

SIRA

2017 CTP Scheme Performance Report to 30 June 2023

Motor Accident Injuries Act 2017



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1 Executive Summary

The purpose of this report is to provide insights into how the 2017 NSW Compulsory Third Party (CTP) scheme is performing against the objectives outlined in the *Motor Accident Injuries Act 2017* (MAI Act) from 1 July 2022 to 30 June 2023. The performance of the scheme has been considered against six key focus areas.

Table 1: Scheme Performance Focus Areas

Focus area	Definition
Effectiveness	The scheme supports claimants to attain best possible outcomes.
Efficiency	The scheme is efficiently delivered in terms of cost and timeliness.
Viability	The scheme is financially sustainable for future generations.
Affordability	Premiums are affordable, relative to the benefits provided.
Customer Experience	Whether purchasing a policy or claiming benefits, customers receive a positive experience.
Equity	The scheme is fair and equitable in providing benefits.

1.1 Key findings

Since the commencement of the 2017 Scheme on 1 December 2017, premiums in the market (including levies and GST) have reduced from an average of \$635 to \$488. Affordability of CTP insurance has improved, with CTP premiums falling from 37 per cent of average weekly earnings in 2017 to 22.6 per cent as of 30 June 2023.

From July 2022 to June 2023, approximately 68 per cent of people claiming treatment benefits accessed pre-claim treatment. A further 22 per cent were first paid treatment benefits within two weeks of lodging their claim. This means that 90 per cent of people were able to access treatment benefits within two weeks of lodging their claim.

The percentage of claims where the first weekly benefit payment was made within 2 weeks of claim lodgement increased from 30 per cent from 2021-2022 to 33 per cent in 2022-2023. The median time for weekly benefits to commence has also reduced by almost 2 weeks in the last financial year, with injured people now receiving their first weekly benefit payment within 4 weeks.

The cost of damages claims continues to remain highly uncertain as many of these claims have yet to be settled even for the first accident year (AY) of the 2017 Scheme. As of 30 June 2023, it is estimated that 63 per cent of total expected* award of damages payments were made for injuries that occurred in the first AY (2018), and 49 per cent for the second AY.

In 2022, following a further assessment for the first two years (AY 2018 and 2019) SIRA activated the Transitional Excess Profit and Loss (TEPL) mechanism for the second time to claw back an additional \$179 million in insurer profits. Combined with the clawback of \$91 million in 2021 a total of \$270 million in insurer profit has now been recovered. This profit was redistributed to NSW motorists through savings on Green Slips.

Despite this clawback the average premium has increased from June 2022 to June 2023 by \$17 or 3.6 per cent, driven predominantly by further increases in levies and an increase in benefits payable following legislative amendments in November 2022.

2 About SIRA

The State Insurance Regulatory Authority (SIRA) was established in 2015 to steward and regulate NSW's statutory insurance and care schemes — motor vehicle Compulsory Third Party (CTP) insurance, workers compensation insurance and the home building compensation scheme. SIRA is a customer-centric, intelligence-led, risk-based regulator whose core purpose is to ensure that NSW insurance schemes protect and support the people who need them, now and in the future.

SIRA's role in the state's insurance and care schemes is to:

- ensure that access to compensation is balanced with affordability of insurance and the efficiency and viability of the 2017 Schemes
- minimise the cost to the community of motor vehicle crashes and workplace injuries, and the risks associated with the injuries
- ensure access to treatment that will assist in injured persons' recoveries
- lead the strategic development and effective oversight of NSW insurance and care schemes
- promote the effective management of claims and any disputes or complaints that may arise
- promote injury prevention, effective injury management and return to work measures and programs
- oversee and monitor compliance with legislation
- collect, analyse and publish data relating to performance
- advise the Minister on appropriate strategies, policies, and practices.

SIRA launched its strategy, [SIRA2025](#), in March 2022. The strategy outlines SIRA's goals and strategic priorities until 2025. Holding regulated entities to account for outcomes, putting the customer at the center, and data and digital, are important elements of the strategy.

Through this strategy SIRA uses the full range of scheme stewardship, design, and regulatory functions to deliver better outcomes for customers.

SIRA continues to make detailed scheme performance data available via an interactive Open Data Portal on its website. SIRA also publishes quarterly scheme actuarial reports, regulatory activity updates and measures of insurer performance. It also publishes the results of an annual survey of customers, which shows customers' experience with the claims process, trust in the system, and the insurers' conduct in line with SIRA's Customer Service Conduct Principles.

3 The 2017 NSW CTP Scheme

Compulsory Third Party (CTP) insurance protects motor vehicle owners and drivers from liability if they were to injure or cause the death of a person or people in a motor vehicle crashes in NSW. A CTP insurance policy (also known as a Green Slip) is required to register most vehicles in NSW.

CTP is a type of statutory insurance. This means that eligibility to claim benefits and/or damages is determined by the legislation that is in effect at the time a motor vehicle crash occurs.

The 2017 CTP scheme was established in NSW under the *Motor Accident Injuries Act 2017* (MAI Act) and applies to injuries resulting from a motor vehicle crash occurring on or after 1 December 2017.

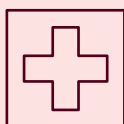
The scheme provides benefits for pedestrians, passengers, cyclists, motorcyclists, drivers of other vehicles and, to a limited extent, the driver at-fault. People injured on NSW roads by an uninsured or unidentified vehicle can also claim scheme benefits through the Nominal Defendant Fund, which SIRA manages.

Benefits under the 2017 Scheme are fully funded by premiums. Premiums paid by motorists cover the cost of claims, insurers' administration and claims management costs, insurers' profit, GST and a fund levy. SIRA administers the fund levy which is comprised of:



Motor Accidents Operational Fund (MAOF)

This fund pays for initial public hospital and ambulance services for anyone injured on NSW roads; the costs of running the CTP insurance scheme including support services such as CTP Assist, the Personal Injury Commission (the Commission), Independent Review Office (IRO) and vocational and return to work support; and fees to Transport for NSW to administer the registration process.



Lifetime Care and Support Scheme (LTCS) Fund

This fund covers the lifetime treatment, rehabilitation and care of people who have been severely injured on NSW roads regardless of who was at fault. To be eligible for the LTCS Scheme, severe injury criteria must be met.



Motor Accident Injuries Treatment and Care Benefits Fund (MAITCB)

This fund is vested in the Lifetime Care and Support Authority (LCSA) to cover payments and costs relevant to treatment and care under the CTP Care program which provides treatment and care for people with needs five years after the motor crash, or earlier by agreement.

The 2017 Scheme is designed to support injury recovery by providing fast access to payments for treatment, care, and loss of income to assist people to return to work or their other pre-injury activities.

The scheme has several key characteristics which include;

- Statutory benefits include weekly income payments (if the person is an earner and has lost time from work due to the crash), treatment costs and commercial attendant care.
- People with 'threshold injuries' as defined in the MAI Act (that is, soft tissue and/or minor psychological or psychiatric injuries) or those who were wholly or mostly at-fault in the crash can access up to 52 weeks of statutory benefits, including weekly payments and treatment and care expenses¹.
- The maximum weekly payment period for injured people whose injury is non-threshold and who were not the person mostly at-fault in the crash, is up to 104 weeks unless the injured person has a pending damages claim.
- A claim may be made for damages for economic and non-economic loss. No damages may be awarded to an injured person if the person's injuries resulting from the motor crash were threshold injuries. Permanent impairment thresholds must be met to be eligible for non-economic loss.

- An injured person who has a pending claim for damages may claim statutory benefits for loss of earnings or earning capacity for up to 156 weeks if the degree of permanent impairment as a result of the injury is not greater than 10 per cent, and 260 weeks if the degree of permanent impairment as a result of the injury is greater than 10 per cent
- After five years from the date of the the crash (or earlier by agreement), CTP Care will become responsible for paying for reasonable and necessary treatment and care instead of the licenced CTP insurer.
- Reasonable funeral expenses, regardless of fault.
- Compensation to close relatives who were dependent on a person who died because of a motor crash in NSW and was not at-fault.
- Eligible family members can also access SIRAs new trauma support service from June 2023, which provides access to grief and trauma support counselling in the event of serious injury or a death on the road.

Tables 2a and 2b below provide an overview of scheme benefits and damages for injured people based on whether they were at fault or not at fault in causing the motor vehicle crash.

Table 2a: 2017 scheme benefits and damages entitlements at a glance – At fault claims.

Benefits and Damages type	Eligibility
Ambulance and hospital emergency treatment	Available for anyone injured in a motor vehicle crash
Weekly benefits payments for loss of earnings	Up to 52 weeks
Damages for future economic loss	No
Damages for non-economic loss (e.g. pain and suffering)	No
Treatment and care benefits	Up to 52 weeks
Funeral expenses	Available whether at fault or not at fault
Damages for dependants in compensation to relatives claims	No
Legal and other expenses	Available as prescribed under the MAI Act and Regulations

¹ **Note:** the definition of threshold injury was previously referred to as 'minor injury'. Access to statutory benefits was increased from 26 weeks to 52 weeks following legislative amendments which took effect from April 2023.

Table 2b: 2017 scheme benefits and damages entitlements at a glance – Not at fault claims

Statutory Benefits & Damages claims	Threshold injuries	Non-threshold PI ² ≤ 10%	Non-threshold PI ² > 10%
Ambulance and hospital emergency treatment	Available for anyone injured in a motor vehicle crash	Available for anyone injured in a motor vehicle crash	Available for anyone injured in a motor vehicle crash
Weekly benefits payments for loss of earnings	Up to 52 weeks	Up to 156 weeks	Up to 260 weeks
Damages for future economic loss	No	Yes	Yes
Damages for non-economic loss (e.g. pain and suffering)	No	No	Yes
Treatment and care benefits	Up to 26 weeks	CTP Care after 5 years	CTP Care after 5 years
Funeral expenses	Available whether at fault or not at fault	Available whether at fault or not at fault	Available whether at fault or not at fault
Damages for dependants in compensation to relatives claims	No	Yes (PI threshold not relevant)	Yes (PI threshold not relevant)
Legal and other expenses	Available as prescribed under the MAI Act and Regulations	Available as prescribed under the MAI Act and Regulations	Available as prescribed under the MAI Act and Regulations

3.1 Personal Injury Commission

The Personal Injury Commission (Commission) was established from March 2021 as an independent statutory tribunal responsible for resolving disputes between people injured in motor vehicle crashes and workplaces in NSW, and insurers and employers.

