



Claims data

For the period 1 January to 31 March 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 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 January 2025 to 31 March 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 are also 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 April 2025.*

2. Headline data

Reporting period 1 January 2025 to 31 March 2025

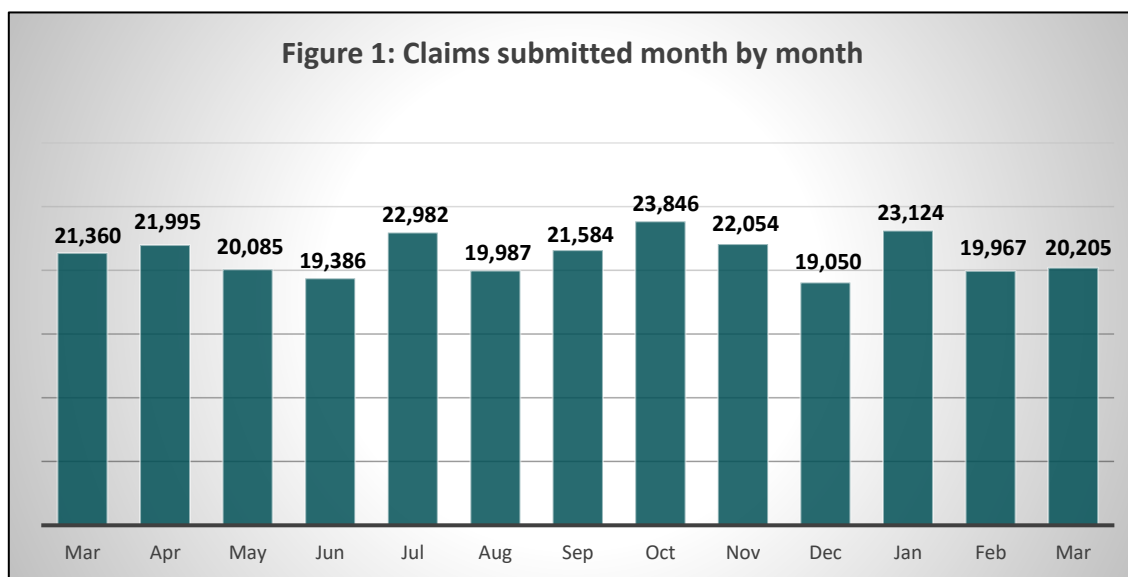
	Total since launch	This reporting period
Claims submitted	1,025,294	63,296
Represented claims	917,182	55,244
Unrepresented claims	108,112	8,052
Liability decisions	847,252	38,487*
Settlements (closed)	336,162	27,021
Settlements (open)	23,934	-

*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 March 2024 to March 2025.

Throughout this period, it shows around 21,000 claims per month have been made. It is important to note that in December 2024 there were only 20 working days, which accounts for the slight dip in claims submitted.



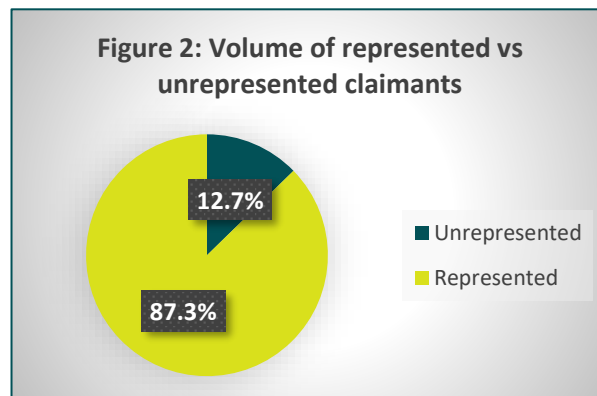
4. Representation

Of the **59,359** claims registered in this period, a total of **7,568** (12.7%) were made by unrepresented claimants and **51,791** (87.3%) had professional representation.

Since launch, **618** claimants have started a claim via the Portal Support Centre's assisted paper claims process (see section 10). This includes **35** active claims from this reporting period and **39** active claims from the previous period.

The percentage of unrepresented claimants using the system has increased to **12.7 %** 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 (76.2%) and licensed ABSs (23.6%).



Type of user	Number of claims	Percentage
UK law firm	39,470	76.2%
ABS	12,219	23.6%
CMC and other	102	0.2%

* 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.

