

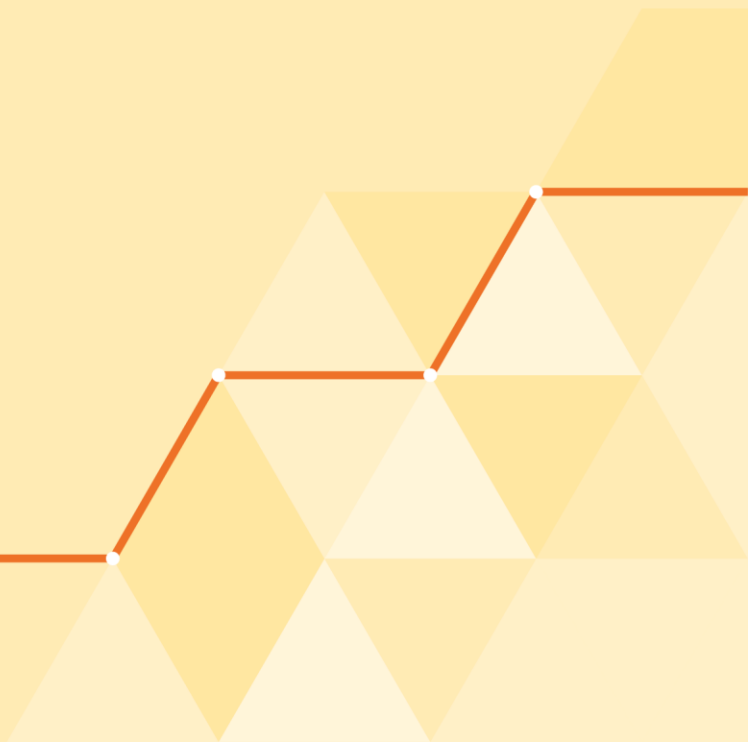


Ministry  
of Justice

# Official Injury Claim: MoJ Operational Analysis

31 May 2021 to 30 May 2022

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## Introduction

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The Government's Whiplash Reform Programme was implemented on 31 May 2021 with the intention of reducing the disproportionately high number and cost of whiplash claims in England and Wales. The measures also sought to introduce greater claimant choice in how to proceed with their claim, and to ensure that the compensation paid for whiplash injuries was proportionate to the level of pain and suffering endured.

The insurance industry has committed to passing on savings from the whiplash reforms to consumers through lower motor insurance premiums. Insurers must, under provisions included in the Civil Liability Act (CLA) 2018, report on their compliance with this commitment to the Financial Conduct Authority by 1 October 2023. Following this, the Government will publish and lay a report on the outcomes in Parliament as close to April 2024 as possible.

The Whiplash Reform Programme comprised the measures included in Part 1 of the CLA along with an increase in the small claims track limit for road traffic accident (RTA) related personal injury claims from £1,000 to £5,000. The CLA introduced a definition for whiplash injuries, a fixed tariff of damages for whiplash claims and a ban on seeking or offering to settle such claims without medical evidence.

A new digital service, Official Injury Claim (OIC)<sup>1</sup> was developed by the Motor Insurers' Bureau (MIB) to support claimants affected by the implementation of the Whiplash Reform Programme and this service has also been operational since 31 May 2021. Use of the OIC was mandated by the RTA Small Claims Protocol<sup>2</sup> for claims valued at less than £5,000 and the system was made available to both unrepresented claimants and represented claimants (whose claims are progressed on their behalf by professional users).

OIC was developed to provide an accessible, easy-to-use and free process for RTA-related personal injury claims valued under £5,000. It empowers and enables claimants to start, progress and settle their own claim with or without professional representation.

This report provides an analysis of the overall **operational** performance of the OIC in its first year of operation (31 May 2021 to 30 May 2022). The information and data presented in this document were provided to MoJ by MIB and as such should not be considered

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<sup>1</sup> <https://www.officialinjuryclaim.org.uk/about/>

<sup>2</sup> <https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/pre-action-protocol-for-personal-injury-claims-below-the-small-claims-limit-in-road-traffic-accidents-the-rt-a-small-claims-protocol>

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official Government data or statistics. However, unless otherwise stated, it has been reviewed and validated as accurate by MoJ analysts. Separately, MIB also publish regular OIC operational data. These ongoing quarterly snapshot reports can be found on the OIC website<sup>3</sup>.

**This document is not an evaluation of the Whiplash Reform Programme** or an assessment of its impact on individual claimants, the personal injury sector or court activity. In addition, publication of this report does not in any way affect the statutory obligation contained within Part 1 of the CLA 2018 which requires the Lord Chancellor to undertake an evaluation of the whiplash tariff by no later than May 2024, nor does it replace usual post-legislative scrutiny.

Any terms used in this publication which are specific to the OIC process are explained in the glossary in the Quality and Guidance section at the end of the bulletin.

**Whiplash Reform Team**  
**29 November 2022**

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<sup>3</sup> <https://www.officialinjuryclaim.org.uk/resources-for-professionals/data/>

## Executive Summary

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The Whiplash Reform Programme was implemented to reduce the costs associated with personal injury litigation, to ensure whiplash injuries are compensated to a level which is proportionate to the pain and suffering endured, and to reduce the number of unmeritorious claims. The OIC service was introduced to support personal injury claimants affected by the implementation of the Whiplash Reform Programme.

Use of the OIC service grew exponentially following its introduction in May 2021 with over 250,000 claims commenced during its first year. The data shows that the number of claims started on the system increased from May until October and monthly data published by MIB shows that volumes have levelled out at around 24,000 claims per month. In addition, the latest data published by MIB on 10 October 2022 shows that monthly claims volumes have subsequently remained at this level.

Although we can look at one year's worth of data it is still too early to make definitive assessments regarding the impact of the reforms. Particularly given that external events such as the Covid-19 pandemic and its associated restrictions have had a wider impact on driver behaviours and road usage figures. That said, the data does indicate a reduction in claims compared with pre-reform volumes, although as noted above care is still required in relation to making firm assessments.

The OIC system has provided greater claimant choice in how to take forward a claim and has enabled claimants to represent themselves if they choose to do so. Around 23,000 claimants chose to run their own claim via OIC during the first year, demonstrating that there was demand for the greater choice that the service provides. The proportion of unrepresented claims made via OIC in year one was 9% and this figure has remained steady even as overall volumes have subsequently increased.

It remains the case, however, that the majority of these claims (91% in the first year) were brought with professional representation. This is not on its own an indicator of how well the service has worked, how easy it is to navigate or how the market has adapted. What is important is that claimants have been provided with options as to how to achieve a proportionate outcome, regardless of the choice they make.

The data from the first year demonstrates that claimants continue to be able to access justice in low-value RTA-related personal injury claims. It also shows that not having professional representation has not been an impediment to achieving a fair outcome. Unrepresented claimants have successfully progressed their claims to settlement, and

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have achieved similar outcomes in respect of compensation and rates of exit to claims made with professional representation.

The number of claims exiting the service in the first 12 months and entering the court system was low, although this is increasing as the system beds in. We also expect there to be an increase in claims and settlements following clarification from the courts on the valuation of mixed injury claims and related issues.

Separately from the OIC system generated data, unrepresented claimant exit surveys carried out by MIB have provided positive signs on early user experiences. This feedback has been sought from all such users who exit the service - whether due to settlement or for other reasons - on service performance and where improvements could be made.

MIB also undertook additional initiatives during the year to gain a deeper understanding of the unrepresented user experience. The results of these suggested that, overall, the web service was easy to use and working well. Some suggested enhancements to improve the process for unrepresented claimants in relation to information provision were made and are being considered by MIB and MoJ.

OIC also caters to professional users who represent claimants and who generally access the service via a different route which links their case management systems with OIC. As with any new digital service, integrating a large number of different professional users of varying sizes via an application programming interface (API) will result in a need for bug fixes and technical enhancements.

Considerable effort was made by MIB, therefore, to meet with professional users to identify bugs and implement fixes to improve the API integration process. This interaction has provided varied and helpful feedback from professional users on technical issues relating to API integration. Such engagement with both unrepresented claimants and professional users remains an ongoing process and MoJ and MIB will continue to engage with all groups.

Identifying whether further enhancements can be made to improve the process for all users, regardless of the volume of claims made through the OIC system, remains important. We will continue to focus on gaining user feedback and are committed to ensuring that the OIC continues to work well for all users.

Looking at the data as a whole, despite some bugs which have required the roll out of fixes, claims have progressed through the system with no major technical performance issues causing delays or backlogs. However, the focus of this report is on assessing the data covering the first year of operation and it does not comment on the technical functionality or availability of OIC, which remains the responsibility of MIB.

# 1. Highlights from the first year of operation<sup>4</sup> (31 May 2021 - 30 May 2022)

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<b>255,000 claims started via the OIC service</b>	There were around <b>255,000</b> claims started via the OIC service. Of these, <b>53,000 (21%)</b> exited the portal for a variety of reasons, including settlement.
<b>91% of claims were represented</b>	There were <b>23,000 (9%)</b> claims made by unrepresented claimants and <b>232,000 (91%)</b> claims had professional representation.
<b>Mixed injuries accounted for 62% of all claims created</b>	<b>157,000 (62%)</b> were mixed injuries and these made up most of the claims submitted to the OIC service. In comparison, there were <b>78,000 (30%)</b> claims with tariff-only injuries and <b>9,000 (4%)</b> with non-tariff injuries only.
<b>84% of claims with a liability decision had liability admitted in full or in part</b>	<b>155,000 (61%)</b> claims received a liability decision made in this period. Of these, <b>130,000 (84%)</b> had liability admitted in part or in full by the at-fault compensator. This was <b>11,000 (93%)</b> for unrepresented claims.
<b>28,000 (11%) claims settled in the first year of operation</b>	Of the <b>28,000</b> claims settled, <b>7,000 (26%)</b> were unrepresented and <b>21,000 (74%)</b> represented. As expected, settlement numbers have increased over time as claims have matured and progressed through the process.
<b>An uplift was requested for 21% of claims in the first 12-month period.</b>	<b>55,000 (21% of total claims)</b> requested an uplift for exceptionality. Of these, <b>12,000 (5%)</b> included a request for an uplift for exceptional injury only. <b>13,000 (5%)</b> requested an uplift for exceptional circumstances only and <b>30,000 (12%)</b> requested an uplift in both categories.
<b>18,000 enquiries were received by the Portal Support Centre</b>	The Portal Support Centre received <b>18,000</b> enquiries. Of these <b>5,000 (27%)</b> were from professional users and <b>13,000 (74%)</b> were from unrepresented claimants.