A key feature of the 2017 Scheme is to encourage early resolution of claims, and quick, cost effective and just resolution of disputes. An injured person can request an internal review of specified insurer decisions as a first step in resolving disputes. The internal review is required to be conducted independently of the original decision maker, and provides an opportunity to resolve disputes early, without the need to progress to the Commission.

The Commission's [key performance indicators](#) (KPIs) became effective from 1 July 2022. The indicators include a range of measures to quantify their performance and track how they are meeting the statutory objectives of the *Personal Injury Commission Act 2020*. These KPIs will be reported in their next Annual review.

3.2 The Independent Review Office

The Independent Review Office (IRO) has oversight of CTP complaints raised by injured people about their insurer in relation to their claim.

SIRA continues to manage complaints relating to all other aspects of the 2017 Scheme, including complaints from customers in relation to their CTP Green Slip.

3.3 2021 Statutory Review of MAI Act

In November 2021, the final report of the three-year Statutory Review of the MAI Act was tabled in the NSW Parliament. The independent reviewers (Clayton Utz and Deloitte) made 73 recommendations and 20 suggestions relating to scheme design, scheme implementation and KPIs.

Clayton Utz focused on whether the design and terms of the MAI Act, Regulations and Guidelines continued to meet the policy objectives of the 2017 Scheme, making 49 recommendations.

² Note: Permanent Impairment

Deloitte focused on the implementation of the MAI Act with reference to specific key performance indicators and made 24 recommendations and 20 suggestions which relate to SIRA's supervision and oversight of insurers as well as monitoring and data collection.

As at the end of June 2023, of the 49 recommendations made by Clayton Utz:

- A total of 28 have been completed either through legislative amendments, guidelines, or other administrative action.
- A further 5 are in progress, noting some required amendment to the legislation to enable further action to progress.
- A total of 16 recommendations are not complete as they require change to the legislative and/or regulatory framework.

Of the 44 recommendations and suggestions made by Deloitte:

- A total of 35 have been completed.
- A further 9 are in progress, including 4 which are being considered as part of recommendations made by Clayton Utz.
- Further information is available in SIRA's progress update on recommendations available on SIRA's website.

3.4 Legislative amendment

The *Motor Accident Injuries Amendment Bill 2022* was introduced into NSW Parliament on 19 October 2022 and assented on 28 November 2022.

Key legislative amendments which commenced in November 2022 included:

- Removing the requirement for people with whole person impairment of 10 per cent or less to wait 20 months before lodging damages, allowing claims to be resolved earlier.
- Removing the requirement for insurer internal review of a medical dispute about the degree of an injured person's permanent impairment.
- New guideline-making powers regarding treatment and care and rehabilitation providers.
- New regulation-making power to provide payment of statutory benefits made before 28 days.
- Provisions to enable SIRA to establish a trauma support service for the members of the family of those injured or who have died due to a motor crash.
- Provisions to clarify the application to claims for statutory benefits provisions relating to the Nominal Defendant.
- Provisions in relation to SIRAs power to regulate premiums for CTP policies.

Key amendments which commenced from April 2023 included:

1. Replacing the terminology of "minor injury" with "threshold injury"
2. Extending access to statutory benefits for both weekly payments and treatment and care from 26 weeks to 52 weeks for people with a threshold injury, or those wholly or mostly at fault.

3.5 Whiplash guidelines

Whiplash associated disorders (WADs) are the most common injuries among people making claims under compulsory third party (CTP) insurance. SIRA has worked with the John Walsh Centre for Rehabilitation Research (JWCRR) to prepare the Australian Clinical Guidelines for Health Professionals Managing People with Whiplash Associated Disorders, Fourth Edition (Whiplash Guidelines).

The Whiplash Guidelines are an update to *SIRA's Guidelines for the management of acute whiplash-associated disorders for health professionals, third edition 2014*. Key changes between the new guidelines and the third edition include:

- Updated recommendations for acute whiplash
- A new section on recommendations for chronic whiplash
- Risk stratification protocols and tools for people with acute whiplash
- Development in accordance with the Australian National Health and Medical Research Council (NHMRC) standards for clinical practice guidelines
- Use of the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach to rate the quality of evidence and strength of recommendations.
- National, rather than NSW-based guidelines.

SIRA convened a guideline development working group composed of people with lived experience and representatives from clinical health professions, insurance and other state and territory motor crash regulatory bodies. The working group are responsible for voting on guideline recommendations based on a systematic review of the evidence; and providing advice and support for the implementation of the guidelines. A total of fourteen working group meetings were held between February 2022 and April 2023. This consisted of two-hour monthly meetings held via Microsoft Teams between February 2022 and February 2023, and a final full day working group meeting held in person at SIRA's Sydney office in April 2023. In June 2023, SIRA published the draft Whiplash Guidelines for public consultation. A total of 36 submissions were received from interested stakeholder groups and organisations.

4 Effectiveness

4.1 Time to access treatment and care benefits

A key objective of the MAI Act is to encourage early and appropriate treatment and care to achieve optimum recovery of persons from injuries sustained in a motor vehicle crash and to maximise their return to work or other activities.

From July 2022 to June 2023, approximately 68 per cent of people claiming treatment benefits accessed pre-claim treatment.

A further 22 per cent were first paid treatment benefits within two weeks of lodging their claim. This means that 90 per cent of people were able to access treatment benefits within two weeks of lodging their claim.

As shown in Table 3 below, these trends have been relatively stable since 1 December 2017.

Table 3: Weeks to first payment of treatment and/or care benefits

Weeks from Lodgement to first payment	1 December 2017 to 30 June 2018	1 July 2018 to 30 June 2019	1 July 2019 to 30 June 2020	1 July 2020 to 30 June 2021	1 July 2021 to 30 June 2022	1 July 2022 to 30 June 2023
Pre-claim treatment benefits paid	69%	74%	76%	73%	70%	68%
2 weeks	15%	14%	14%	16%	19%	22%
2-4 weeks	6%	5%	4%	4%	5%	5%
4-6 weeks	3%	2%	2%	2%	2%	2%
>6 weeks	7%	5%	4%	4%	3%	3%
Median weeks	-1.1	-1.3	-1.1	-1.0	-0.9	-1.0



4.2 Time to access weekly benefits for income support

As shown in Table 4 below, the percentage of claims where the first weekly benefit payment was made within two weeks of claim lodgement increased from 30 per cent from 2021-2022 to 33 per cent in 2022-2023.

The median time for weekly benefits to commence has also reduced by almost two weeks since scheme inception, with injured people now receiving their first weekly benefit payments within four weeks.

Table 4: Median weeks to first weekly benefit payment by financial year

Weeks from lodgment to first payment	1 December 2017 to 30 June 2018	1 July 2018 to 30 June 2019	1 July 2019 to 30 June 2020	1 July 2020 to 30 June 2021	1 July 2021 to 30 June 2022	1 July 2022 to 30 June 2023
2 weeks	5%	10%	12%	12%	30%	33%
2-4 weeks	24%	31%	35%	39%	38%	36%
4-6 weeks	23%	20%	18%	18%	15%	15%
> 6 weeks	48%	40%	35%	31%	17%	16%
Median weeks	5.9	4.9	4.3	4.0	3.0	4.0

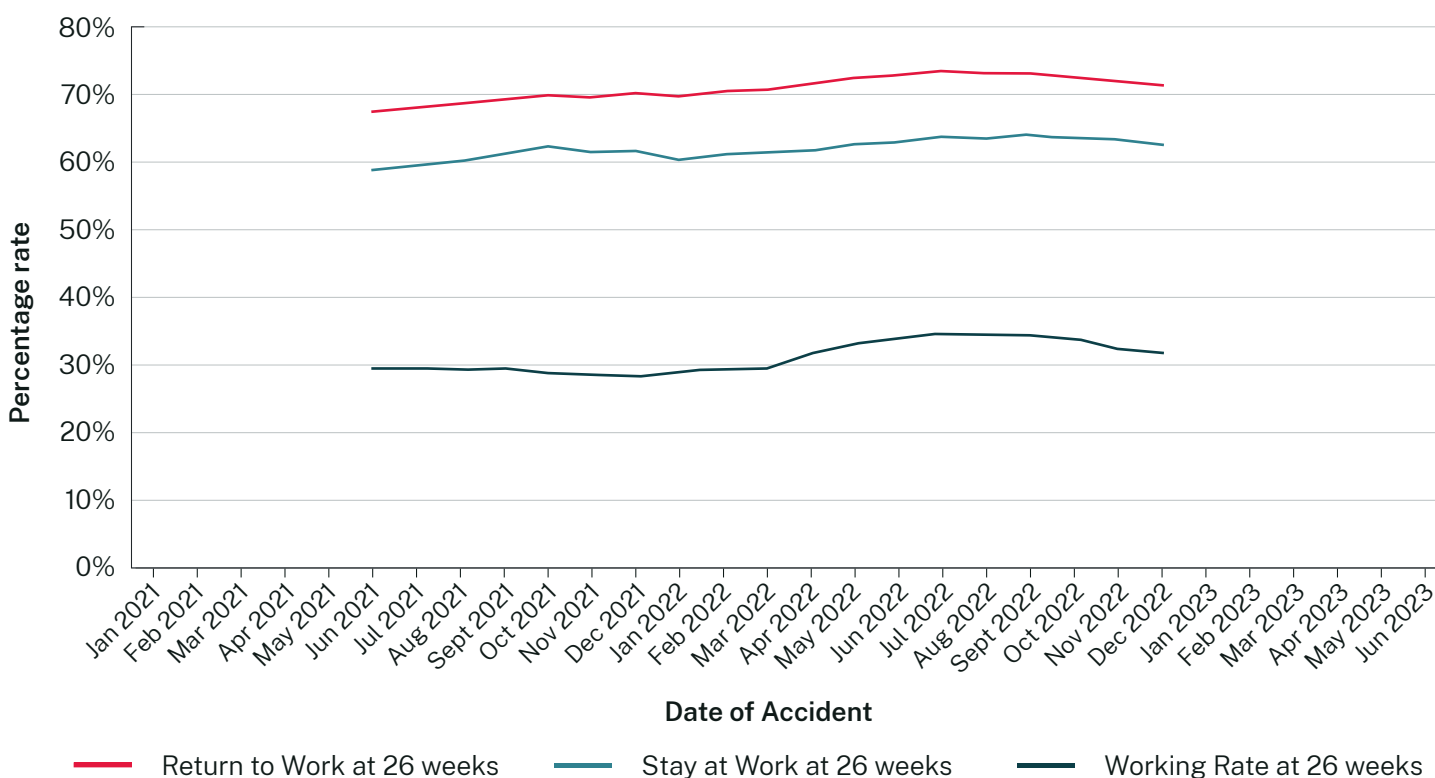
4.3 Return to work, stay at work and working rates

Figure 1 below demonstrates the scheme return to work rates, stay at work rates and working rates at 26-weeks after the date of the crash, based on data as of 30 June 2023. It is noted that the 26-week measure requires six months of development for comparison (therefore no rates can be presented for the period January 2022 to June 2023 below).