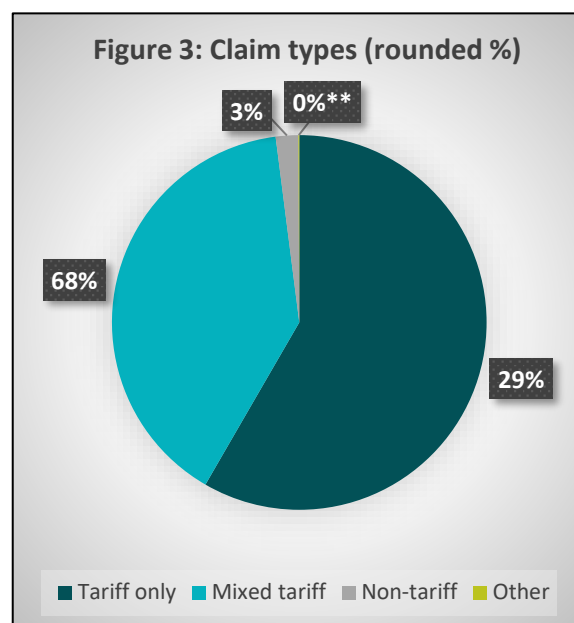
** CMCs supporting claimants on the OIC service must have Financial Conduct Authority authorisation to provide advice in relation to a personal injury claim. CMCs with other types of authorisation, such as lead generation, are not allowed to represent claimants via the service.

*** 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 2025, broken down by claim category:

Claim types	Number of claims
Whiplash ¹ only	9,652
Whiplash + minor psychological ²	7,755
Whiplash + physical ³	13,157
Whiplash + physical + minor psychological	23,269
Multiple injuries ⁴	4,868
Physical only	1,456
Physical + psychological	568
Other ⁵	81



Damages for whiplash only and whiplash plus minor psychological injury are determined by the tariff under [The Whiplash Injury Regulations 2021](#). **17,407 (28.6%)** of claims presented in this period were covered solely by the tariff and **41,294 (67.9%)** are mixed claims. **58,701 (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.

** 'Other' = <1

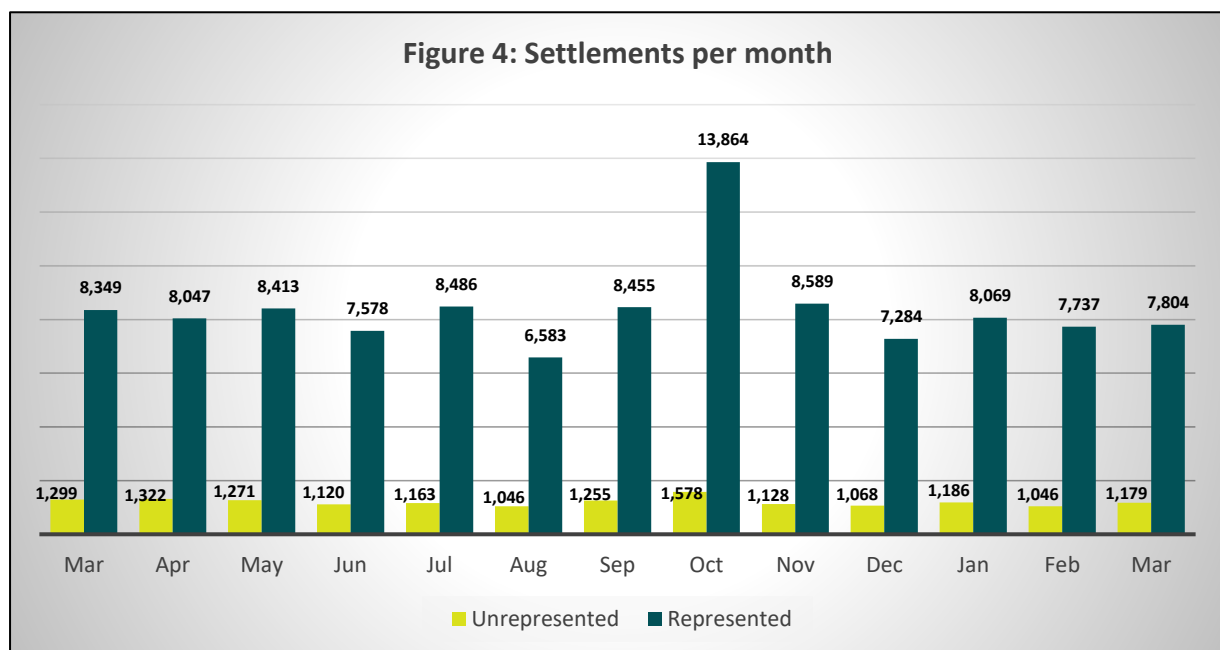
6. Settlements

The volume of claims settling has continued to rise and we expect this trend to continue. **336,162** claims have settled since the launch of the service, including **27,021** claims in this reporting period. **3,411 (13%)** of these were unrepresented claimants. Represented claimants accounted for **23,610 (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 **23,934** open settlements (**883** unrepresented and **23,051** 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.