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<sup>4</sup> In this highlights section, figures have been rounded to the nearest 1,000. Exact figures are used in the rest of the document.



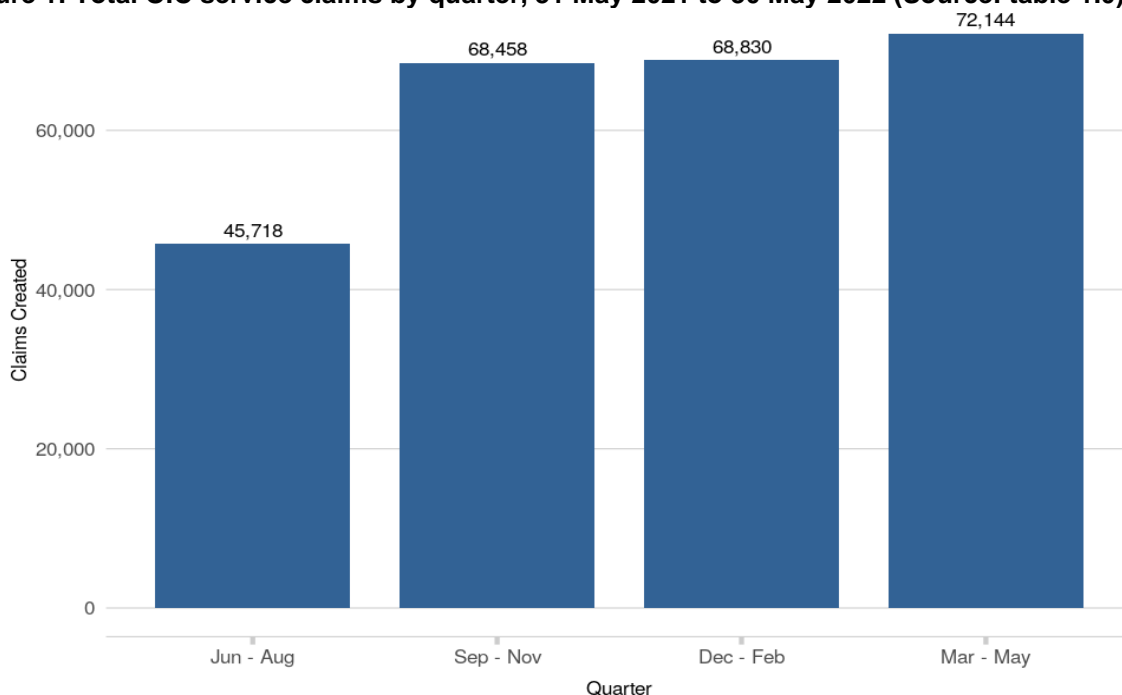
## 2. Claims Volumes

For the period 31 May 2021 to 30 May 2022, **255,150** claims started via the OIC service. Almost all of these claims were submitted using the digital portal. However, **112** claims were made by unrepresented claimants through the OIC Portal Support Centre-assisted paper process.

Whilst we now have data covering a full year it remains too early to come to definitive conclusions regarding the impact of the reforms on claim volumes. The impact of Covid restrictions on traffic volumes and driver behaviours have also had an impact on the data and it is still difficult to form a clear picture. We can, however, be cautiously optimistic in relation to some of the emerging trends. This includes both the monthly and overall claim volumes.

The data in Figure 1 below provides quarterly claims volumes for OIC which show that, post-implementation, claims volumes increased steadily through the first two quarters before stabilising during the third quarter. Separate monthly data published by MIB<sup>5</sup> shows that volumes are currently steady at around **24,000** claims per month. There was a **58%** increase in volumes between quarter one and quarter three and this was in line with both MIB and MoJ's expectations for a steady progression of system utilisation post-implementation.

**Figure 1: Total OIC service claims by quarter, 31 May 2021 to 30 May 2022 (Source: table 1.0)**



<sup>5</sup> <https://www.officialinjuryclaim.org.uk/resources-for-professionals/data/>

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In terms of overall volumes, it is important to take account of all relevant claims made during the period when making comparisons with pre-reform data. The OIC claim volumes are only part of the picture and should not be viewed in isolation.

Prior to 31 May 2021, RTA-related personal injury claims valued up to £25,000 were processed via the Claims Portal service<sup>6</sup>. Claims valued between £5,000 and £25,000 continue to be registered and progressed on Claims Portal and these figures<sup>7</sup> should also, therefore, be considered when comparing pre- and post-reform claims data taken from sources such as the Department of Work and Pensions Compensation Recovery Unit (DWP CRU<sup>8</sup>).

So, in addition to the **255,150** claims made in the first year on the OIC service, a further **131,000** claims were also made over the same period through Claims Portal. This means that a total of **386,000** RTA-related personal injury claims were brought between 31 May 2021 and 30 May 2022. This is a fall of around **15%** from the 2020/21 pre-reform period.

In terms of claim volumes, in the 12 months immediately prior to the implementation of the OIC, where lockdown restrictions were in place, slightly under **462,000** claims were made via Claims Portal. This is a drop of around **25%** from the previous year where **611,000** claims were started via Claims Portal (June 2019 - May 2020). However, as noted above, assessing claim volumes pre-reform is difficult for several reasons and the Covid-19 pandemic and subsequent national lockdowns and restrictions had a significant impact.

In the period following the lifting of restrictions we have seen a gradual increase in traffic volumes and accident rates, but levels are still not back to those seen pre-lockdown and driving habits have also evolved. According to Department for Transport data there was an **11.9%** increase in vehicle miles driven in Great Britain in 2021 versus 2020, however this was still **12.1%** lower than 2019 levels<sup>9</sup>.

As noted above, another comparator used by many in the personal injury sector in relation to measuring claim volumes is the data published by the DWP CRU. Compensators who receive a claim for compensation must notify the DWP CRU within 14 days of their receiving it, so it can provide a good indication of likely claims volume.

However, some caution is needed when quoting DWP CRU figures as they cover RTA claims of all values, not just OIC claims valued up to £5,000. The published figures also include data for Scotland, which is not in scope of the whiplash reforms.

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<sup>6</sup> Claims Portal is an industry owned and operated service which provides claimant representatives and compensators with a safe and secure electronic means of communication in line with the provisions of the RTA Pre-Action Protocol and is the mandated route for claims valued between £5,000 and £25,000.

<sup>7</sup> <https://www.claimsportal.org.uk/media/3357/rt-a-dashboard.xlsm>

<sup>8</sup> <https://www.gov.uk/government/publications/compensation-recovery-unit-performance-data/compensation-recovery-unit-performance-data>

<sup>9</sup> <https://www.gov.uk/government/statistics/road-traffic-estimates-in-great-britain-2021>

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In addition, care should also be taken when seeking historical data breakdowns. The general data published by DWP remains accurate but additional data requests can be affected by GDPR requirements to delete data. As older closed claims can be removed from the DWP database, the data quality of such requests can be variable depending on when a request is made and what that request covers.

However, when correctly adjusted to only include claims for England and Wales the DWP CRU data for 1 June 2021 to 31 May 2022 (the same period as OIC) shows that **383,000** claims were notified. This is very close to the combined number of claims brought via OIC and CPL and it indicates that valid claims were not being held back post reform. For further comparison, the adjusted DWP CRU figures for 2020/21 were **449,447** and **608,602** for 2019/20<sup>10</sup>.

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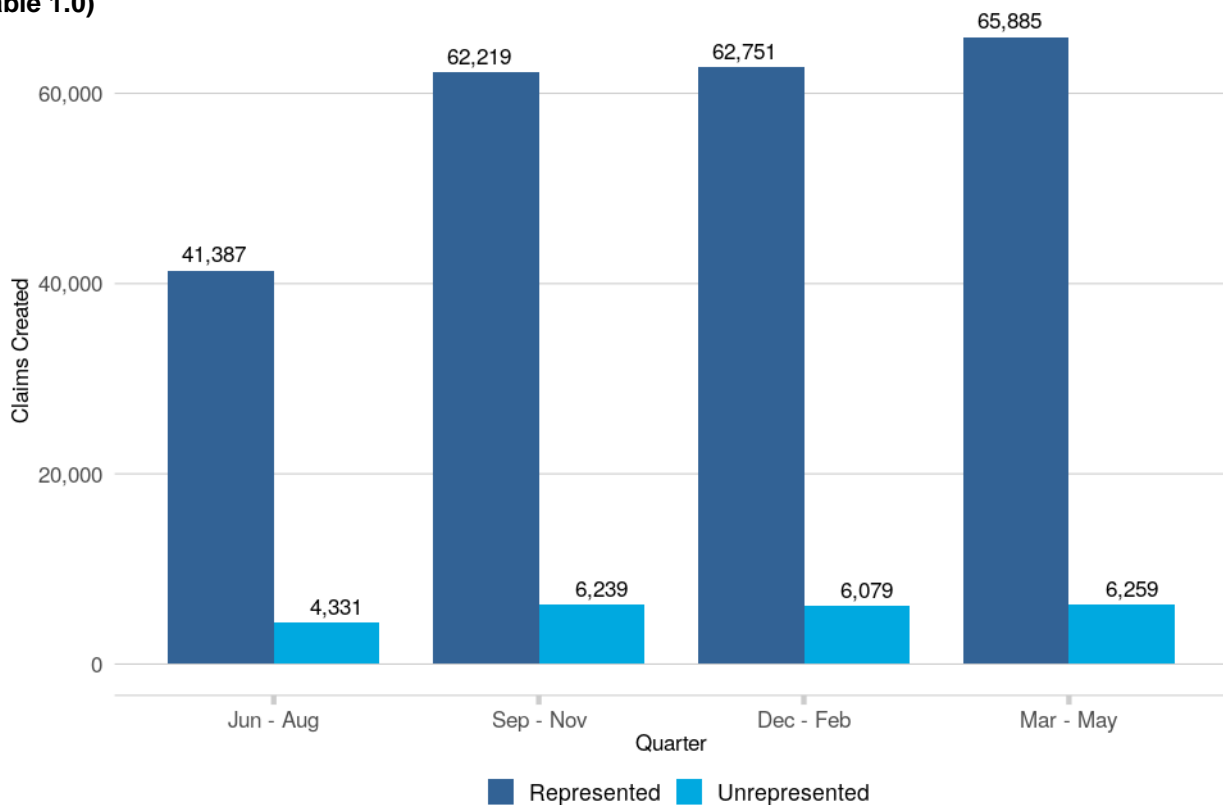
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<sup>10</sup> Note: these two figures cover the standard reporting year for DWP CRU figures which is 1 April to 30 March.