The working rate for June 2021 was 67.5 per cent, with December 2022 at 71.5 per cent³.

Note: Figure 1 reflects a six-month rolling rate – i.e. the rate is calculated monthly based on crashes that occurred in the six months prior to the calculation date.

Figure 1: Return to work, stay at work and working rate (6 months rolling average)³



³ Insurance Australia Limited (trading as NRMA Insurance), has reported data quality issues relevant to the accuracy and completeness of return to work data provided to SIRA, which may affect overall results.

4.4 Claim acceptance rates

From 1 July 2022 to 30 June 2023, insurers accepted 97 per cent of statutory benefits claims. This has been relatively stable year on year, with 96.6 per cent accepted from 1 July 2021 to 30 June 2022.

The most common reasons for claim denial in accordance with the MAI Act included:

- late claim lodgement (more than 90 days after the crash)
- the claim did not involve a motor vehicle crash.
- the claim involved an uninsured, unregistered, or unidentified vehicle.



5 Efficiency

5.1 Scheme efficiency

Scheme efficiency refers to the proportion of premium dollars going to injured people (GST and levies are excluded as these are not managed by the insurer).

As of January 2023, scheme efficiency for the 2017 scheme is projected at 60 per cent compared with 44 per cent under the 1999 scheme. This means more premium dollars are going to injured people.

For the first accident year (AY) 76 per cent of expected* claim payments have been made, 60 per cent for the second year, and 41 percent for the third year. It is too early for scheme efficiency to be assessed with a high degree of certainty as payments for complex and severe injuries can take 10 or more years to finalise.

5.2 Duration

As at the end of the 2023 financial year, a total of 3,438 award of damages claims have settled. Trends in time to settlement are still developing. In this regard:

- The median time to lodge award of damages claims from crash date was 22 months, and time to settlement from the crash date was 35 months.
- Only 63% of payments for damages claims for the first AY have been made, 49% for the second year and 49% for the third.
- Median time to lodgement and settlement is decreasing following legislative amendments in November 2022.



5.3 Internal Review

Internal reviews are a feature of the 2017 Scheme designed to help resolve disputes about insurer decisions.

Internal reviews are conducted independently of the original decision maker, allowing the injured person and insurer to resolve the issue before bringing a dispute before the Commission.

For most internal reviews, the insurer must provide their internal review decision within 14 days of receiving the request for internal review. However, there are some medical assessment and miscellaneous claims assessment matters where this timeframe is extended to 21 days. The maximum timeframe for all internal reviews is 28 days if further information is required.

From July 2022 to June 2023, a total of 7,024 internal reviews were lodged with insurers. This represents an average of 23.9 internal reviews lodged for every 100 claims received.

Of the 24,723 internal reviews determined since 1 December 2017, 78 per cent of original decisions have been upheld, with 21 per cent overturned in favour of the injured person and one per cent overturned in favour of the insurer.

The proportion of internal review decisions being upheld has changed over time with 75 per cent upheld in 2019, 77 per cent in 2020, 80 per cent at June 2022 and as of June 2023, 76 per cent of reviews are being upheld. Of the 24 per cent overturned in 2023, 23 per cent are overturned in favour of the injured person.

This means that the internal review process resolves nearly one quarter of disagreements between insurers and injured persons, subsequently removing the need for the injured person to lodge a dispute with the Commission in these matters.

Table 5: Internal review determinations per year

Financial Year ending June	Number of Applications	Number of Determinations	Percentage Upheld
2018	335	289	76%
2019	2885	2368	75%
2020	5004	4213	77%
2021	6985	5837	79%
2022	7472	6350	80%
2023	7024	5606	76%

Figures are rounded to the nearest whole percentage.

From 1 July 2022 to 30 June 2023, 99 per cent of internal reviews were within compliance timeframes. Supervision and regulatory actions have seen this significantly improve from a low of 65.6 per cent in 2020.

The most common type of decisions reviewed relate to threshold injury assessments. The majority (87 per cent) of these have the insurer's original decision upheld (same outcome for customer) with the remaining 13 per cent decided in favour of the injured person (different outcome for customer).

Table 6: Determined internal reviews from scheme commencement to June 2023

Internal review type	Internal review sub-type	Decision upheld	Decision overturned in favour of customer	Decision overturned in favour of insurer	Total
Medical assessment	Threshold injury	6,314 (87%)	946 (13%)	0 (0%)	7,260
	Is treatment/care reasonable and necessary?	5,154 (71%)	1,997 (28%)	102 (1%)	7,253
	Permanent Impairment	3,057 (94%)	203 (6%)	0 (0%)	3,260
	Treatment improving recovery	1,186 (73%)	401 (25%)	33 (2%)	1,620
Merit review	Amount of weekly payments	593 (46%)	594 (47%)	95 (7%)	1,282
	Treatment/care related to injury from crash	490 (79%)	131 (21%)	2 (0%)	623
	Statutory benefits claim time limits	236 (69%)	105 (31%)	0 (0%)	341
Miscellaneous claims assessment	Is the injured person mostly at-fault?	1,131 (77%)	342 (23%)	0 (0%)	1,473
Other	N/A	1,056 (65%)	525 (33%)	30 (2%)	1,611
Total		19,217 (78%)	5,244 (21%)	262 (1%)	24,723

5.4 Disputes

As of 30 June 2023, 7,900 disputes have been lodged for the 2018 year, 7,166 disputes for the 2019 year, and 4,726 disputes for the 2020 year. It is also noted that injured people may raise multiple disputes for one claim. A total of 41 percent of claimants who have disputes have raised just one, and 59 percent have raised more than one.

The number of disputes for each year has been increasing steadily and is expected to continue to increase over time as more claims are lodged, and as existing claims pass through key legislative milestones and/or insurer processes which can trigger disputes.

Figure 2: Cumulative disputes by AY

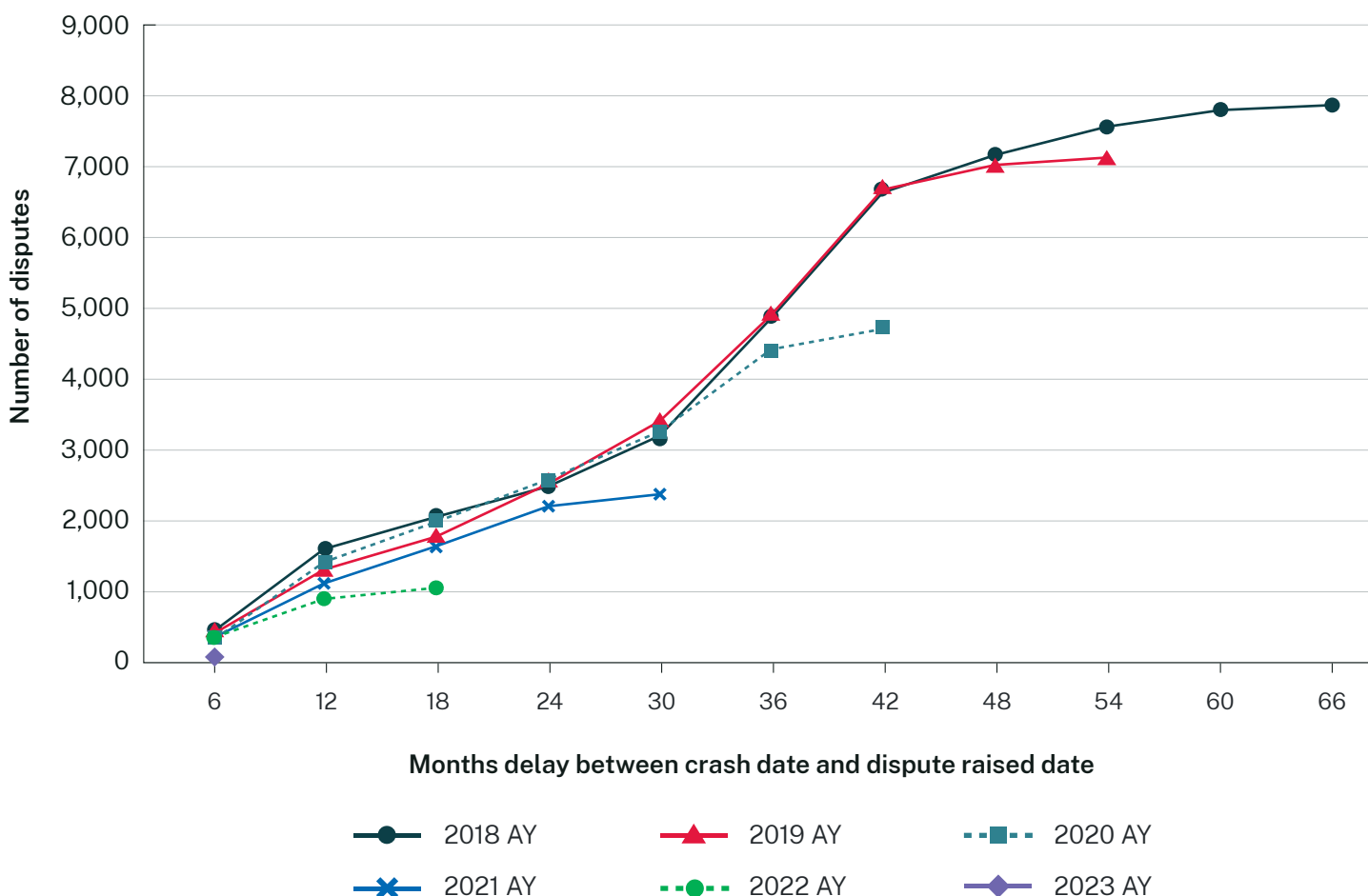


Figure 2 above shows the number of dispute applications received since 2018. In the financial year ending 2021, it is noted that the percentage of disputes finalised within 26 weeks since application dropped to 49 per cent compared to 80 per cent the previous financial year. Within 52 weeks, 84 per cent of disputes were finalised, compared to 96 per cent.