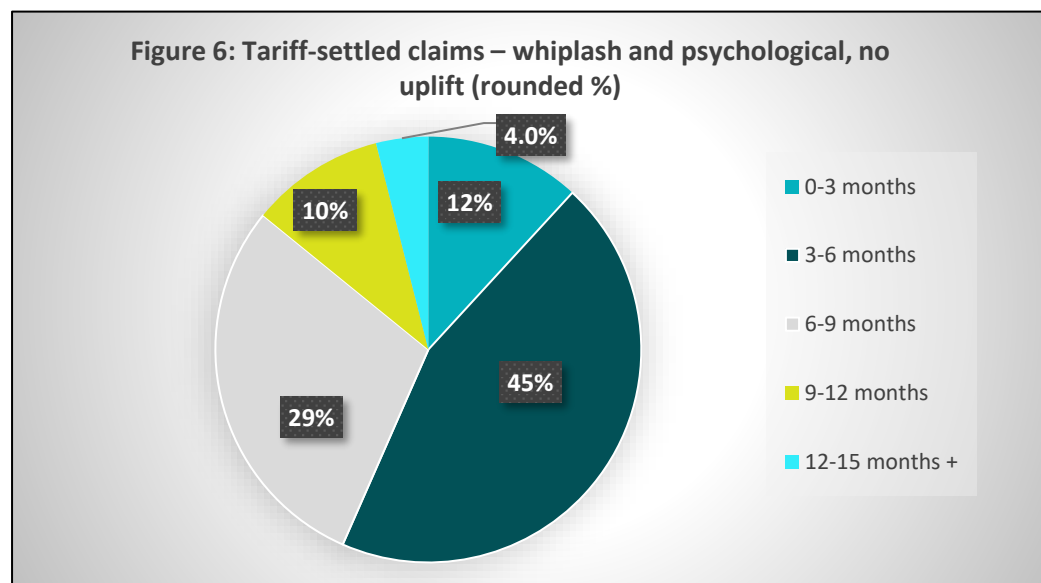
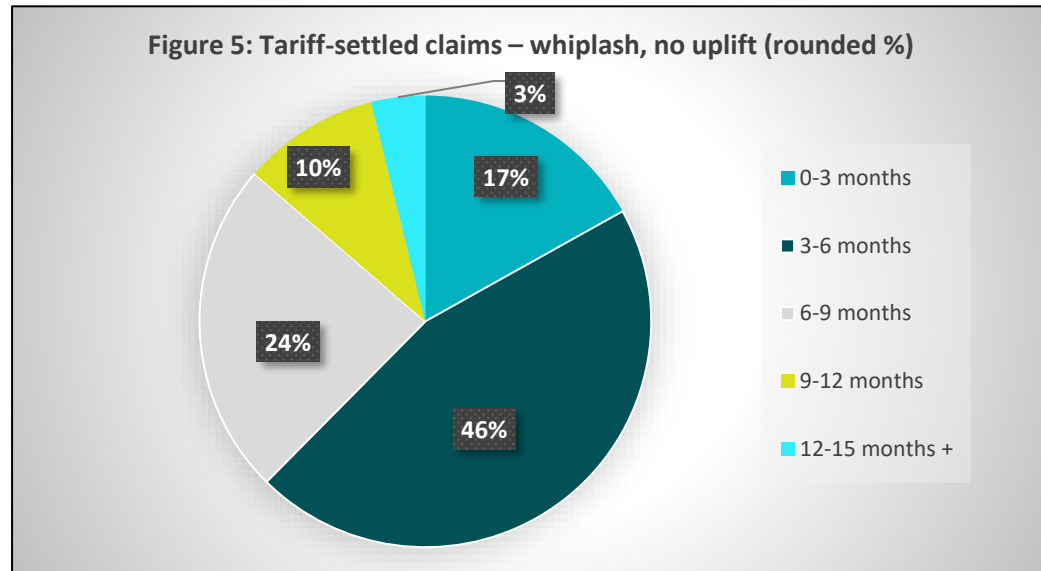
We are now seeing the average time from claim submission to settlement as now being **350 days** compared to **420** days in the previous reporting period. This reduction in time can be attributed to the development work undertaken in September 2024, which now sees any 'pending acknowledgement' claims older than 60 days, automatically closed in the system.

Figure 4 shows settlements month on month since March 2024 (closed cases). The spike which can be seen in October 2024 was due to the auto-closure of the 'Pending acknowledgement' claims that were still open after our September code release.



We continue to see increased maturity in the distribution of tariff, with settlements in the nine to 12-month prognosis period increasing since the last reporting period, and a decrease in the 12 to 15-month bands since 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'.



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 c336,000 closed settlements since launch)*

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	19,114 (5.7%)	44,020 (13.1%)	1,909 (0.6%)
Represented	118,332 (35.2%)	286,312 (85.2%)	3,756 (1.1%)

Average values – settled

Type of representation	Injury – non-tariff	Tariff amount	Tariff uplift
Unrepresented	£1,042	£758	£163
Represented	£1,047	£754	£168

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, **4,879** claims included a request for an uplift for exceptional injury, **3,252** claims requested an uplift for exceptional circumstances and **8,405** 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.