### 3. Representation

Of the **255,150** claims made, **232,242 (91%)** had professional representation. The remaining **22,908 (9%)** claims were made by unrepresented claimants. The proportion of represented and unrepresented claimants has remained steady since implementation, even as claim volumes increased each quarter.

**Figure 2: OIC service claims by quarter and representation, 31 May 2021 to 30 May 2022 (Source: table 1.0)**



Whilst they are in the minority when looking at overall claims, the existence of a significant number of unrepresented claims being registered, progressing and settling demonstrates that OIC provides an accessible and easy-to-use process for those without a lawyer.

Despite fears expressed pre-reform that the system and/or the courts would be swamped by unrepresented claimants, the majority of low-value RTA-related personal injury claims have been brought with the help of professional representation.

As indicated by the Government during the passage of the CLA 2018, the sector proved itself to be adaptable and law firms have found ways to increase efficiencies and continue to provide cost effective services to a significant number of claimants. Such adaptation,

## Official Injury Claim: MoJ Operational Analysis - 31 May 2021 to 30 May 2022

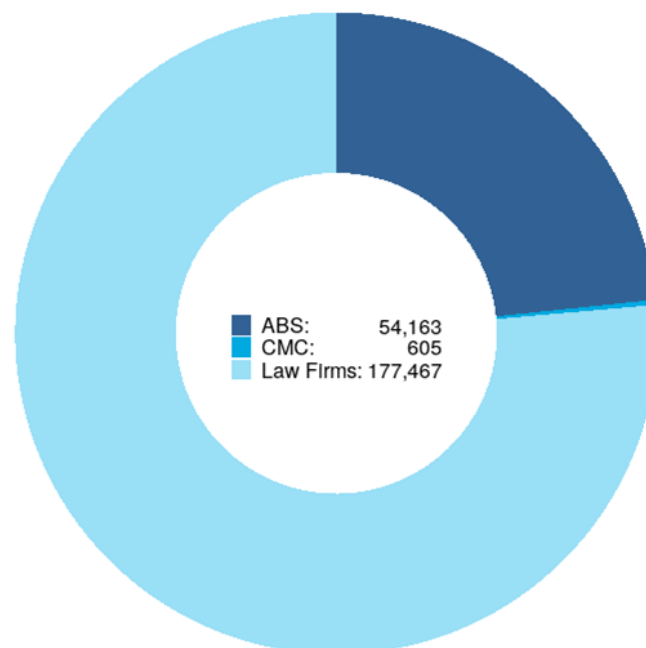
along with uptake of Legal Expenses Insurance, meant that many claimants continued to use professional representation to make a claim.

Where a claimant chose to make their own claim using the OIC service, the data (as shown in the following sections of this report) indicates that they did not find it overly complex. Settlement rates, liability decisions and average compensation were all in line with those achieved by represented claimants.

The introduction of the new RTA Small Claims Protocol and the supporting OIC service created choice for claimants in how to progress their claim and achieve access to justice. Claimants were able to choose to take ownership and progress their claim via the OIC if they wished to, or alternatively to utilise a law firm or LEI policy. However claimants chose to bring their claim, it was important that they retained that choice on how to proceed.

Represented claimants were supported by a range of different types of organisations, including law firms, alternative business Structures (ABS<sup>11</sup>), appropriately authorised claims management companies (CMCs<sup>12</sup>) and others<sup>13</sup>. **177,467 (76%)** represented claimants utilised law firms with **54,163 (23%)** using licensed ABSs. There were also **605 (<1%)** claims represented by CMCs and **6 (<1%)** claims represented by others.

**Figure 3: OIC service claims by type of representation, 31 May 2021 to 30 May 2022 (Source: table 1.0)**



<sup>11</sup> An ABS is an entity authorised by a licensing body (usually a regulator) to provide reserved legal activities. It allows non-lawyers to own or invest in legal services providers, where previously ownership was restricted to legal professionals.

<sup>12</sup> 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.

<sup>13</sup> In limited circumstances professional users may select 'other' when creating an account and when that user's profession does not match the options provided.

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Additional help and support was made available to all users of the service, including unrepresented claimants. The OIC service provides helpful on-screen information and explanations at each stage of the digital process, and a comprehensive 'Guide to Making a Claim'<sup>14</sup> providing further information on the RTA Small Claims Protocol was also published.

This guidance was produced to provide further help on specific parts of the process (if such was required). It remains the case that there is no need to download or read the full guidance document prior to making a claim via the OIC.

In addition, MoJ also produced a shorter 'Five steps to using the online Official Injury Claim Service' leaflet<sup>15</sup> providing a helpful overview of the key stages of the claims process. The 'Five Steps' leaflet includes sections on the evidence required to make a claim, the medical evidence process, signing statements of truth and settling a claim.

OIC's dedicated Customer Support Call Centre was also available to answer general queries. The call centre staff assisted **112** unrepresented claimants who were unable to use the online system to complete the alternative paper-based process. Translation services in several languages<sup>16</sup> were also available on request.

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<sup>14</sup> <https://www.officialinjuryclaim.org.uk/resources>

<sup>15</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054619/5-steps-using-online-official-injury-claim-service.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054619/5-steps-using-online-official-injury-claim-service.pdf)

<sup>16</sup> Available languages include Arabic, Bengali, Bulgarian, Farsi, Polish, Punjabi, Romanian, Somali, Turkish and Urdu.

## 4. Injury Types

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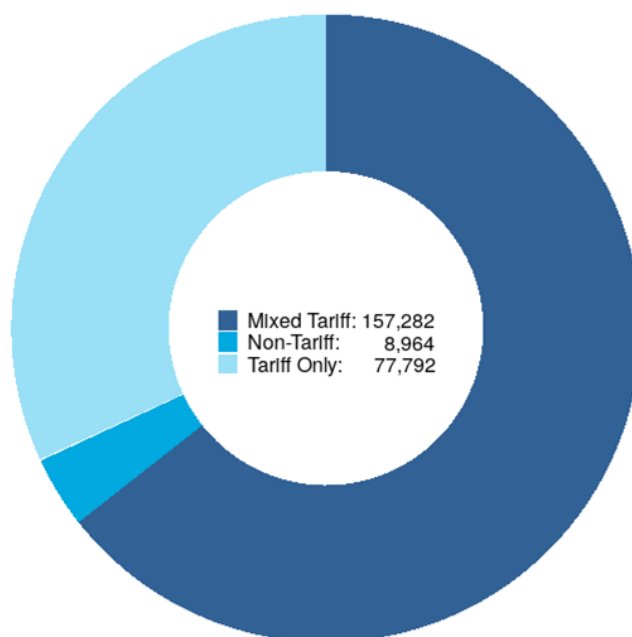
The OIC service can be used to claim compensation for all RTA-related injuries with a value of less than £5,000. Claims can include a combination of injuries subject to the whiplash tariff, as well as other types of injury.

Compensation awarded under the whiplash tariff is set by the Whiplash Injury Regulations 2021<sup>17</sup>. The tariff provides a fixed amount damages for claims which meet the statutory definition of a whiplash injury as set out in the CLA. The amount awarded under the tariff depends on the type of injury suffered and how long it is expected to last.

There are broadly three kinds of injury claim which can be brought via OIC:

- i. Whiplash tariff claims: whiplash or whiplash + minor psychological injuries;
- ii. Mixed Injury claims: other physical injuries in addition to whiplash or whiplash + minor psychological injuries; and
- iii. Non-tariff claims: cases where there is no whiplash injury and so no element is covered by the tariff. These are negotiated between the parties in the same way as they were pre-reform.

**Figure 4: OIC service claims by type of injury, 31 May 2021 to 30 May 2022 (Source: table 1.1)**



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<sup>17</sup> [https://www.legislation.gov.uk/ukdsi/2021/9780348220612/pdfs/ukdsi\\_9780348220612\\_en.pdf](https://www.legislation.gov.uk/ukdsi/2021/9780348220612/pdfs/ukdsi_9780348220612_en.pdf)

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In the first year, **244,229** claims included reference to their injuries. Of those, **235,074 (92%)** claims included a tariff element, with **8,964** listing non-tariff injuries. In addition, a further **191** claims were awaiting medical assessment at the one-year point and were reported under 'other'.