In 2021 and 2022, disputes related to medical assessments had the lowest finalisation rate within 26 weeks since application, compared to other types.

This may be due to a range of factors, including the impact of the lockdown and mandatory health orders impacting face to face assessments during the pandemic.

In 2022, 74 per cent of total disputes are being finalised within 52 weeks of application. More than 80 per cent of merit reviews and miscellaneous claims assessment disputes are being finalised within 52 weeks, and just under half are being finalised within 26 weeks.

6 Viability

6.1 Claims experience

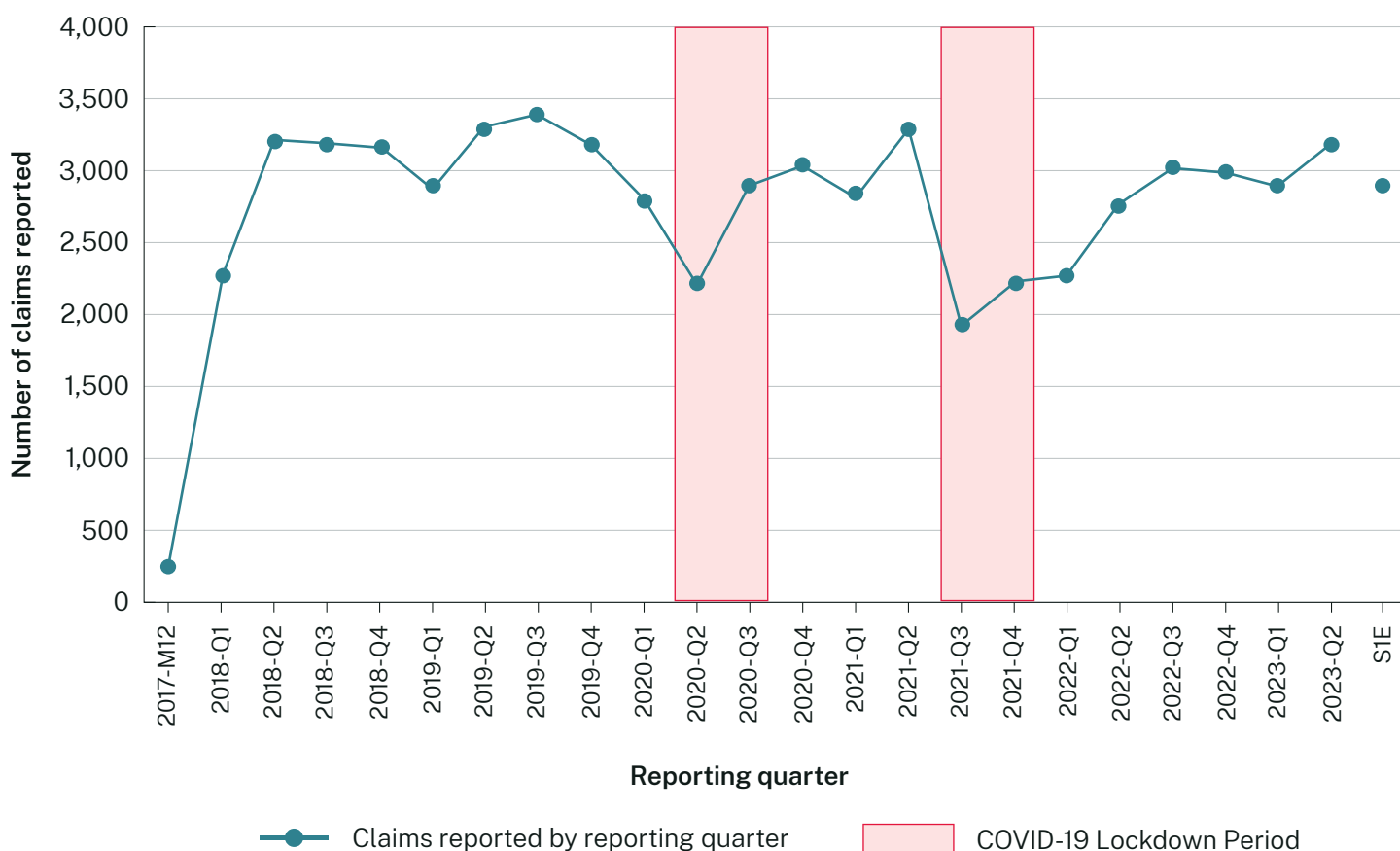
From 1 December 2017 to 30 June 2023, a total of 62,945 claims have been reported. A further 2,042 claims are expected to have been incurred but not yet reported for crash periods up to 30 June 2023.

Ninety-seven per cent of expected⁴ claims for damages have been lodged for the first AY (1 December 2017-31 December 2018) and 92 per cent for the second year, and 81 per cent for the third year.

Due to the COVID-19 lockdown, reported claims over specific periods in March to June 2020 and July to September 2021 were lower, driven by lower traffic volumes. This impacted the claims reported in the third and fourth years. Claim numbers have subsequently returned to a level more aligned with levels seen pre COVID, albeit slightly lower. This has largely been driven by road and vehicle safety initiatives which have influenced a general reduction in road casualties over time.

Further information is available in the [2017 CTP Scheme Quarterly Actuarial Monitoring 30 June 2023](#).

Figure 3: Claims reported from 2017 to 30 June 2023



⁴ Note: Schedule 1E figure is a quarterly average of claim number assumptions effective 15 January 2023 (2023Q1) and 1 April 2023 (2023Q2 - 2023Q4)

Table 7: Actual number of claims versus expected ultimate claims⁵ per AY

AY	Claim Type	Not at-fault threshold claims	Not at-fault non-threshold claims	At fault claims	All statutory benefit claims	Non statutory benefit claims	All claims	Claims for damages
1st year (13 months)	Reported to date	6,142	3,975	2,147	12,302	997	13,834	2,946
	Expected ultimate	6,177	3,978	2,147	12,302	999	13,836	3,047
2nd year	Reported to date	5,488	3,826	2,125	11,491	917	12,889	2,945
	Expected ultimate	5,508	3,858	2,127	11,493	933	12,907	3,189
3rd year	Reported to date	4,730	3,323	1,867	9,983	677	10,870	2,550
	Expected ultimate	4,701<	3,430	1,882	10,014	707	10,930	3,135
4th year	Reported to date	4,257	2,864	3,640	8,815	618	9,691	1,706
	Expected ultimate	4,153<	3,090	1,666	8,909	688	9,852	2,939
5th year	Reported to date	4,917	3,218	1,668	9,994	548	10,833	789
	Expected ultimate	4,731	3,753	1,785	10,269	727	11,285	3,813
6th year	Reported to date	1,460	853	358	4370	213	4,828	55
	Expected ultimate	5,033	3,781	1,830	10,645	836	11,820	3,953

For the third and fourth years, expected* ultimate claims are lower than claims reported to date for not at fault threshold claims. This is driven by the expectation some current not at fault threshold claims will transition to not at fault non threshold following completion of dispute processes.

⁵ Expect ultimate claims is an actuarial assumption based on the 30 December 2022.



6.2 Claim numbers and type

Table 8 below shows the number of claims as of 30 June 2023 by claim type. 90 per cent of claims have a statutory benefit component, and 16 per cent of these claims have also lodged a claim for damages. The payment to claims with statutory benefit component total \$2.74 billion (91.7 per cent of payments).

Early notification claims are matters where the injured person accesses pre-claim support without making a formal claim. These make up three per cent of claims. Compensation to relatives and funeral benefits represent almost two per cent of claims reported and almost two per cent of payments.

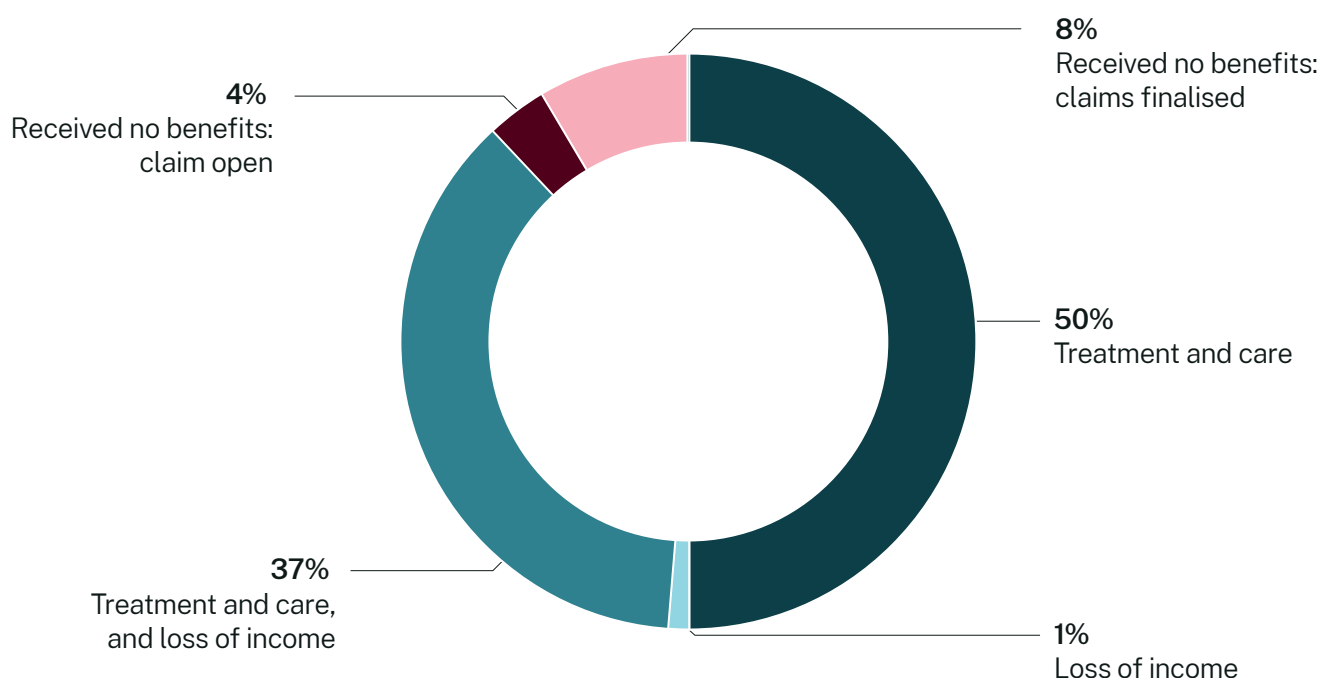
Table 8: Number of claims reported, and payments made by claim type from scheme commencement to 30 June 2023

Claim type	Number of claims	% of total claim type	Payments to 30 June 2023	% total payments by claim type
Statutory benefits	46,759	74.2%	\$580,118,856	19.4%
Statutory benefits with claim for damages	10,119	16.1%	\$2,158,337,851	72.3%
Award of damages	91	0.1%	\$7,680,501	0.3%
Early notifications	2,020	3.2%	\$363,366	0.0%
Interstate	1,708	2.7%	\$107,233,235	3.6%
Compensation to relatives and funeral	1,107	1.8%	\$52,271,942	1.8%
Workers' compensation	724	1.2%	\$11,748,945	0.4%
Combination claims	464	0.7%	\$68,916,922	2.3%
Overall	62,992	100.0%	\$2,986,671,618	100.0%



There have been 56,878 claims lodged for statutory benefits. A total of 50 per cent received treatment and care benefits and a further 37 per cent received both weekly benefits and treatment and care benefits.

