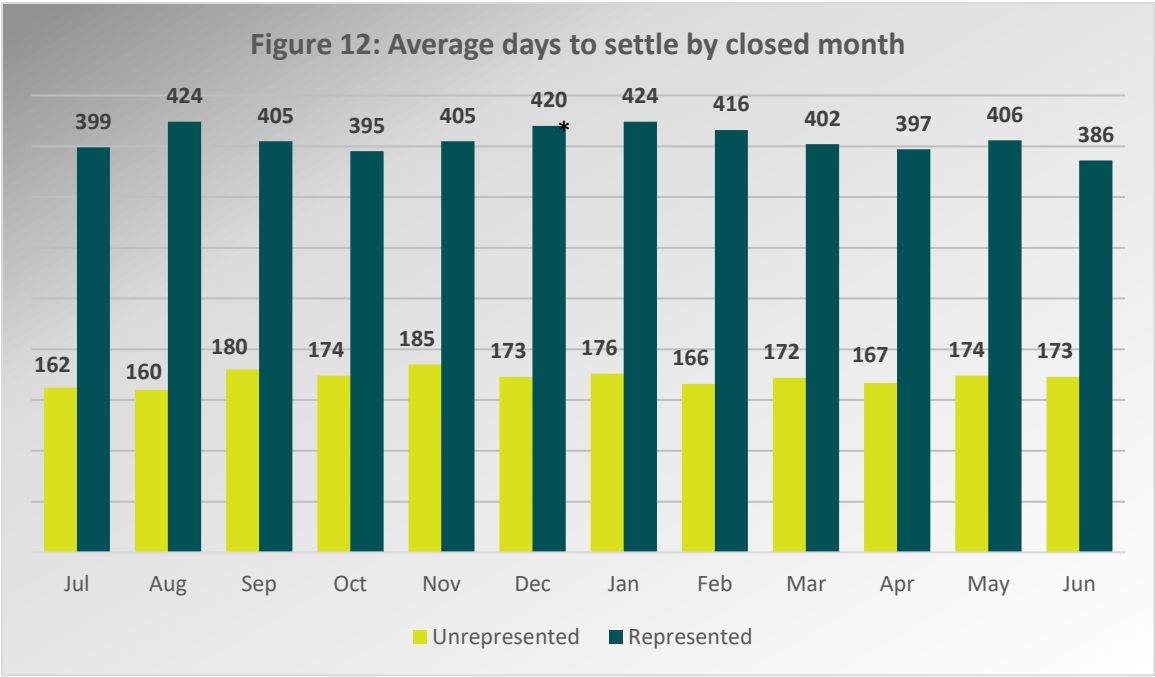


*Claims which have had a liability decision may have been started at any time since launch, not just between 1 April and 31 June 2026.

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 July 2025 to June 2026. 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. Those claims made by represented claimants continue to increase.

11. Dormancy

We are continuing the work we started during 2024 on dormancy 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.

We are still seeing a high number of claims being left in a dormant state. Dormancy happens when claims start to stall in the process, with a lack of input or updates 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 as a barrier to claims progressing.

These claims then close once they have reached three years and three months post-accident where no limitation has been issued. This also affects the lifecycle of all claims.

We continue to work with the MoJ and the judiciary to reduce 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 carry out their own housekeeping of claims within the portal. If required, we can send a list of dormant claims upon request to individual organisations.

Over the last few weeks, we have been contacting the top 10 professional users with the highest number of claims either in pending-liability rejected status or classified as an open settlement claim, providing them with a list of claims that could or should be closed. We hope to see some reduction in the outstanding claims in these statuses over the next few weeks and months.