Tariff-only injuries accounted for **30%** of claims, mixed injuries accounted for **62%** and non-tariff injuries accounted for **4%**.

Mixed injury claims made up the majority of claims submitted to the OIC service between 31 May 2021 and 30 May 2022, with **157,282** claims made. Within the mixed injury grouping, whiplash plus physical and whiplash plus physical and psychological had the highest number of claims submitted, accounting for **29%** and **27%** of total claims respectively.

Since the implementation of the reforms some industry stakeholders have continued to request that the Government provide guidance on how mixed injury claims should be valued. However, as made clear by Ministers during the CLA 2018 Parliamentary debates, it is the Government's view that this is an issue for the industry and the courts to consider and resolve. Consideration of compensation awarded for injuries which fall outside of the whiplash tariff remain rightly for the sector and the judiciary to ascertain.

However, to expedite this important issue a cross-industry working group was set up to identify suitable cases to be considered by the courts to provide clarity. The Government firmly supports this cross-industry co-operation and looks forward to seeing the outcomes of these discussions.

There were also some stakeholder concerns expressed pre-reform that the introduction of the whiplash tariff would bring about claims displacement, where claims for other, non-tariff injuries would increase. In relation to this point, there were **77,792** tariff-only claims in the period covered by this report. Of these the majority, **52,394 (21% of total claims)**, were made up of whiplash only claims.

Most non-tariff claims were physical injury only claims, with **7,224** recorded in the period, whereas there were only **1,740** physical plus psychological claims over the same period. The Government will continue to monitor the data in this area for evidence of any displacement arising and additional action will be taken to address any issues with displacement that are identified.

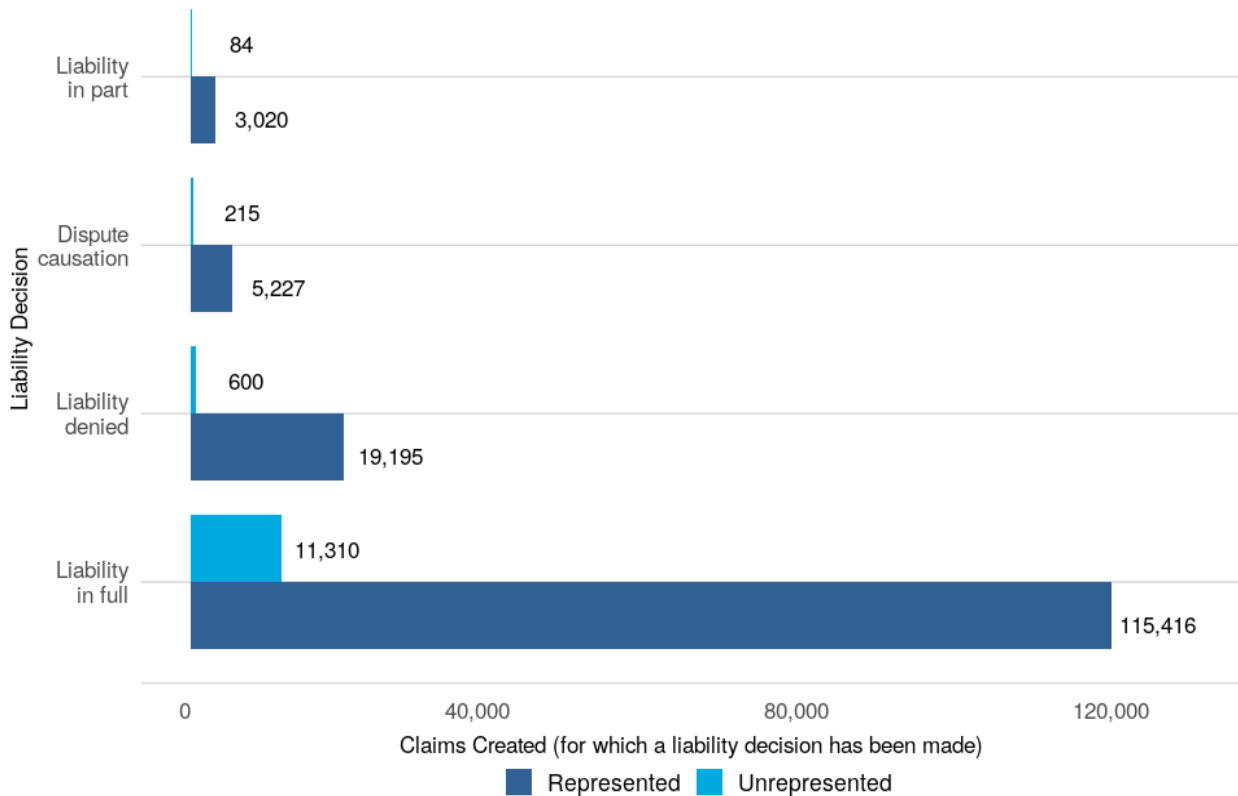
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## 5. Liability

In total, **155,067 (61%)** claims received a liability decision from at-fault compensators. Of these, **129,830 (84%)** claimants had liability admitted in part or in full. Breaking this down further, **118,436 (83%)** represented claimants and **11,394 (93%)** unrepresented claimants had liability admitted in part or in full.

**Figure 5: OIC service claims by liability and representation, 31 May 2021 to 30 May 2022 (Source: table 1.2)**



Causation was disputed in **5,442 (4%)** claims in which a liability decision was received, of which **5,227 (96%)** were represented and **215 (4%)** were unrepresented. Overall, causation was disputed in **4%** of represented claims and **2%** of unrepresented claims.

Pre-implementation some industry stakeholders expressed concern that liability would be denied in an increased number of cases in order to deter claimants from pursuing their claim. However, the liability data from OIC during the first year is consistent with the approach taken to liability pre-reform and there was no evidence that the behaviour of at-fault compensators has changed.

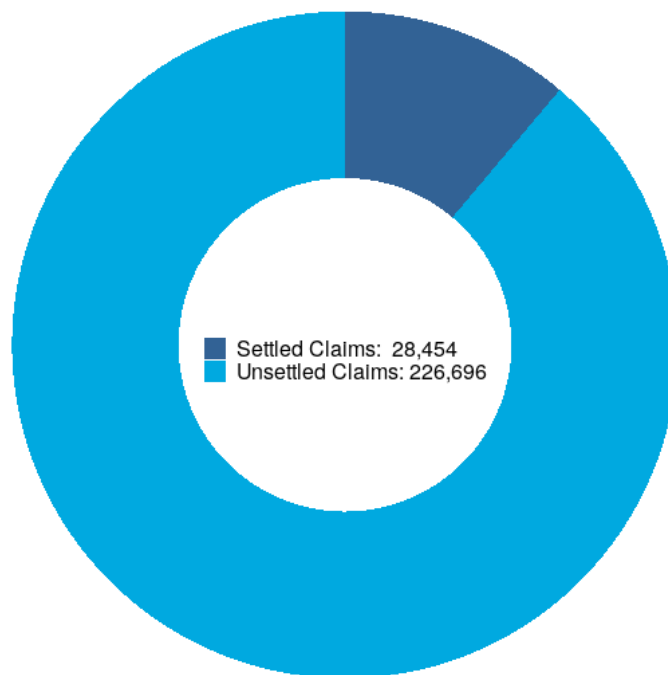
## 6. Settlements

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During its first year of operation, **28,454** claims settled using the OIC service. This was a settlement rate of **11%** and the data shows that there was an acceleration in settlements in the last quarter as claims continued to work their way through the system.

Of those claims which settled, **7,293 (26%)** were unrepresented claimants and **21,161 (74%)** were professional users. This is against a backdrop of **22,908 (9%)** total claims made on OIC being from unrepresented claimants.

**Figure 6: Proportion of total claims created which were settled, 31 May 2021 to 30 May 2022**  
(Source: table 1.5 and 1.0)



We expect this acceleration to continue and for the number of settlements to increase as the service beds in. Professional users are now becoming more familiar with the process and clarity from the courts on how mixed injury claims should be valued is now emerging.

The data for the first year doesn't currently show any evidence of cases being held up at any specific point in the process. When looking at the total number of claims versus those which have settled, the average lifespan of a claim (see Figure 7) should be considered, and there were a proportion of claims, registered from early 2022 onwards (over **72,000** claims), which we would not expect to have settled by 30 May 2022.