Figure 4: Statutory benefit claim types to June 2023



There have been 10,210 damages claims lodged to 30 June 2023. The expected* average payment for a claim for damages when the injured person has a permanent impairment of ten per cent or less is \$150,000. This compares with \$500,000 for those with a permanent impairment of greater than 10 per cent.

As of 30 June 2023, 63 per cent (\$595.6 million) of expected* payments for damages claims for the first AY have been paid. Damages claim payments are material component of claims cost and are anticipated to account for 70% of total claims costs for this year. A total of 49 per cent (\$488.4 million) of expected* payments for damages claims for the second year have been paid, and only 27 per cent of expected* payments for damages claims for the third year. Further payments are expected as damages claims settle.

6.3 Threshold injury claims

As of 30 June 2023, there were 24,402 not at-fault threshold claims, which includes 3,672 of claims not yet finalised. For the recent years, some current not at-fault threshold claims are expected to transition to not-at-fault non-threshold following the completion of dispute processes.

Average threshold injury claim payments have increased from \$5,500 (1 December 2017) to \$7,424 (30 June 2023). At-fault claim payments have increased from \$16,600 (1 December 2017) to \$21,952 (30 June 2023).

Before the legislative amendments in November 2022, treatment and care benefits could continue beyond 26 weeks for at-fault and not-at-fault threshold injury claims if the insurer accepts that treatment will improve the injured person's recovery or their return to work or usual activities.

Since the amendments in April 2023, treatment and care statutory entitlements for not at fault threshold claims has increased to 52 weeks.

Close to 34 per cent of not at-fault threshold injury claims continue to receive treatment and care benefits more than 26 weeks after the crash. For those at-fault, nearly 24 per cent continue to receive treatment and care.

Table 9: Actual CTP claims lodged per type per AY.

Actual CTP claims lodged	1st year (Dec 17–Dec 18)	2nd year (Jan 19–Dec-19)	3rd year (Jan 20–Dec 20)	4th year (Jan 21–Dec 21)	5th year (Jan 22–Dec 22)	6th year (Jan 23–Jun 23)	Total (incl. all years)
Early notification only	534	481	210	258	291	245	2,020
At-fault	2,140	2,125	1,869	1,641	1,689	360	9,831
Not at-fault threshold	5,803	5,046	4,299	3,882	4,500	1,033	24,402
Not at-fault non-threshold	3,920	3,757	3,253	2,805	3,062	551	17,365
Not yet determined (open)	63	69	91	93	371	2,362	3,037
Not yet determined (finalised)	345	495	474	396	376	68	2,334
Other ⁶	992	929	684	629	550	210	4003
Total	13,797	12,902	10,880	9,704	10,839	4,829	62,992

6.4 Insurer performance

Insurer compliance with legislative and regulatory obligations is a key factor in the ability of the scheme to deliver on its objectives. SIRA undertakes the Insurer Conduct and Claims Assurance Program (ICCAP) to assess the performance of an insurer's operations and conduct in accordance with statutory requirements. ICCAP activities target existing or emerging risks and issues, with the forward plan responding to themes identified through data analysis, stakeholder engagements, and the 2021 Statutory Review.

In FY 2022-23, ICCAP activities included:

- treatment and care (including re-audit)
- recovery planning
- weekly payments of statutory benefits.

The results of all ICCAP reports are published on SIRA's website.

⁶ Other includes interstate, compensation to relatives, funeral, and workers compensation recovery claims

6.5 SIRA's regulatory actions

Table 10 and 11 below summarises the regulatory actions SIRA has taken in relation to insurer compliance and performance issue.

Table 10: Regulatory activities from 1 July 2022 to 30 June 2023

Insurer	Regulatory Action	2017 Scheme
AAMI	Letter of compliance	5
	Letter of Censure	1
	Civil Penalty	1
	Remediation Plan	5
Allianz	Letter of compliance	3
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	6
GIO	Letter of compliance	3
	Letter of Censure	1
	Civil Penalty	1
	Remediation Plan	5
NRMA	Letter of compliance	9
	Letter of Censure	4
	Civil Penalty	0
	Remediation Plan	4
QBE	Letter of compliance	4
	Letter of Censure	2
	Civil Penalty	0
	Remediation Plan	5
Youi	Letter of compliance	0
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	3
Total	-	62

Table 11: CTP Insurer claims experience comparison 1 July 2022- 30 June 2023

		AAMI	Allianz	GIO	NRMA	QBE	Youi
Income support	Percentage of claims accepted for statutory benefits.	95.4%	95.7%	96.6%	97.6%	98.3%	97.5%
	Average time for injured people to receive their first income support payments from date of claim lodgement in weeks.	3.2	2.9	3.6	3.7	3.8	2.9
Treatment and care	Percentage of injured people to receive treatment and care within four weeks of claim. (Includes % of people injured receiving treatment and care prior to lodgement)	94.3%	96.3%	94.1%	95.1%	94.3%	94.4%
Internal reviews	Percentage of internal reviews within 28 days.	99.5%	98.9%	99.5%	97.5%	100%	94.7%
Work participation	Percentage of people who are working at 26 weeks after the date of crash. (People who are entitled to weekly benefits)	61%	80%	59%	Not reported ⁷	71%	69%

6.6 Fraud

SIRA has continued to strengthen and mature its approach to fraud in 2022/23. SIRA is committed to utilising and coordinating available resources and key stakeholders to deter, detect and respond to fraud within the scheme.

SIRA continues to liaise with NSW Police and across NSW Government with respect to systemic fraud.

In addition, SIRA has established regular insurer fraud forums to assist in the exchange of information and to review fraud deterrence, prevention and response opportunities as an industry.

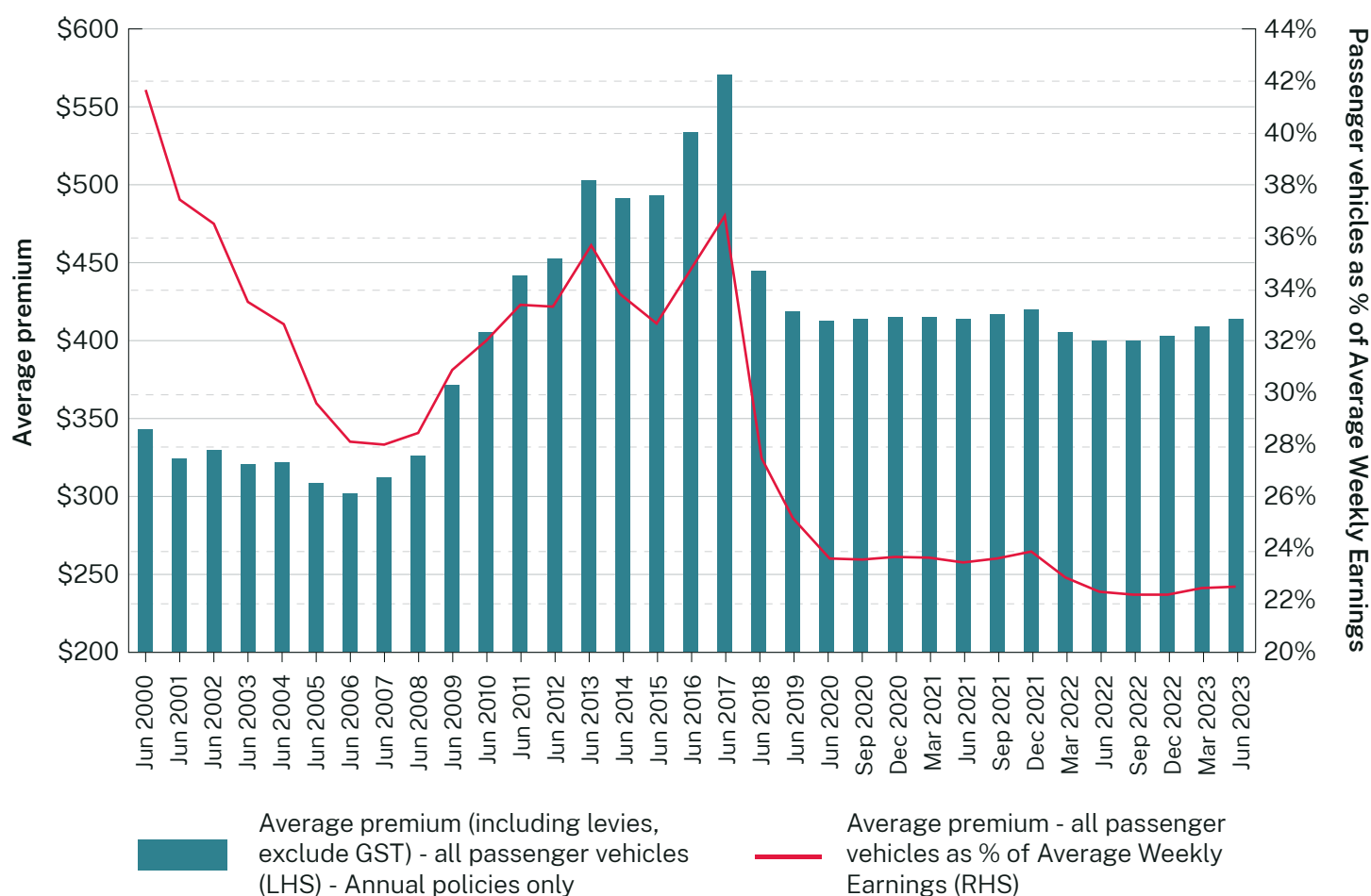
These regular forums commenced in September 2022 and have resulted in an increase in fraud referrals to SIRA. A total of 19 fraud referrals have been received for the period September 2022 to June 2023.