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	15,299	76	694	79	15,993	76
Pending liability rejected (dormant)	30,304	583	2,393	629	32,697	586
Total/average	**45,603**	**413**	**3,087**	**506**	**48,690**	**419**

'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	46,322	73	3,229	55	49,551	72
Pending medical (dormant)	63,918	592	6,608	630	70,526	595
Total/average	**110,240**	**374**	**9,837**	**441**	**120,077**	**379**

'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	2,314	12	49	10	2,363	12
Pending withdrawal (dormant)	602	42	11	42	613	42
Total/average	**2,916**	**18**	**60**	**16**	**2,976**	**18**

'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	1,261	12	240	13	1,501	12
Pending removal (dormant)	675	42	150	42	825	42
Total/average	**1,936**	**23**	**390**	**24**	**2,326**	**23**

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

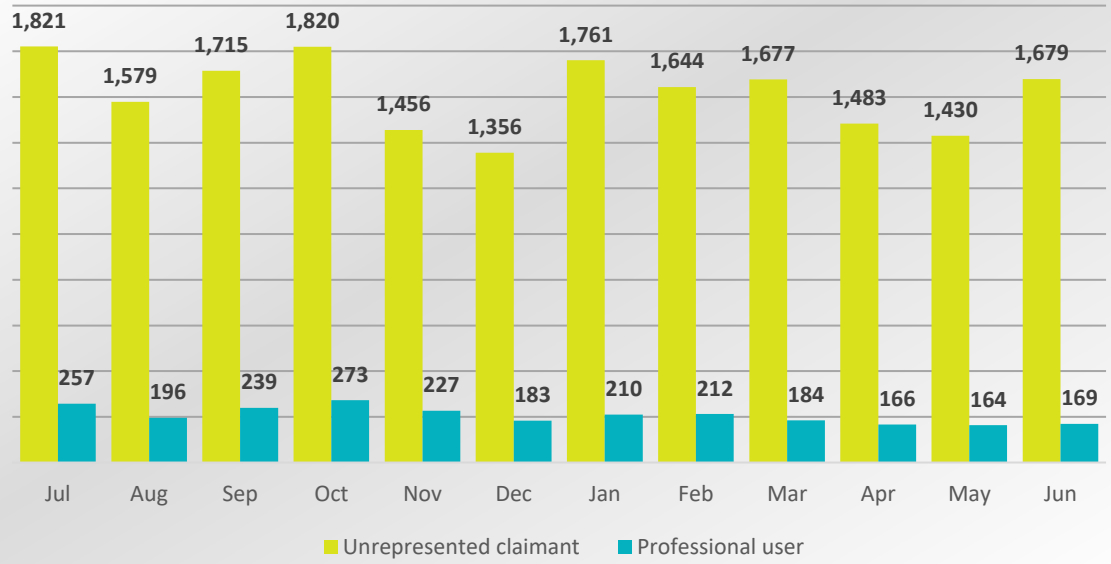
12. Portal Support Centre

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.

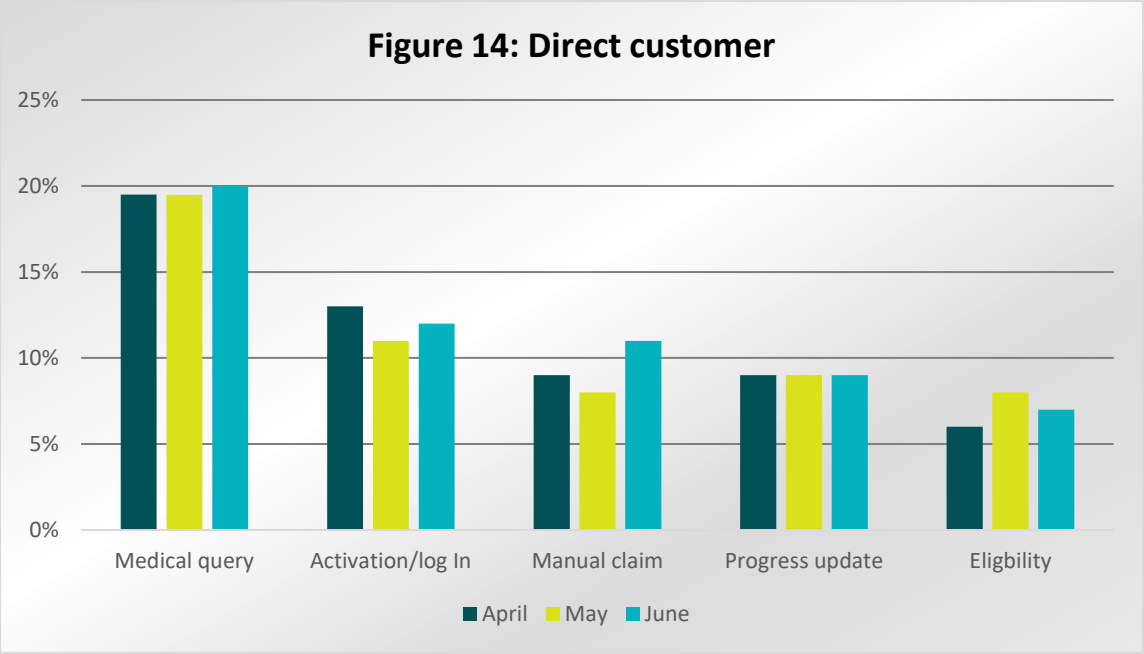
The Portal Support Centre received 5,091 calls between 1 April and 30 June 2026. Of these, 499 were from professional users and 4,592 were from unrepresented claimants.