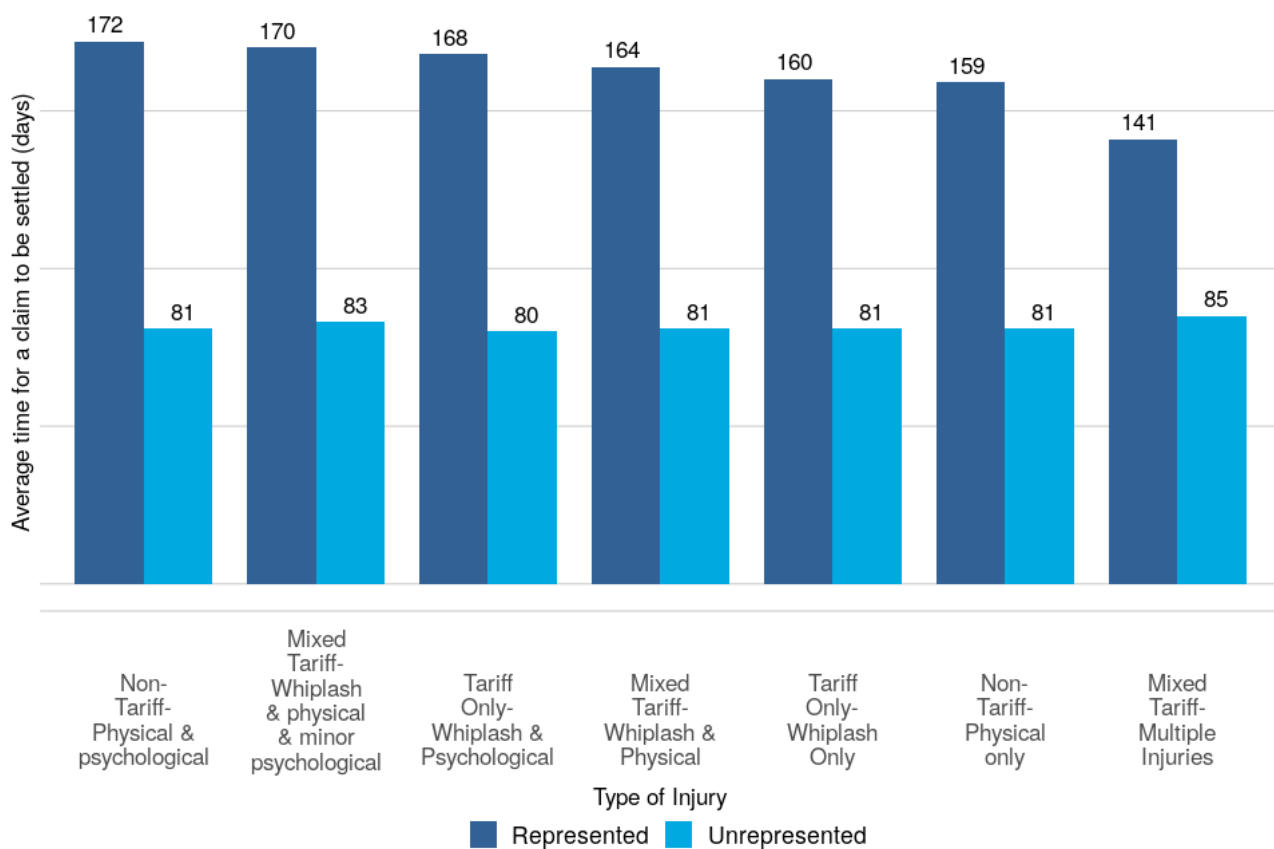
Figure 7 also shows that the average time to settle a mixed injury claim and a whiplash tariff only claim is broadly the same (**164 and 160 days** for represented claimants and **81**

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**days** for both injury types for unrepresented claimants). This would indicate that the potential complexity of a claim does not materially affect the time taken by a claimant to progress and settle it, irrespective of whether they are represented or not.

At the one-year point on 30 May 2022, the average time from a claim starting to settling was **142 days**. Represented claims took longer to reach settlement, with an average of **164 days**, compared to **81 days** for unrepresented claims. The data doesn't provide any insight as to why there is a discrepancy here, but it may simply be down to the differences in processes (for example, a solicitor must receive instructions from a client).

**Figure 7: Average time for a claim to be settled in days from beginning of processing to settlement by type of injury, as at 30 May 2022 (Source: table 1.8)**



Average timeliness also varied by injury type. For represented claims, physical + psychological and whiplash + physical + psychological were the injury types which, on average, took the longest number of days to reach settlement with **172** and **170 days** respectively.

Mixed tariff claims which also include multiple other injuries had the quickest average overall settlement time (**123 days**). The average for unrepresented claims for these claims was **85 days** and for represented claims was **141 days**.

The range in average timeliness was considerably shorter for unrepresented claims at **5 days (80 days to 85 days)**, depending on claim type) compared to **31 days** for

## Official Injury Claim: MoJ Operational Analysis - 31 May 2021 to 30 May 2022

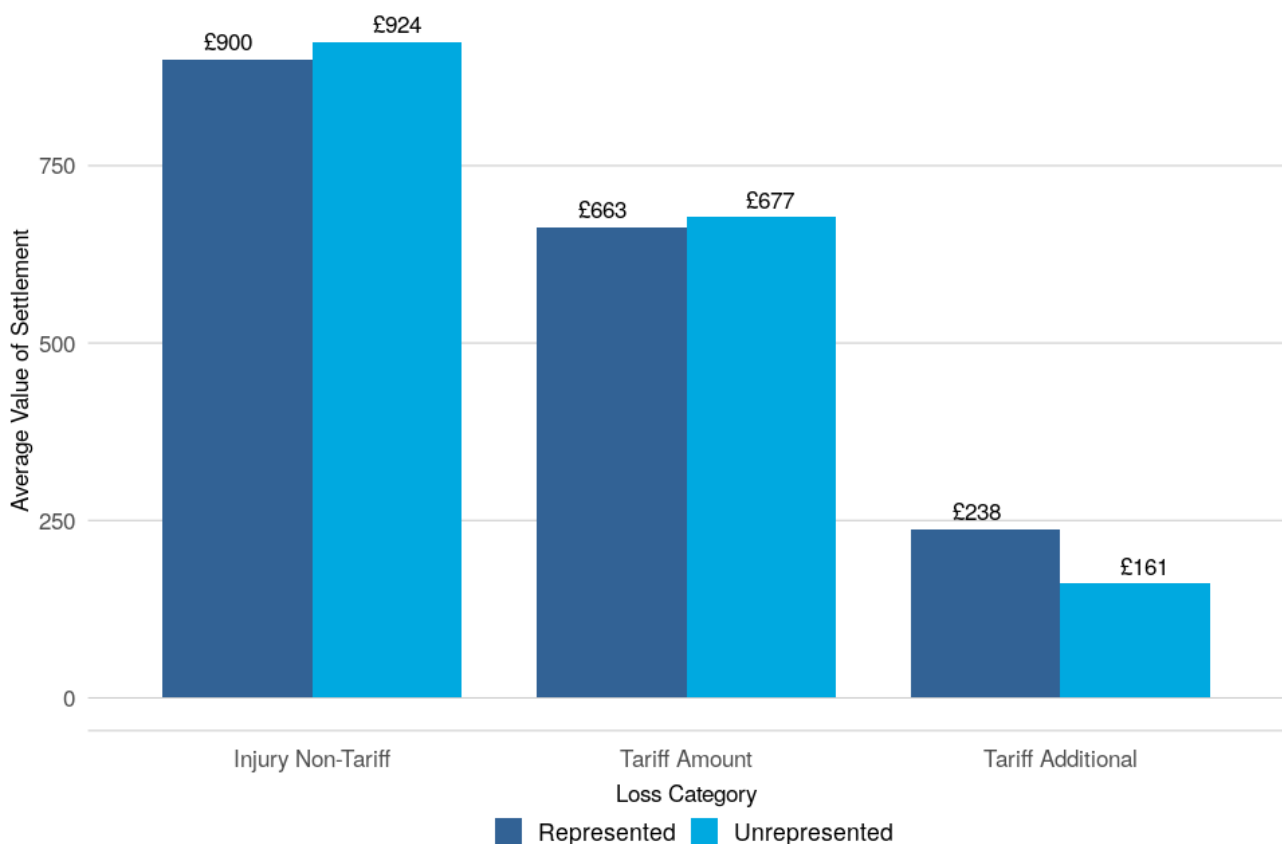
represented claims (**141 to 172 days**). Caution should, however, be taken when comparing these averages, as this report only covers the first year of operation and more complex cases may take longer to exit, which will affect average timeliness.

It was, though, encouraging to see that a higher proportion of unrepresented claimants, regardless of injury type, were able to settle their claims quickly. This indicates that claimants did not find the OIC service too complicated to use, irrespective of whether their claim was for a whiplash tariff injury only or if there were other injury types involved.

Separately, as highlighted in the MIB quarterly data, the majority of claims which settled in the first year featured a tariff element drawn from the first three tariff bands (0-3 months, 4-6 months and 7-9 months). As the system matures and more claims are entered, we expect to see an increase in the use of the other tariff bands.

The data shows that both represented and unrepresented claimants agreed similar levels of compensation for tariff and non-tariff injuries. This indicates that insurers treated claimants fairly whether they had professional representation or not.

**Figure 8: Average value of OIC service settlement claims by loss category and representation, 31 May 2021 to 30 May 2022 (Source: table 1.7)**



The overall average value of settlement claims was highest for the non-tariff injuries, at **£907**. This was followed by the whiplash tariff only category at **£667**. The average value of

## Official Injury Claim: MoJ Operational Analysis - 31 May 2021 to 30 May 2022

a claimed tariff uplift, for exceptional circumstances or injury, (shown in Figure 8 as 'Tariff Additional') was **£198**.

Broken down by representation, the average whiplash tariff award for an unrepresented claimant was **£677**, and **£663** for a represented claimant. In terms of non-tariff injuries, the average award for an unrepresented claimant was **£924** with represented claimants receiving **£900**. However, represented claimants did receive slightly higher tariff uplift amounts at an average of **£238** as compared to **£161** for unrepresented claimants.

Overall, the data indicates that unrepresented claimants' average settlement values were similar to those achieved by represented claimants, meaning that they have not been disadvantaged by the new process.