⁷ Insurance Australia Limited (trading as NRMA Insurance), reported data quality issues relevant to the accuracy and completeness of return to work data provided to SIRA for this period and therefore cannot be relied on for public reporting purposes.

7 Affordability

SIRA measures affordability based on the average premium for all passenger vehicles (Class 1), excluding GST and levies, as a ratio of average weekly earnings. Affordability for the 2017 Scheme continues to remain strong: around 22 per cent as of 30 June 2023, compared to 37 per cent under the 1999 Scheme.

Figure 5: Premium affordability as a percentage of Average Weekly Earnings



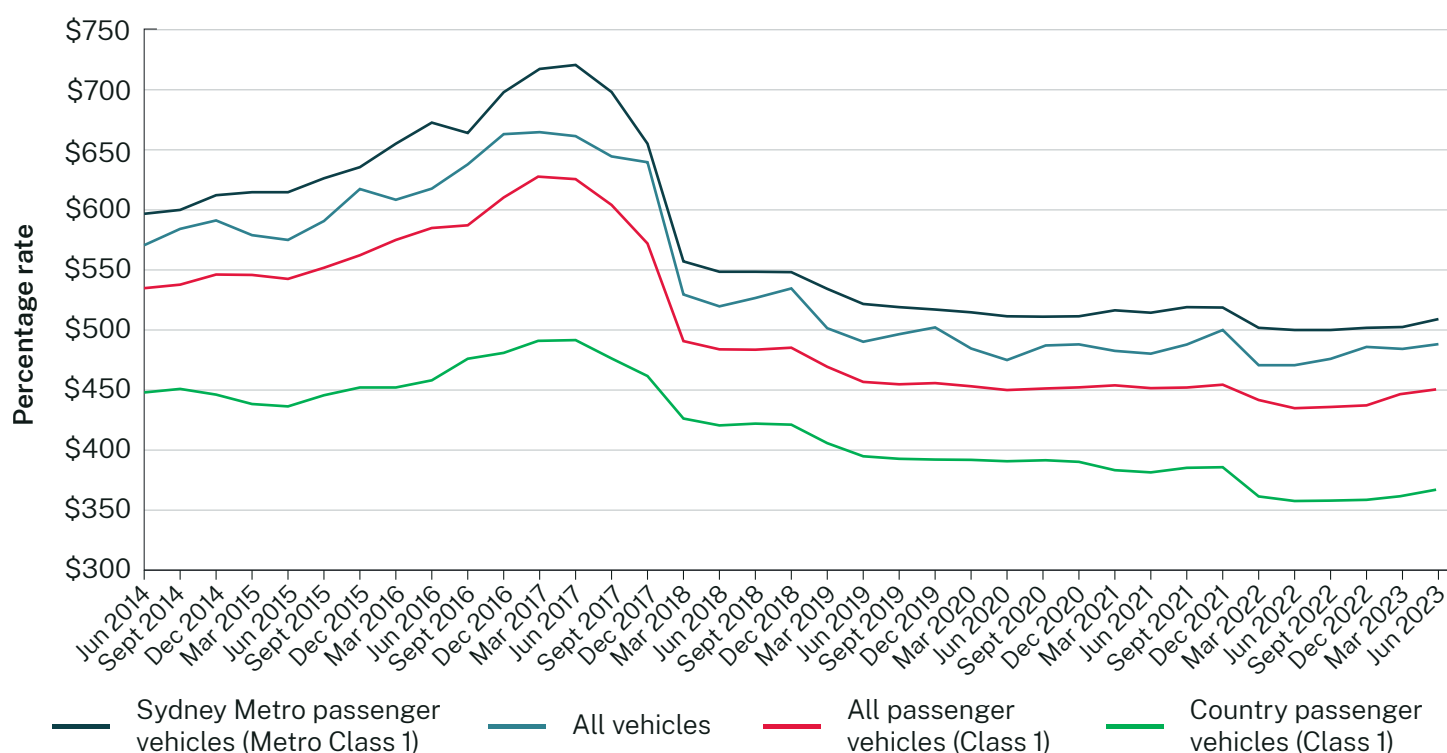
7.1 Premiums

Since the commencement of the 2017 Scheme, premiums have continually reduced across all vehicles. However, there is an increase of \$17 or 3.6 per cent from June 2022 to June 2023, predominantly driven by the increase in benefits payable following legislative amendments in November 2022 and some increase in levies.

Table 12: Average premium comparisons pre and post 2017 scheme reform

Average CTP (incl. of levies and GST)	Average premium pre-2017 reforms	Average premium 2017 Scheme (FY 2022/2023)	Savings
All NSW vehicles	\$635	\$488	\$147
Metropolitan taxi	\$7,881	\$3,544	\$4,337
All NSW motorcycles	\$353	\$342	\$11

Figure 6: CTP premiums over time 2014-2023

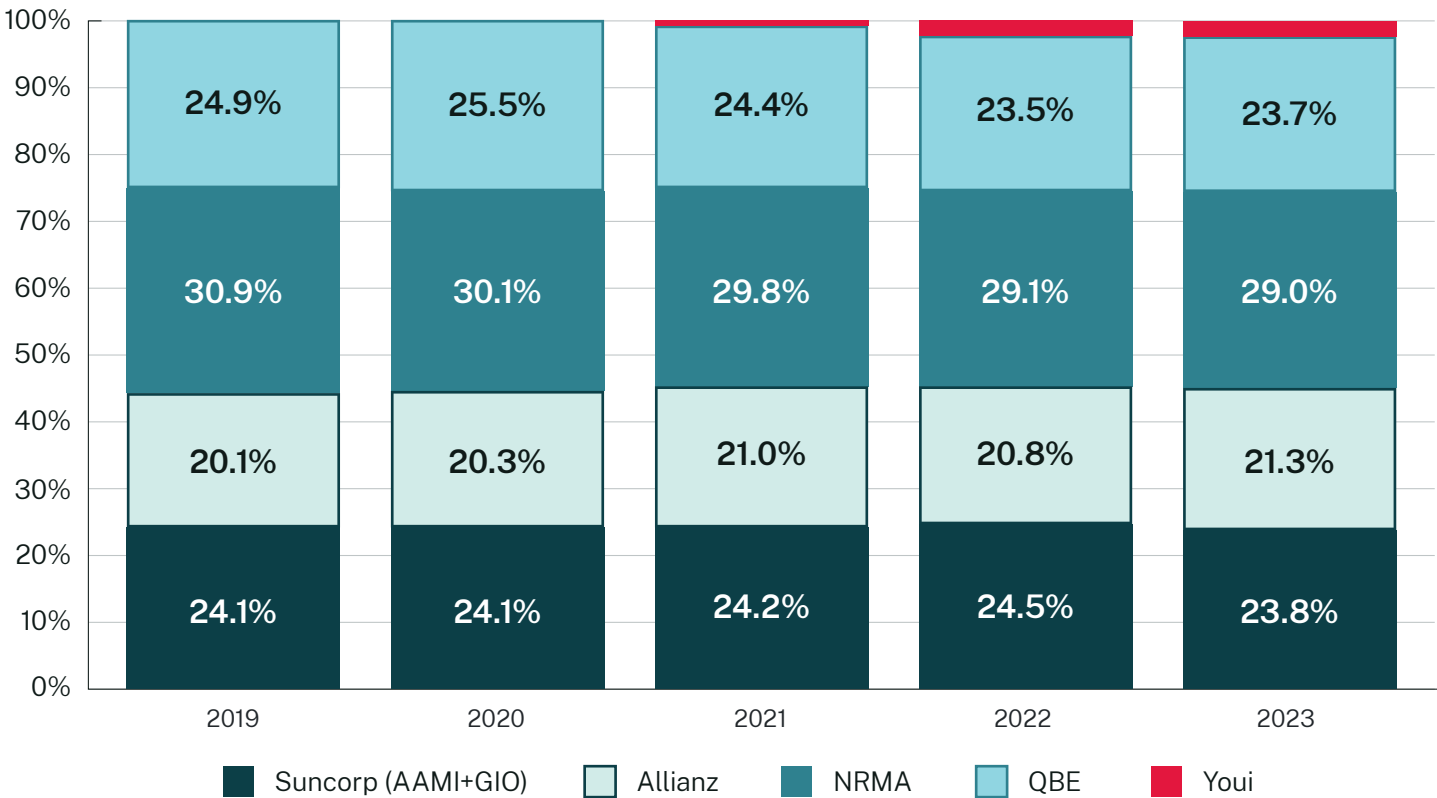


7.2 Market trends

To promote competition and innovation by insurers, SIRA allows risk-based pricing, within limits, to keep premiums affordable. The premium framework blends risk-based and community-based approaches to ensure social equity in a compulsory system.

Insurer market share remains fluid indicating increased competitiveness post the 2017 reform and since the entry of a new insurer, Youi, in the NSW CTP market.

Figure 7: Market share (premium) by insurer as of June 2023



Insurers also change the pricing in market more frequently in the new scheme. SIRA has reviewed over 79 insurer premium filings (excluding levy changes) since 1 December 2017, which provides another indication of insurer price competition occurring in the market.

SIRA provides the Green Slip Price Check website with the most up-to-date prices, which allows customers to find the option for their own circumstances and make informed Green Slip purchase decisions.

7.3 Profit normalisation

In 2022, following the annual assessment for the Transitional Excess Profit and Loss (TEPL), SIRA again activated the TEPL mechanism for the second time to claw back an additional \$179 million in insurer profits, generated in the first two years (2018 & 2019). Combined with the clawback of \$91 million in 2021, a total of \$270 million in insurer profit has now been recovered. This profit is redistributed to NSW motorists through savings on Green Slips.

The savings are applied as a reduction in the levy so that the savings can be shared fairly among motorists for a period of 12 months from 15 January 2023. The fourth TEPL assessment cycle is currently underway. This will examine the years from 2018 to 2021. The outcome of this assessment will be available by the end of 2023.