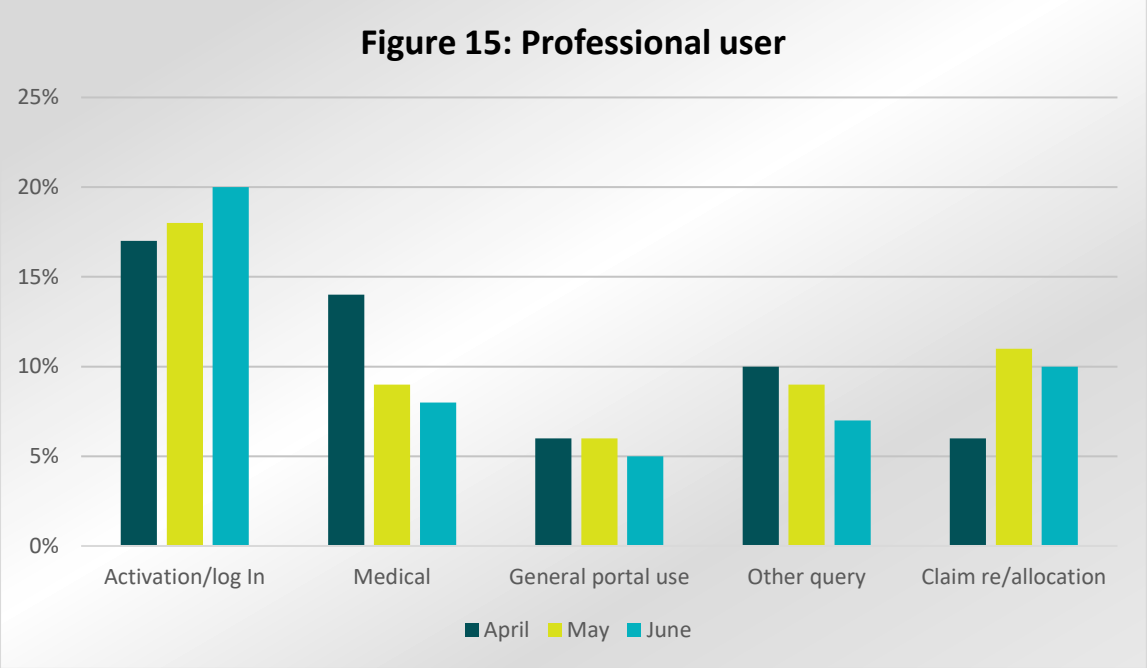
Figure 13 provides information on the number of calls received per month from both professional users and unrepresented claimants during the last 12 months.

Figure 13: Portal Support Centre calls received by month



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 calls from both user groups for activation and password resets and Medical.





13. System operation

System availability remains stable, with the platform operating 24/7 since launch. Users can access the service via the web interface or Automated Portal Interface (API), with both performing as expected and no outages during this period.

Increased claim volumes have not affected performance, with no delays observed. System alerts are in place to monitor performance, and capacity can be scaled as required.

The planned platform upgrade successfully took place on 28 June 2026. We are not planning any other deployments in 2026.

We continue to engage with the MoJ on future changes, though no significant updates are currently planned. Users will be informed of any developments through standard channels.

System usage is monitored continuously, with over 500 concurrent users typically active during business hours.

MIB will continue to support users and gather feedback to inform improvements, with all changes managed in line with agreed MoJ processes. For updates or queries, please contact us on customer.service@officialinjuryclaim.org.uk.