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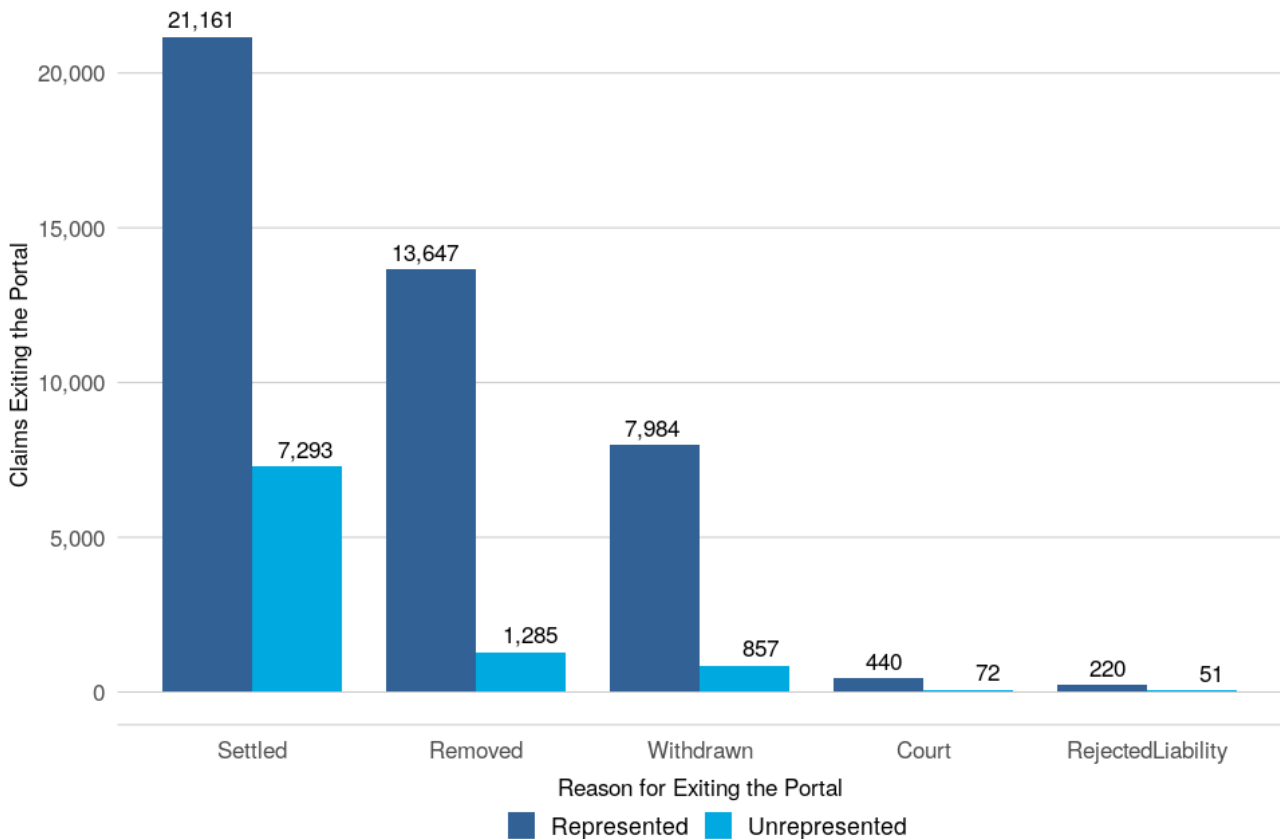
## 7. Other claims exiting the portal

Between 31 May 2021 and 30 May 2022, **24,556** claims exited the portal for a reason other than settlement, equating to **10%** of total claims started on OIC during this period<sup>18</sup>. Reasons for exit included resolution of a dispute by the courts, rejection of liability, claim withdrawn by the claimant or claim removed by the compensator (on a range of legitimate grounds).

The number of claims which dropped out of OIC and entered the court system for a determination was low during the first year. These numbers have subsequently increased as more cases have been entered on to, and progressed, through the system, and as the outcomes of cases which have litigated become known.

However, it was always expected that there would be a number exits from the system before settlement, as there are within the existing Claims Portal process and all other

Figure 9: OIC service claims by reason for exiting the portal, 31 May 2021 to 30 May 2022 (Source: table 1.4)



<sup>18</sup> Includes claims where the case has been settled, withdrawn, removed, liability has been rejected or the claimant has chosen to go to court.

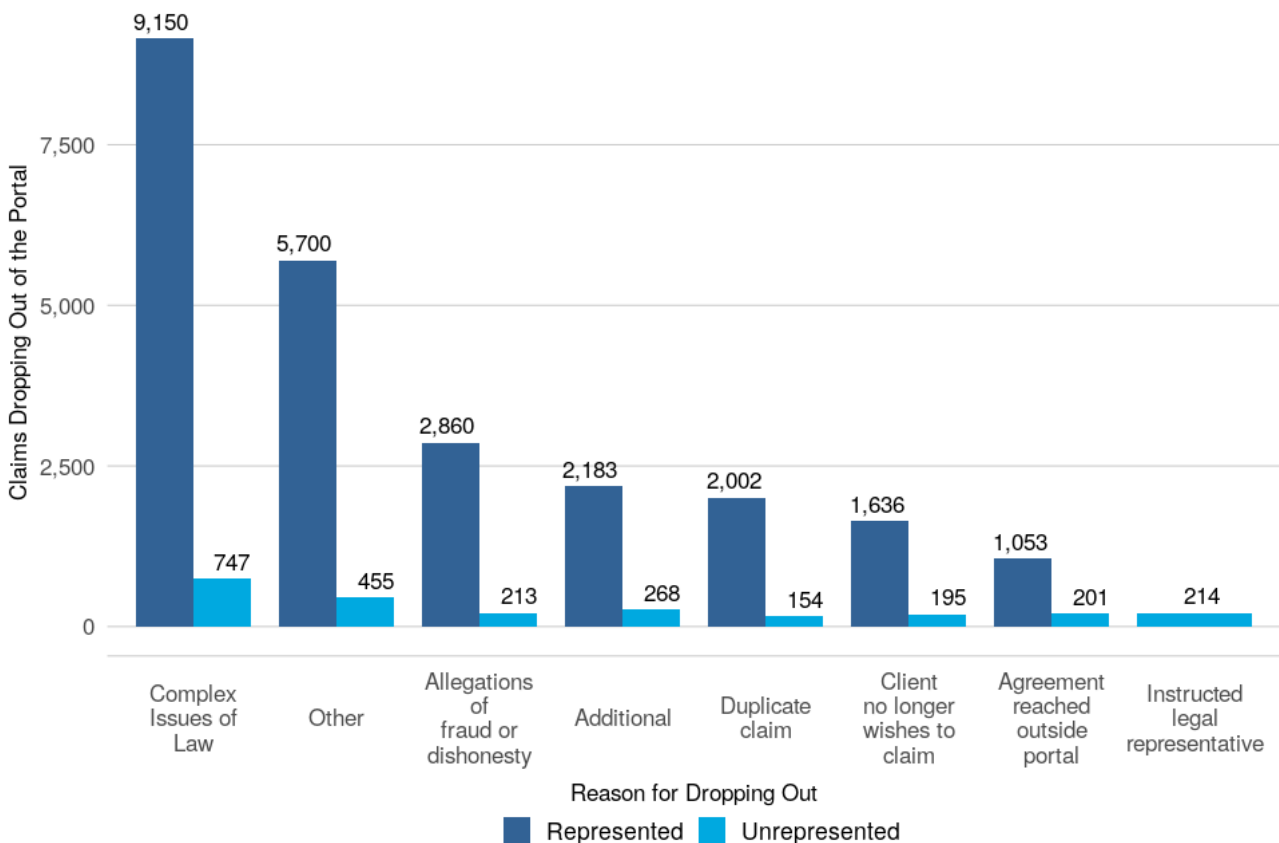
## Official Injury Claim: MoJ Operational Analysis - 31 May 2021 to 30 May 2022

types of civil claim. Of these exits, the majority (**14,932**) were removed<sup>19</sup> by the at-fault insurer and **8,841** were withdrawn by the claimant or their representative.

**22,291 (91%)** claims exiting the portal for a reason other than settlement were represented, with **2,265 (9%)** unrepresented. These proportions are in line with the overall proportion of claims made in the period.

Analysis of the detailed reasons why cases dropped out<sup>20</sup> of OIC shows that the majority of claims exited due to ‘complex issues of law’ (**37%**) or ‘other’ (**23%**). **37%** of represented claimants and **31%** of unrepresented claimants cited ‘complex issues of law’ as the reason that a claim dropped out of OIC during the first year. It is important to note that claims exiting due to ‘complex issues of law’ relate to the operation of the RTA Small Claims Protocol and decisions made by the compensator, and not the complexity of the system itself.

**Figure 10: OIC service claims dropping out of the portal by reason and representation, 31 May 2021 to 30 May 2022 (Source: table 1.3)**



<sup>19</sup> 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.

<sup>20</sup> Cases which have dropped out will not necessarily have exited the portal and will include some cases which are still pending.

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Where the reason was given as the 'additional' category, this includes claims valued above the £5,000 personal injury or £10,000 overall Small Claims Track limits, claims where liability was rejected, those going to court and disputes over causation.

An allegation of fraud or dishonesty was given as a reason for exit in only a very small proportion of claims, supporting the view that most claims brought via OIC are genuine.

Throughout the first year both MIB and MOJ officials met regularly with a wide range of professional users, including representative bodies, claimant solicitor firms and compensators. In addition, surveys and specific feedback exercises were undertaken with unrepresented claimants to gather feedback on reasons for exit.

The feedback provided by users indicated that some categories, such as 'complex issues of law' were being used as a 'catch all' and that there may be overlap with other categories. The underlying reasons for selection of 'complex issues of law' vary, and include where information has been inputted incorrectly and the claim must be started again, where a claim should not be in the OIC service (for example, Scottish jurisdiction cases or where the claimant is a vulnerable road user), and where the claim involves a stolen vehicle.

MoJ and MIB continue to work with users of the service to better understand how exit categories are being used. Focus will continue to be on identifying any improvements that can be made to ensure consistency and clarity at this stage of the claims process, and on providing additional useful guidance to users on reason selection.