7.4 Nominal Defendant experience

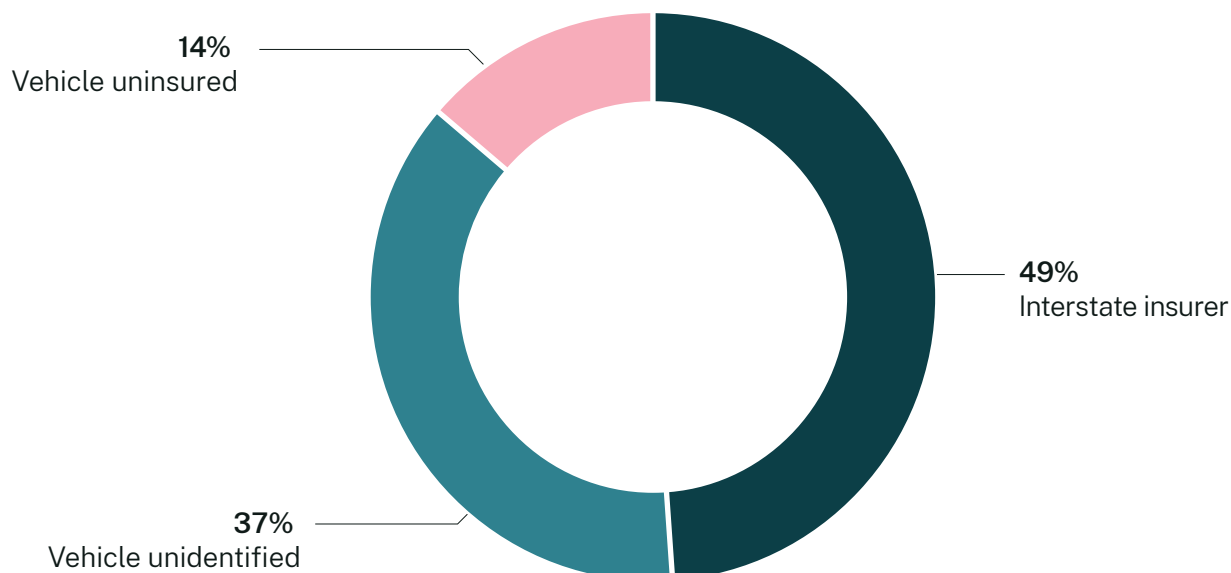
As a part of the findings of the Statutory Review of the MAI Act, SIRA undertook to monitor utilisation of the Nominal Defendant scheme and the annual numbers of breaches of the requirements for registration offences. Nominal Defendant claims often do not involve an insured vehicle, meaning these claims are funded by NSW CTP policyholders collectively. Significant increases in Nominal Defendant claims could have an adverse impact on scheme affordability.

As expected, Nominal Defendant claims make up a small proportion of total claims, 8.4 per cent in FY 2022/2023 (8.5 per cent FY 2021/2022).

The majority of Nominal Defendant claims arose due to the vehicle being unidentified or if there is an interstate insurer involved, with a minority arising due to the vehicle being uninsured as indicated in Figure 8.

Over FY 2022/2023 Nominal Defendant claims ranged between 17 to 47 per month for unidentified vehicle claims, 4 to 23 per month for uninsured vehicle claims and 29 to 48 per month for interstate claims. This trend is in line with the FY2021/22 Nominal Defendant claims which ranged between 16 to 40 per month for unidentified vehicle claims, 4 to 17 per month for uninsured vehicle claims and 18 to 40 per month for interstate claims.

Figure 8: Split of Nominal Defendant claims as at June 2023



Police action taken about registration offences can be found on the NSW Bureau of Crime Statistics and Research website.

Registration offences have risen in the most recent period, with 105,667 offences in FY2022/23, as opposed to 83,954 offences being recorded for the prior reporting year.

8 Customer experience

8.1 SIRA's customer service conduct principles

SIRA has developed a consistent set of customer service conduct principles that insurers must comply with as a condition of their license to operate in the scheme. Insurers must:

1. Be efficient and easy to engage with
2. Act fairly, with empathy and respect
3. Resolve customer concerns quickly, respect customers' time and be proactive
4. Have systems in place to identify and address customer concerns
5. Be accountable for actions and honest in interactions with customers.

SIRA has incorporated the customer service conduct principles into its supervision program over FY22/23 through the insurer conduct and claims assurance program and its core supervision activities. Insurers have been required to respond by implementing remediation plans that improve their systems to ensure the customer service conduct principles are embedded in their claims management model.

8.2 Value-based health care

SIRA is transforming the delivery of health care through value-based health care (VBHC) by ensuring every dollar spent in the CTP scheme helps achieve better outcomes for people with claims and optimises recovery through work and activity participation.

VBHC is about achieving measurable improvements in an injured person's health outcomes relative to the resources used in achieving those improvements.

SIRA's VBHC work program is underpinned and supported by:

- The [Implementation Plan for Value-Based Health Care in NSW WC and CTP Schemes](#), which sets out 21 initiatives under four work streams. SIRA has commenced 19 of the 21 initiatives, and has published a [progress report](#) which provides an update on key achievements against the Implementation Plan.
- The [Value-Based Health Care Outcomes Framework](#) which is a key enabler to realising SIRA's vision for VBHC.
- The VBHC Advisory Committee, comprised of key senior leaders in insurance, health care delivery, employers, academia and people with lived experience.

SIRA has also published a range of standardised outcome measures for health providers to screen a person's health status to optimise care pathways and recovery.



8.3 CTP Assist milestone calls and customer feedback

From 1 December 2017, CTP Assist has helped injured people navigate the CTP claims process and understand their entitlements.

The CTP Assist Milestone program is a structured outbound call program which aims to connect with injured people at key points of their claim. This service provides injured people with support in navigating the scheme and understanding the entitlements available to be claimed.

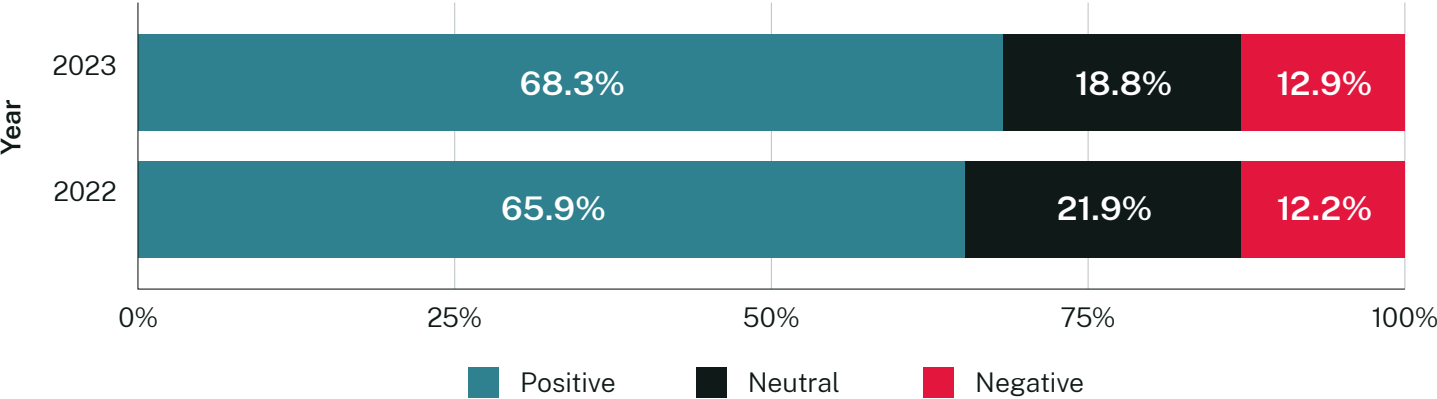
This service provision is measured using the Net Promoter Score. During FY 2022/2023 CTP Assist achieved a result of 58 per cent. This indicates CTP Assist has 58 per cent more customer promoters than detractors of the service it provides and a Customer Effort Score of three out of four, indicating customers found it easy to get the help they need.

CTP Assist actively attempt to contact 100 per cent of injured people at key points during their claim. During the support calls, insights are gathered about health, return to work or usual activities and experience with their insurer.

In the FY 2022/2023, CTP Assist made over 39,113 milestone call attempts with a success rate of approximately 43 per cent.

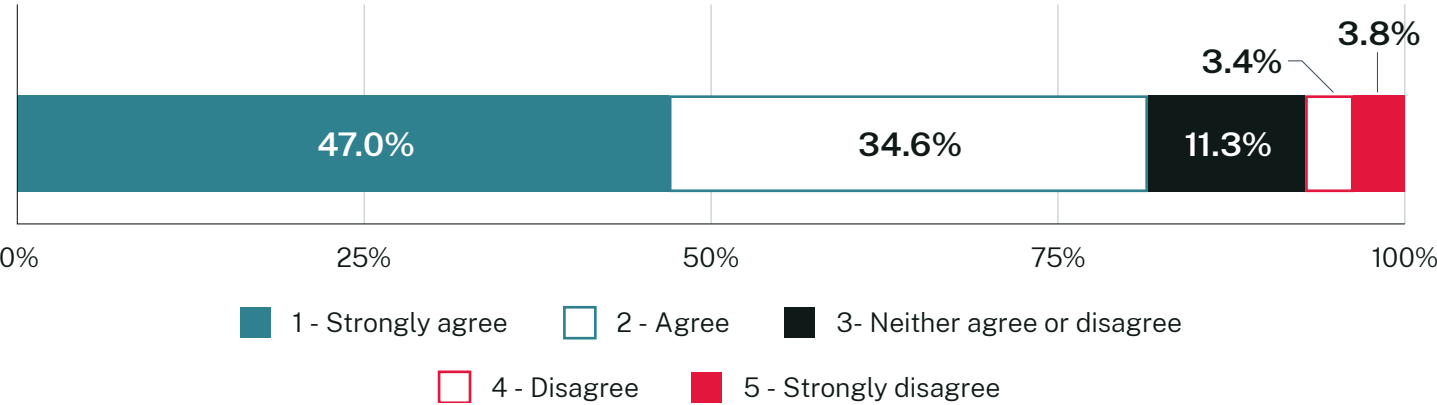
At every milestone call made by the CTP Assist team, SIRA asks the injured person about their experience with the CTP insurer. During the FY 2022/2023 at the 23-week milestone, 2,452 calls were completed and 66.4 per cent reported a positive experience with the insurer.