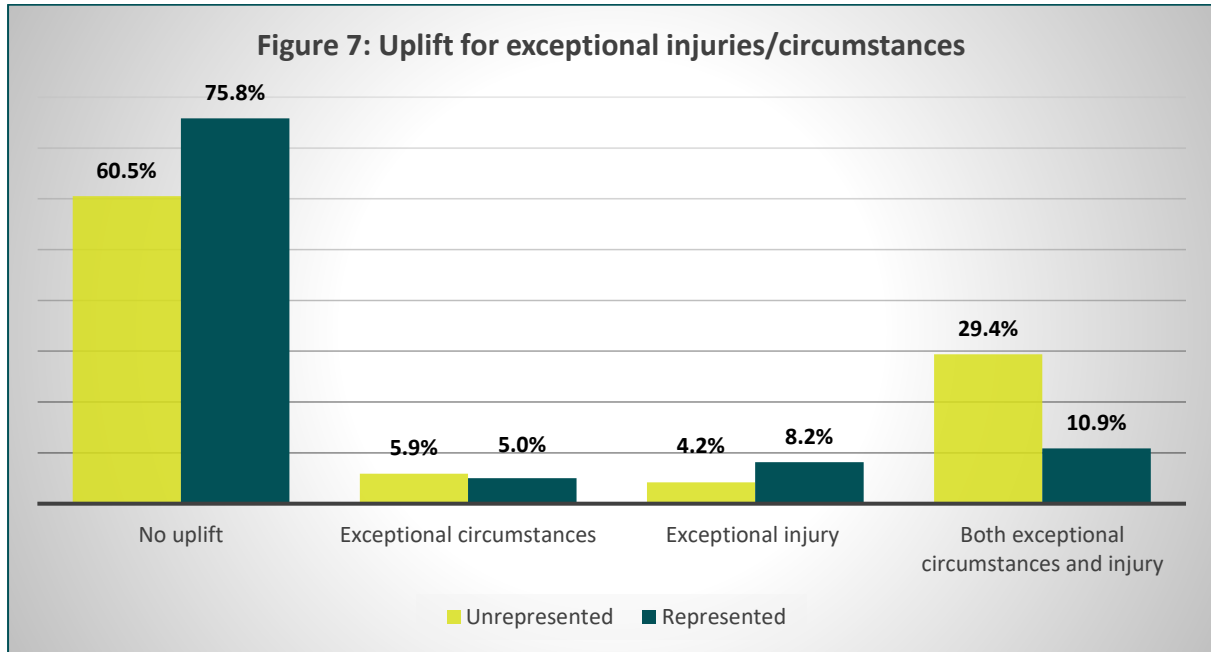
The table below provides the number of claims, broken down by representation, in the reporting period January to March 2025, which have included a claim for uplift for exceptionality of any kind.

Type of representation	No uplift claimed	Exceptional circumstances uplift only claimed	Exceptional injury uplift only claimed	Both exceptional injury and circumstances uplift claimed
Unrepresented	4,869	479	336	2,368
Represented	41,891	2,773	4,543	6,037

3,183 unrepresented claimants requested an uplift for exceptional injury, exceptional circumstances or both in the reporting period. This equates to **39.5%** of unrepresented claimants.

13,353 represented claimants requested an uplift for exceptional injury, exceptional circumstances or both. This equates to **24.2%** of represented claims made.

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

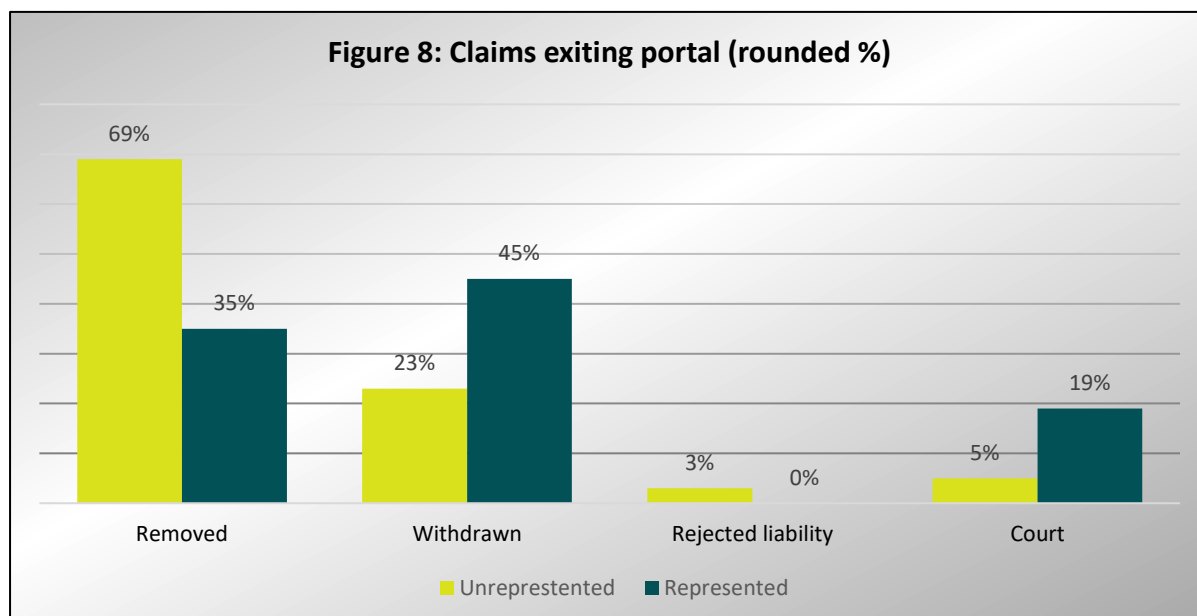


8. Claims exiting the portal

286,161 claims have exited the portal for a reason other than settlement since launch. **27,384** claims exited in the current reporting period, as shown in Figure 8 below, including **25,839** represented and **1,545** 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 have undertaken last year, where we have written 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	9,074	11,699	125	4,941
Unrepresented claimants	1,067	351	44	83