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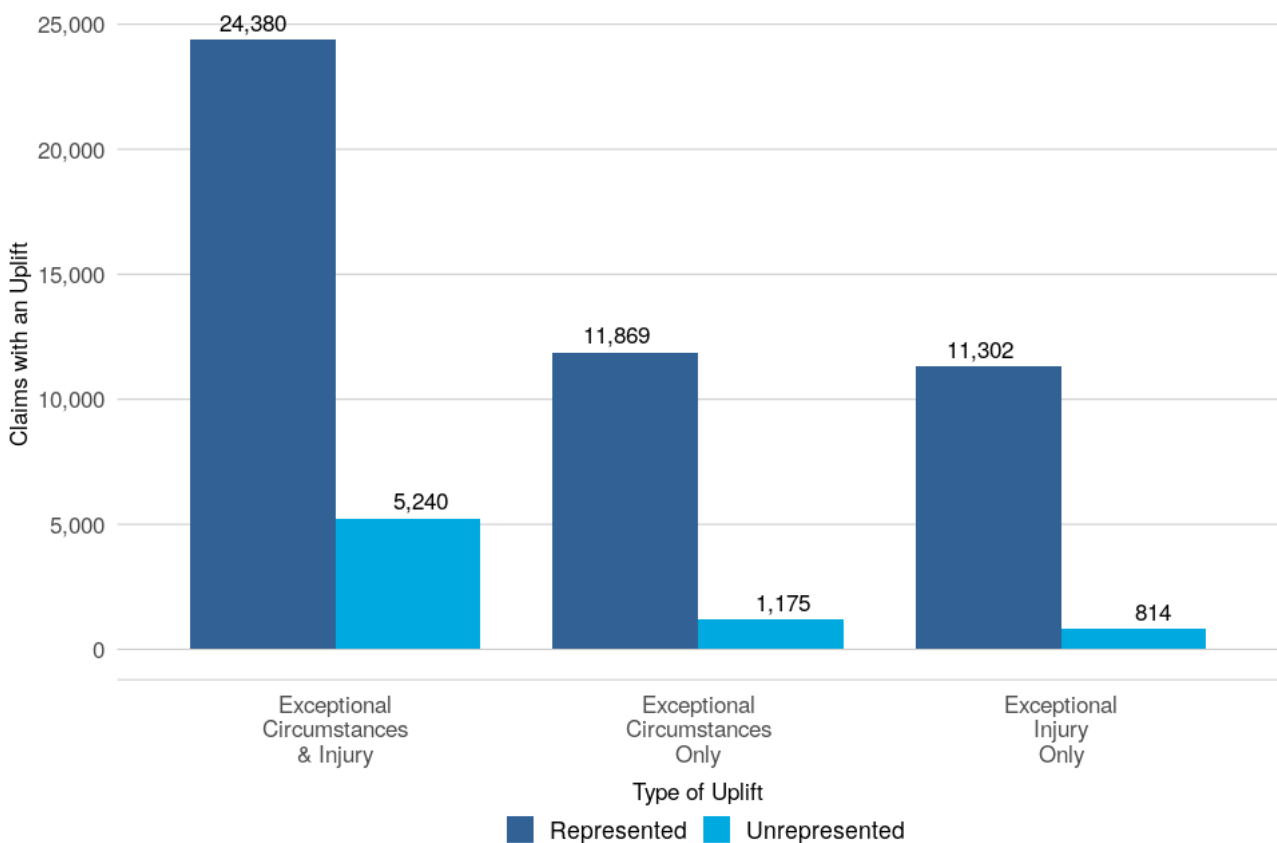


## 8. Type of uplift claimed

The Whiplash Injury Regulations 2021 set out the whiplash tariff bands and provide for a court to award an uplift in damages of up to **20%** where either the injuries suffered, or the claimant’s circumstances are considered to be exceptional. Exceptionality is not defined by the Regulations and is unique to each claim. It is dependent on the circumstances of the accident and the claimant and will usually need to be supported by appropriate medical evidence.

Claimants can use OIC to claim exceptionality and negotiate with the at-fault insurer; if no agreement can be reached then the issue is for the courts to decide.

**Figure 11: OIC service claims by type of uplift claimed and representation, 31 May 2021 to 30 May 2022 (Source: table 1.6)**



Of the total claims made in the reporting period, **12,116 (4.7%)** included a request for an uplift for exceptional injury, **13,044 (5.1%)** requested an uplift for exceptional circumstances and **29,620 (12%)** requested an uplift in both categories.

## Official Injury Claim: MoJ Operational Analysis - 31 May 2021 to 30 May 2022

Overall, unrepresented claimants were slightly more likely to request an uplift for exceptionality. Data shows that of the **22,908** unrepresented claims, **7,229 (32%)** requested an uplift for exceptional injury, exceptional circumstances or both. In comparison, of the **232,242** represented claims created, **47,551 (20%)** requested an uplift.

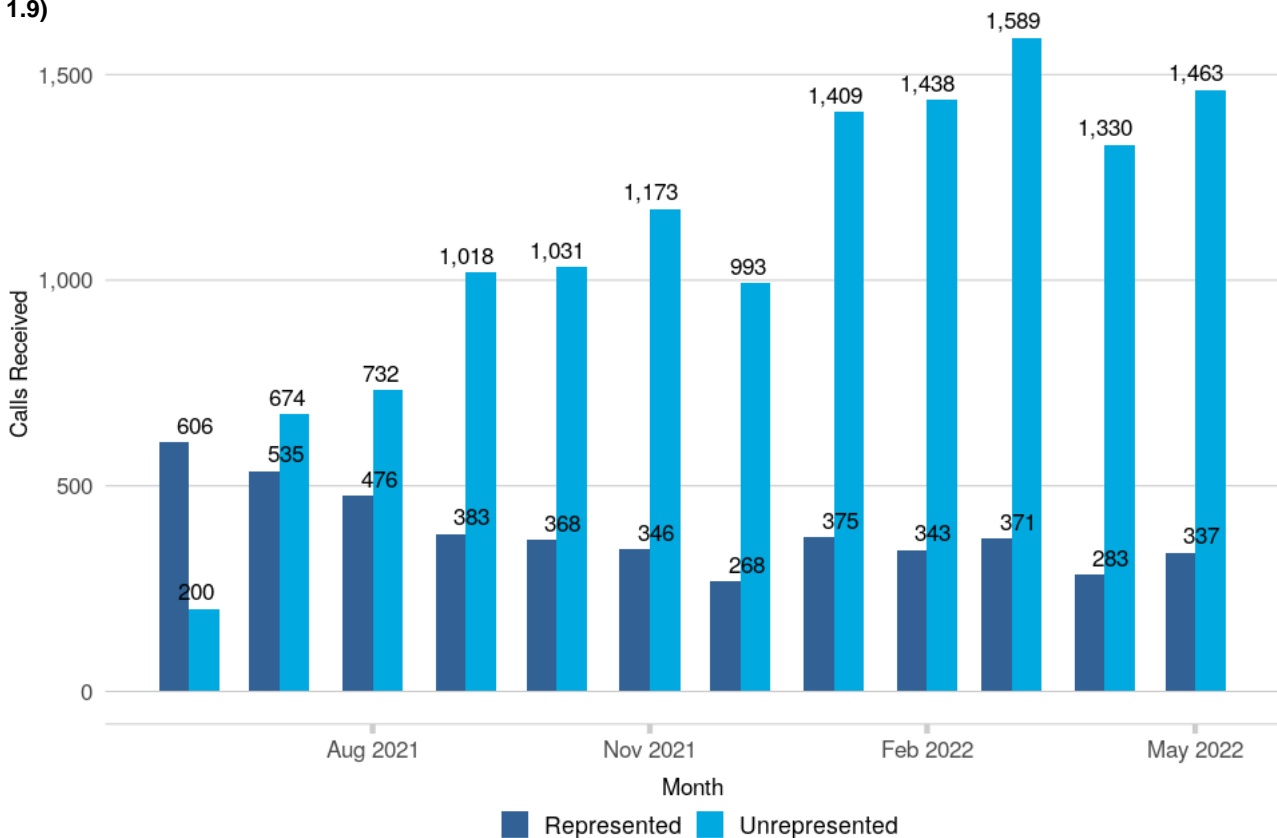
Pre-reform expectations were that unrepresented claimants would be more likely to request an uplift, and the data for the first year supports this view. It is notable, though, that the figures for unrepresented claimants in this area are not excessively high, indicating that many unrepresented claimants understood that such an application needed to be evidenced and justified.

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## 9. 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 with the process of making a claim through both the digital portal and via an alternative paper-based process designed for digitally disadvantaged claimants.

Figure 12: OIC service portal support centre calls received by month, 31 May 2021 to 30 May 2022 (Source: table 1.9)



The OIC Portal Support Centre received **17,741** enquiries in the review period. Of these, **4,691 (26%)** were from professional users and **13,050 (74%)** were from unrepresented claimants. It is important to note that these call volumes did not reflect the number of individual users calling the service – for example, one individual may have made multiple calls.