*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 %)

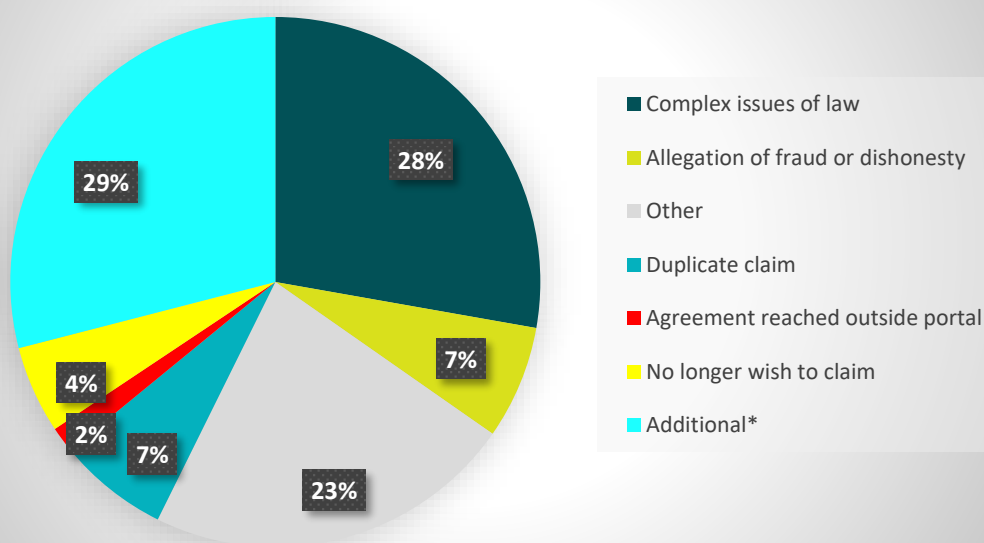
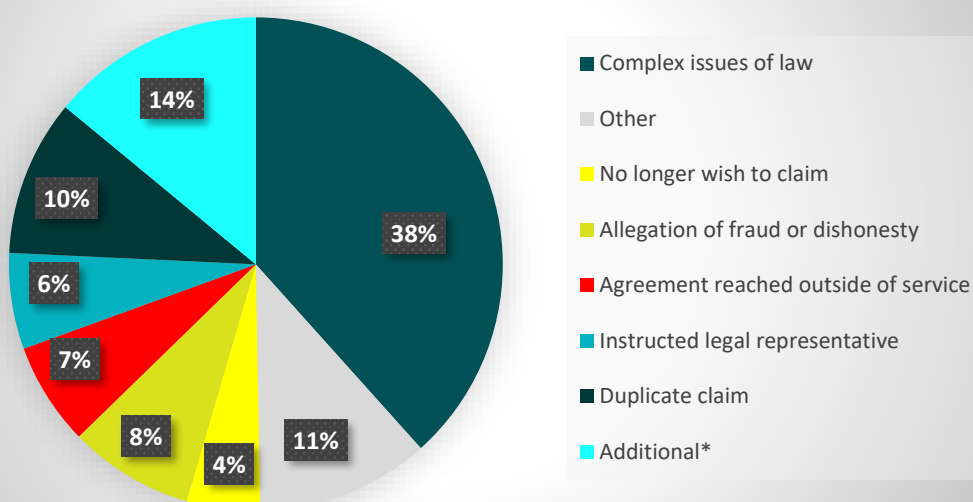


Figure 10: Reasons for unrepresented claimant exits (rounded %)



*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.

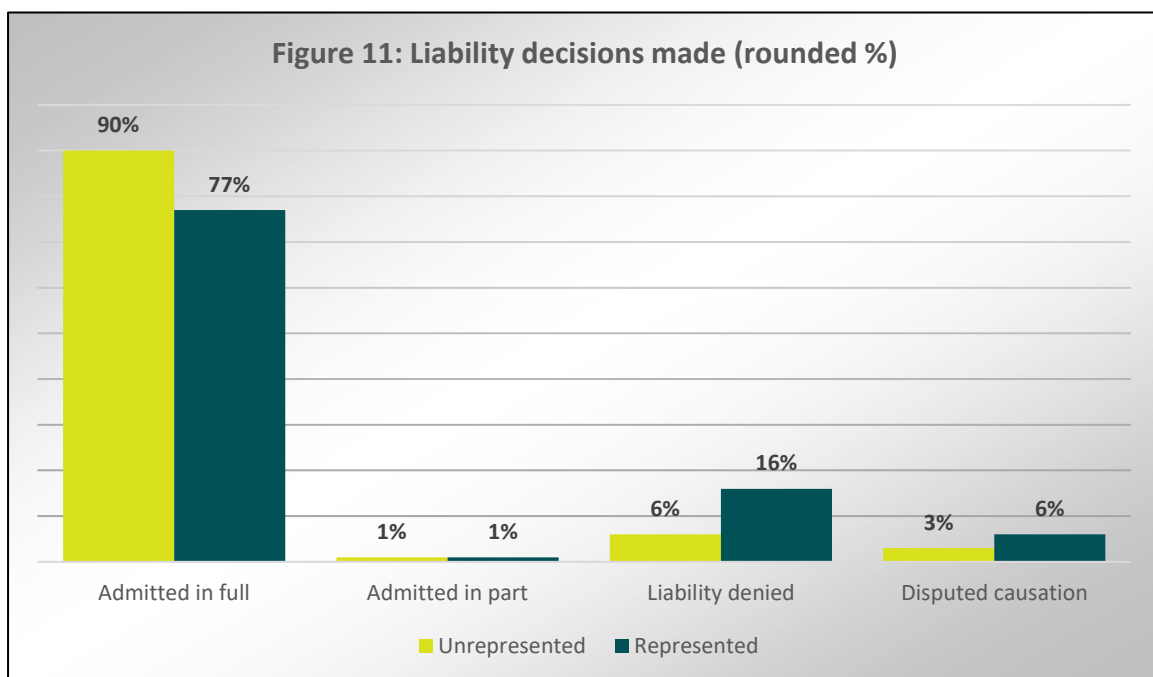
9. Liability

In total **38,487** claims have had a liability decision made by the compensator in this reporting period*. Of these, **30,729 (80%)** 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 **2,003** claims (**1,869** represented and **134** unrepresented) and liability denied in **5,755** claims (**5,499** represented and **256** 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	26,163	488	5,499	1,869
Unrepresented claimants	4,054	24	256	134

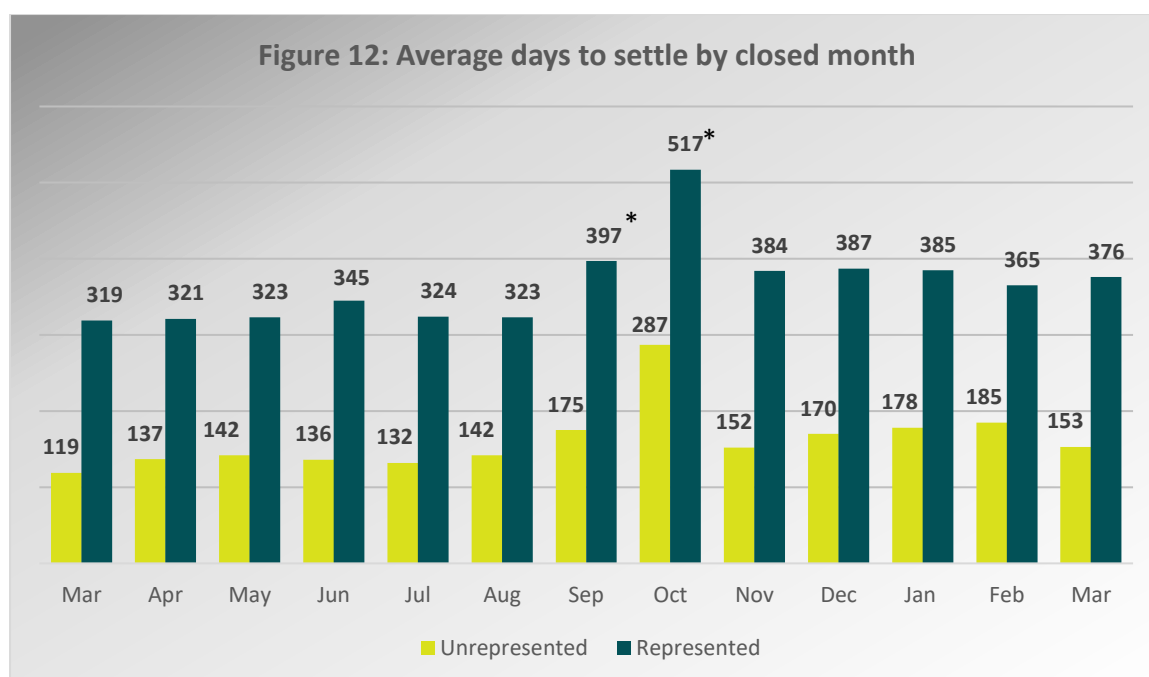


*Claims which have had a liability decision may have been started at any time since launch, not just between 1 January and 31 March 2025.

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 March 2024 to March 2025. We have seen a number of older claims close during the last quarter due to the dormancy work we have been undertaking (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.