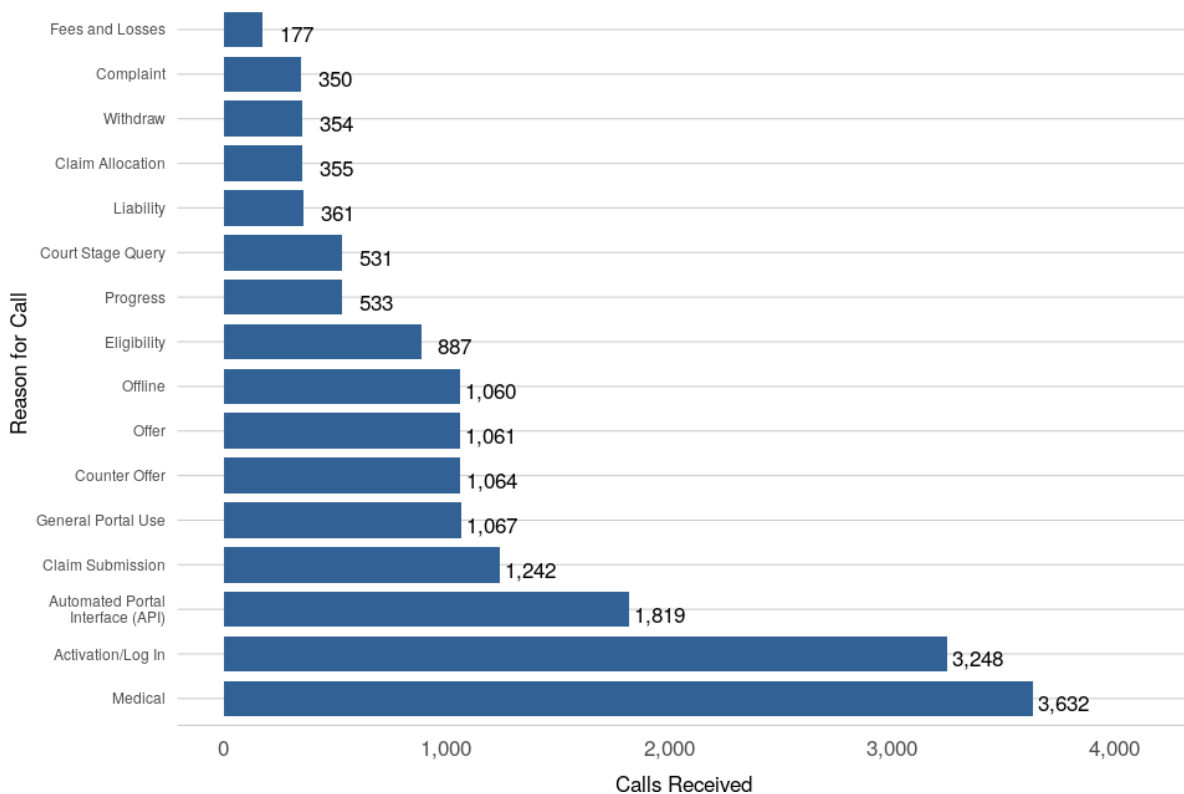
There were **806** calls to the Portal Support Centre in June 2021 which increased to **1,800** calls in May 2022. This pattern of calls in which volumes increased over time was expected.

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In addition, there was a higher volume of calls from professional users in the first three months after launch, which reflected the process of these users getting used to the new OIC system. There was a subsequent increase in calls from unrepresented claimants, which was also expected, and which reflected the increase in number of claims from this group over time.

Overall, it was expected that call numbers from unrepresented claimants would be higher than those from professional users. Unlike professional users, unrepresented claimants will usually only need to use OIC once, and the same or similar queries were repeated by different individual claimants as volumes increased. Regular professional users, however, were able to build up and share knowledge as they and their staff got used to navigating the system. Therefore, the volume of queries from this group declined over the year.

**Figure 13: OIC service portal support centre calls received by reason for call, 31 May 2021 to 30 May 2022**



In this period, the most prevalent reasons for calling the Portal Support Centre were to ask questions about the medical reporting and activation/log in processes, with **3,632 (20%)** and **3,248 (18%)** calls respectively.

## 10. Quality and Guidance

### Introduction

The management information and data provided by the OIC service and included in this report reflects the service data as at 30 May 2022 which is subject to change and differs from quality-assured official statistics.

This publication includes annual data on the operations of the OIC service as part of the government's Whiplash Reform Program. OIC is a free service supporting individuals to make their own low-value RTA-related personal injury claims – with or without legal representation - following a road traffic accident in England and Wales. Minor injuries in most cases include whiplash, muscle damage, cuts, bruises, or minor fractures.

The service is run by the Motor Insurers' Bureau on behalf of the Ministry of Justice. The service can be used for claims where the claimant sustained a minor injury or injuries with a value of under £5,000, and where the total value of the claim when non-injury elements are included is under £10,000.

This section provides a guide to this management information, focusing on concepts and definitions given, as well as information relating to the data sources, quality and dissemination. By publishing this data, the MoJ aims to provide users transparency around the service to promote understanding and trust.

### Overview of the OIC service process for claims

There are five main steps in the claim process as shown below:

Figure 14: Steps included within the claim process



MoJ receives data from OIC on four of the five steps, the exception being medical evidence as this process takes place outside of the OIC service via MedCo. Medical report

data is also considered to be protected as personal data and, as such, MedCo and private medical report providers are not required to share this.

### Data sources and quality

The figures on claims submitted to the OIC service reflect data captured by its administrative system during the first year of operation and are initially collected by the Motor Insurers' Bureau (MIB). Within MIB, these databases are subject to quality checks including restricting the source database to prevent changes, regular reviews of any adaptations to the extraction process for the data, and tests to ensure the dimensions of the data remain consistent following transformations.

Anonymised case-level data on claims progressing through the portal (from information gathering through to investigation, medical evidence, negotiation and finally settlement) is then passed to MoJ analysts. As data is analysed to produce the published management information, guidance from The Aqua Book<sup>21</sup> is used to ensure thorough quality assurance procedures are adhered to during the production process. The data tables are provided in an accessible format which is timely and based on robust methodology.

As with all large administrative data systems used for the purpose of case management, administrative/inputting errors can occur. Statistical quality assurance procedures and internal cross-references are carried out to ensure robustness and completeness. MoJ has produced a Reproducible Analytical Pipeline<sup>22</sup> to analyse the data provided by MIB. Automated checks are run to quality assure the data. For example:

- The data supplied is matched against the MIB published bulletin;
- Confirmation with MIB that in-house quality checks have been completed;
- Checks of the formatting, data dictionary etc. to ensure it is consistent with what we expect; and
- Sense checks of the trend in the whiplash data compared to personal injury claims trends to ensure they are similar.

To note: case-level data on calls to the Portal Support Centre is not currently available. Although this data is subject to the normal cross-referencing checks, it is not possible to do the more rigorous case-level checks and analysis on this data.

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<sup>21</sup> <https://www.gov.uk/government/publications/the-aqua-book-guidance-on-producing-quality-analysis-for-government>

<sup>22</sup> <https://analysisfunction.civilservice.gov.uk/support/reproducible-analytical-pipelines/>

### Provisional data and revisions

This publication contains operational data which is accurate at the time of extraction but may be subject to change, therefore revisions will be made where necessary in any subsequent publications.

### Timeframe and Publishing Frequency of Data

The Official Injury Claim – MoJ Operational Analysis publication has been released as a standalone publication, but this may be repeated in the future in line with user needs.

### Useful Publications

The following list of websites contains information of publications and/or information relating to the OIC service that may be of interest.

- The Ministry of Justice reports on Civil County Court claims which include Personal Injury Claims in the Civil Justice Statistics at:  
<https://www.gov.uk/government/collections/civil-justice-statistics-quarterly>
- The MIB also publish quarterly operational data on the OIC here:  
<https://www.officialinjuryclaim.org.uk/resources-for-professionals/data/>
- Claims Portal publish regular data on the RTA personal injury claims which fall outside of OICs remit here: <https://www.claimsportal.org.uk/about/executive-dashboard/>
- DWP Compensation Recovery Unit performance data can be found here:  
<https://www.gov.uk/government/publications/compensation-recovery-unit-performance-data/compensation-recovery-unit-performance-data>
- DfT Road usage data can be found here:  
<https://www.gov.uk/government/statistics/road-traffic-estimates-in-great-britain-2021>

## 11. Glossary

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This section provides definitions for concepts and terms specific to the Official Injury Claim (OIC) service, focusing on those used in this publication.

Word	Definition
<b>Compensator</b>	The insurer of the driver that the claimant feels is responsible for the accident.
<b>Exceptional circumstances</b>	This is as set out in section 5 of the Civil Liability Act and what is 'exceptional' will be particular to individual claimants. Ultimately the Act will be interpreted by the Courts.
<b>Liability</b>	A description of who is at fault for the accident.
<b>Liability in full</b>	Decision that the accident was entirely the fault of the other party.
<b>Liability in part</b>	Decision that the accident was partially the fault of the other party.
<b>Minor psychological injury</b>	This includes trauma such as minor shock or travel anxiety. Compensation for these injuries is covered by the whiplash tariff.
<b>Non-whiplash injury</b>	An injury suffered during the accident that isn't whiplash. Compensation for these injuries is not covered by the whiplash tariff.
<b>Professional representation</b>	A professional who is paid to act on a person's behalf when using Official Injury Claim.
<b>Unrepresented claimant</b>	A person who uses Official Injury Claim on their own, without any professional help.
<b>Uplift</b>	A percentage that can be added to a claim if it is decided that the injury is exceptionally severe or has caused exceptional suffering (see Exceptional circumstances).
<b>Whiplash tariff</b>	A scale which indicates how much compensation can be claimed for a whiplash injury, depending on the length of time the injury lasts.

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## 12. Further information

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### Accompanying files

As well as this bulletin, a set of overview tables covering each section of this bulletin has been published alongside this release.

### Rounding convention

In the main points section, figures greater than 10,000 may be rounded to the nearest 1,000, those between 1,000 and 10,000 may be rounded to the nearest 100 and those between 100 to 1,000 may be rounded to the nearest 10. Less than 100 are given as the actual number. In all other parts of this bulletin exact figures are given.

### Future publications

Our statisticians regularly review the content of publications. Development of new and improved statistical outputs is usually dependent on reallocating existing resources. As part of our continual review and prioritisation, we welcome user feedback on existing outputs including content, breadth, frequency and methodology. Please send any comments you have on this publication including suggestions for further developments or reductions in content.

### Contacts

Press enquiries should be directed to: [Pressofficejusticedesk@justice.gov.uk](mailto:Pressofficejusticedesk@justice.gov.uk)

Any other enquiries should be sent to the MoJ Data and Evidence as a Service division or the Whiplash Reform policy team:

Civil and Administrative Justice Statistics: [cajs@justice.gov.uk](mailto:cajs@justice.gov.uk)

Whiplash Reform Team: [whiplash-reform-team@justice.gov.uk](mailto:whiplash-reform-team@justice.gov.uk)

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