** The increase seen in September and October 2024, for represented cases closing, is linked to a code implementation in September 2024, please see section 11 for more information on this piece of work.*

11. Dormancy

We continue to work to understand the true number of live claims within the service and the lifecycle of those claims. Within the OIC system, we track 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.

Throughout 2025 we will continue to look at other statutes, seeking industry assistance to understand why claims remain open and what, if anything, we can do while still adhering to the rules and MoJ requirements/recommendations to continue to reduce dormancy claims within the portal.

We have shared dormancy data with the top 20 professional users of high-volume claims still remaining at the status of 'Pending liability rejected'. To understand why these claims are remaining within the status, at the beginning of 2025 we had 56,000 still open, as of today we have 55,000. This work will be slow progress where users are needing to cross reference their own systems with the open claims within the portal.

We have identified an additional claim status that we will be sharing with users in the coming months, and this is 'Pending-ReviewFeesOffers'. This status highlights the final stage after an offer has been accepted, awaiting the professional user to review the fees element of the offer. There are just under 12,000 claims currently within this status, and we have shared this information with three of the top organisations that hold the largest numbers of claims within this status, with a view to keep the cases moving through the service.

We would continue to recommend that users of the portal continue to perform their own housekeeping of the portal.

'Pending liability rejected' claim	Represented		Unrepresented		Total/average	
	Vol	Avg days	Vol	Avg days	Vol	Avg days
Pending liability rejected	16,520	82	576	84	17,096	82
Pending liability rejected (dormant)	36,100	575	2,262	582	38,362	576
Total/average	52,620	420	2,838	481	55,458	423

'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	51,146	78	3,239	56	54,385	76
Pending medical (dormant)	69,915	576	6,401	624	76,316	580
Total/average	121,061	366	9,640	433	130,701	371

'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	1,364	13	42	13	1,406	13
Pending withdrawal (dormant)	1,005	49	26	49	1,031	49
Total/average	2,369	29	68	27	2,437	29

'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	1,291	14	262	15	1,553	14
Pending removal (dormant)	1,057	47	218	44	1,275	47
Total/average	2,348	29	480	28	2,828	29

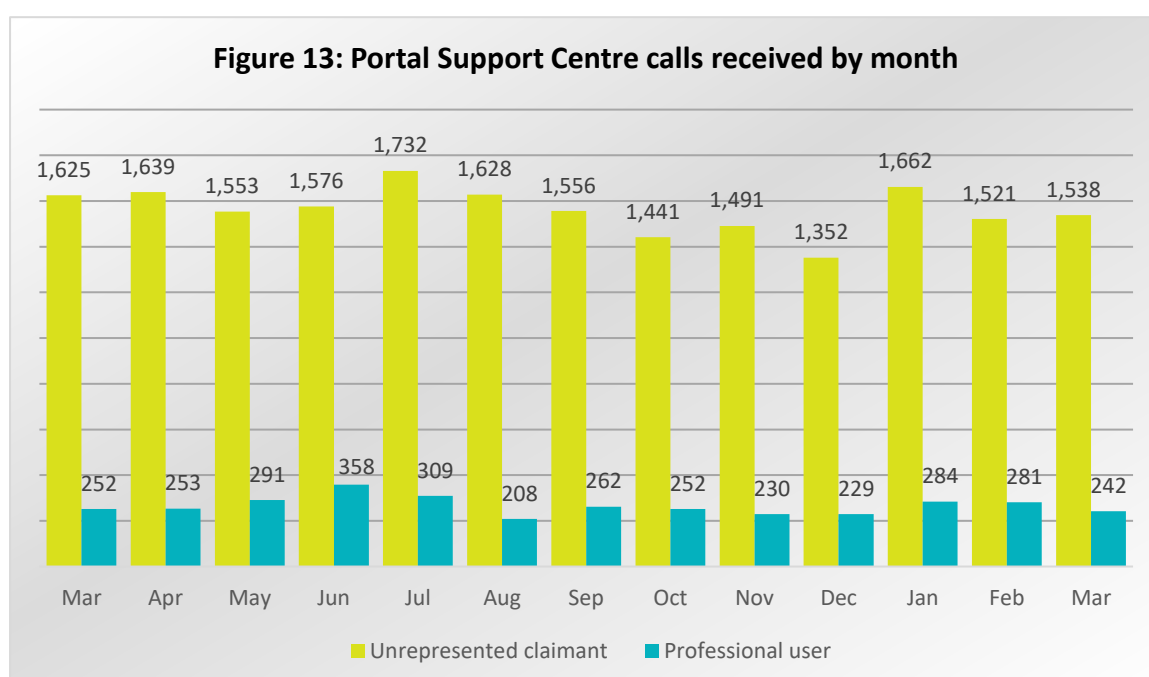
'Pending removal' – awaiting the claimant/professional user to acknowledge the removal of the claim by the compensator/TPA.

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 **5,528** calls between 1 January and 31 March 2025. Of these, **807** were from professional users and **4,721** 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 calls from both user groups for activation and password resets. We are still seeing a high volume of calls from the professional user group regarding medical queries, it would be interesting to understand why this is happening, when the process calls for them to arrange the medical themselves.

Figure 14: Direct customer

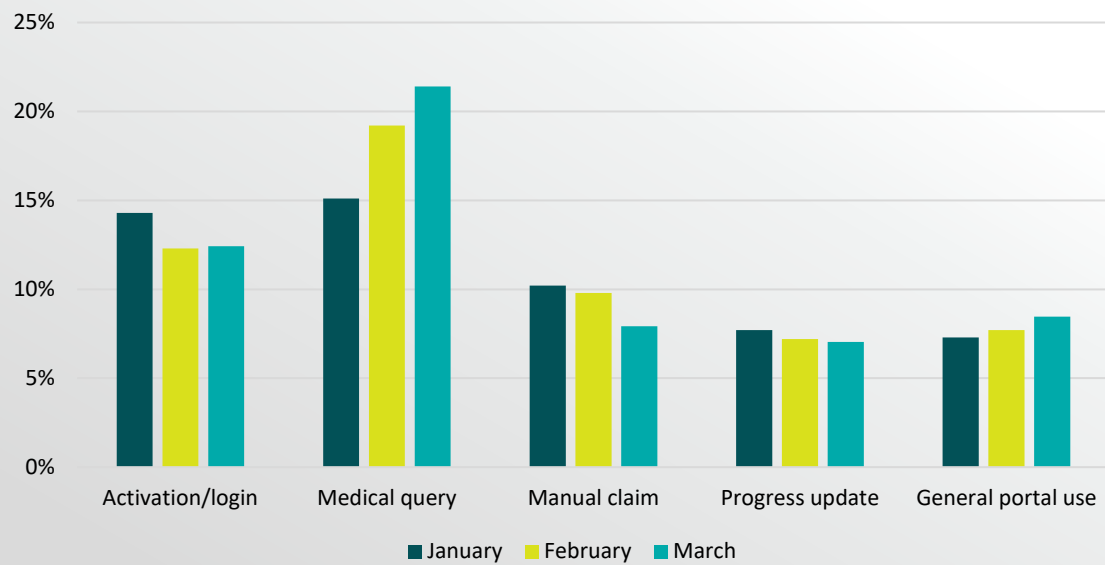
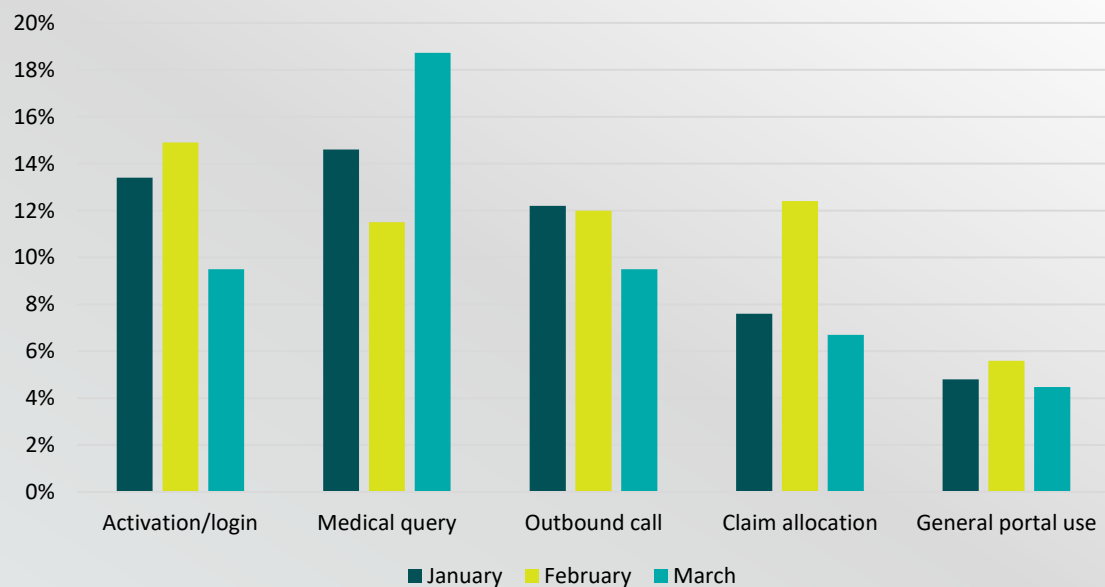


Figure 15: Professional user



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 all will now be aware, the release of the conformation of the laying of the tariff into both Houses of Parliament has taken place. We are working to confirm what these changes to the new tariff will mean for the service and will be looking to share this in the coming weeks. This means there will be an earlier than planned deployment to implement this change.

It will be our intention to have a code release in Q3. Details of this are still under discussion with the MoJ. One item that will be included in the September code release will be the decommissioning of the old attachment APIs – details were shared on 20 March 2024.

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 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.