Figure 9: How would you describe your experience with the insurer so far? (23-week milestone call)



To continue to monitor customer outcomes and ensure CTP Assist continues to meet the needs of injured people, SIRA has implemented a customer touchpoint survey program. Between 1 July 2022 to 30 June 2023 SIRA received 1516 survey responses. In FY 2022/2023, 1,165 responses and 606 comments were received specifically on CTP, with an overall positive trust score is 78.3 per cent.

Figure 10: To what extent do you agree or agree that you trust the CTP scheme to help those injured get back to work or usual activities?



8.4 Customer complaints

In March 2021, the IRO was established and took over handling complaints. A claimant may make a complaint to the IRO about any act or omission (including any decision or failure to decide) of an insurer that affects their entitlements, rights, or obligations under the legislation. SIRA handles complaints that are made by parties, other than the claimant, like service providers and employers.

In FY 2022/2023, 943 complaints were received for the CTP scheme, of which 890 complaints were handled by IRO and 53 were handled by CTP Assist.

The top three reasons for complaints about insurers relate to the:

- Income support/ weekly payments
- Case manager
- Treatment and care.



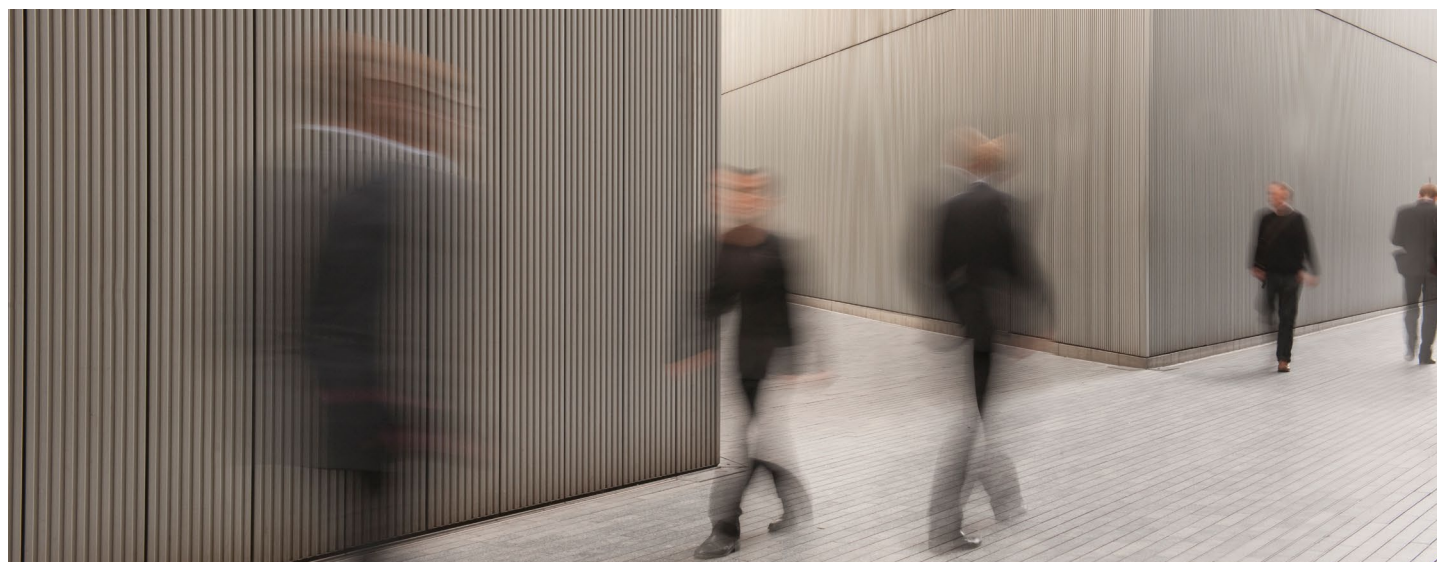
9 Equity

SIRA monitors claims payments to ensure that premiums collected are prioritised to those injured people with the most severe injuries, whilst still ensuring the recovery of all injured people.

As documented in Table 14, the data up until June 2023 confirms that most payments are directed to not at fault non-threshold statutory benefit claimants and those claimants who lodge damages claims and have been assessed as having injuries greater than 10%.

Table 13: Ultimate claims costs for claims segments per AY

Claim segment		AY 2018	AY 2019	AY 2020	AY 2021	AY 2022	All years
Statutory benefit claims	At-fault	3%	3%	3%	3%	3%	3%
	Not at-fault threshold	2%	2%	3%	3%	3%	3%
	Not at-fault non-threshold	18%	20%	18%	18%	19%	19%
Claim for damages	Other damages & Unknown WPI	4%	4%	6%	5%	5%	5%
	WPI ≤10%	12%	14%	13%	13%	18%	14%
	WPI >10%	53%	50%	51%	52%	49%	51%
Non-statutory benefit claims	-	8%	7%	6%	5%	5%	6%
Total	-	100%	100%	100%	100%	100%	100%



9.1 Claim payments

Payments continue to progress as expected, with 72 per cent of the expected* payments for the first AY, 60 per cent for the second year and 41 per cent of the third year already paid. However, there is still some uncertainty surrounding ultimate payments because not at-fault non-threshold claims are eligible for statutory benefits for up to five years after the date of the crash, and for damages claims, although a number have now been lodged, the settlement experience is still emerging.

Figure 11: How would you describe your experience with the insurer so far? (23-week milestone call)

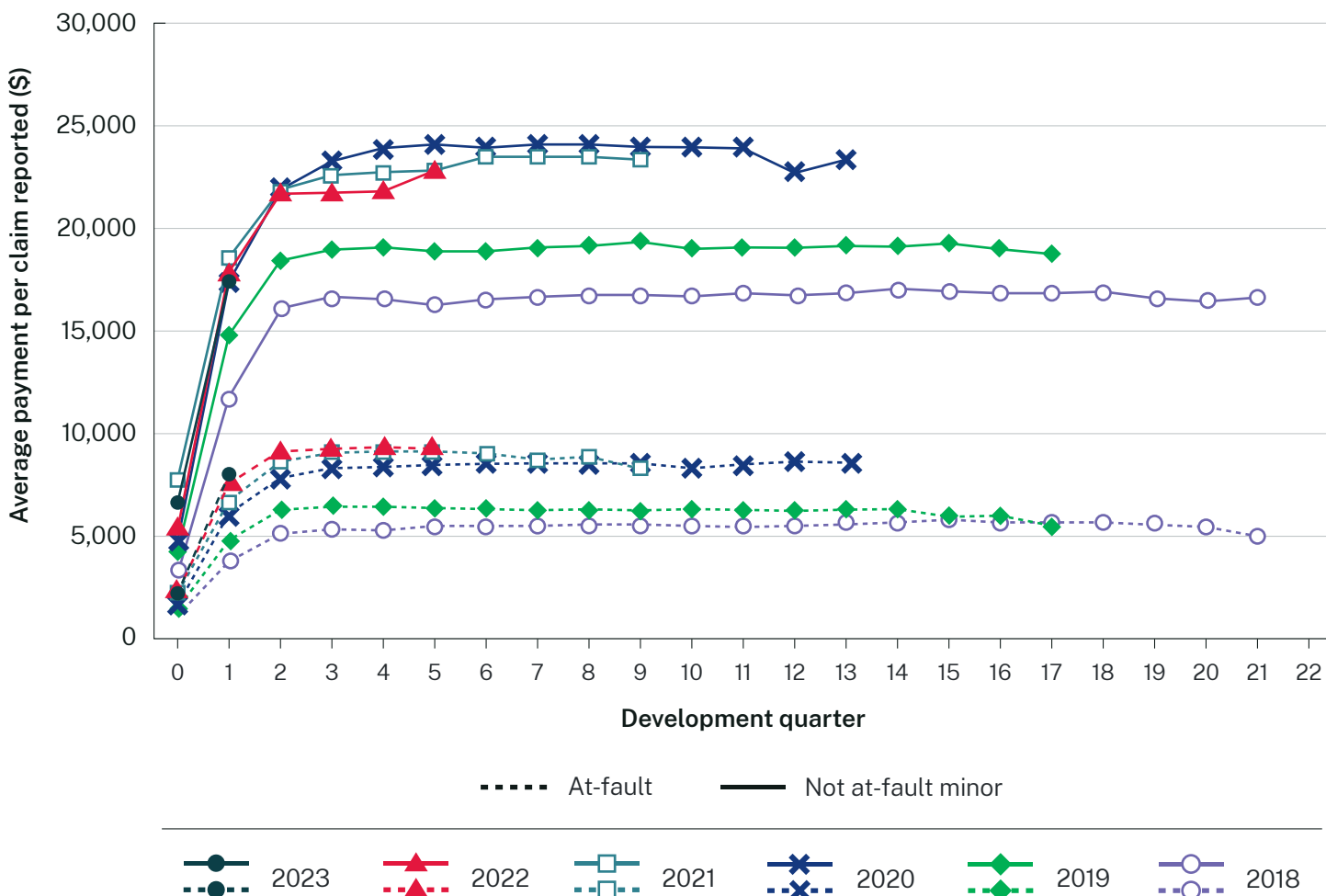


Table 14: Actual versus expected⁸ payment patterns per AY

AY Year	Award of damages		Statutory benefit		Non-statutory benefit		% of expected total payments paid
	Actual payments to date	Forecast of future payments	Actual payments to date	Forecast of future payments	Actual payments to date	Forecast of future payments	
2018	\$595.6m	\$1343.6m	\$279.3m	\$20.9m	\$94.1m	\$12.4m	72%
2019	\$488.4m	\$504.9m	\$303.8m	\$33.9m	\$76.1m	\$29.3m	60%
2020	\$274.6m	\$749.9m	\$269.7m	\$55.1m	\$46.1m	\$38.4m	41%
2021	\$66.6m	\$986.6m	\$225.0m	\$86.1m	\$16.6m	\$66.8m	21%
2022	\$5.7m	\$1,256.6m	\$198.0m	\$181.0m	\$6.7m	\$87.6m	12%

⁸ Note: Expected refers to actuarial assumptions based on the 30 December 2022 valuation.

10 Glossary

Item	Description
Accident year (AY)	The year in which the motor vehicle crash giving rise to the claim occurred. AY generally run from 1 January to 31 December.
Active claims	Claims where payments have been made in the past 3 months.
Affordability	Green Slip affordability is measured by comparing the average Green Slip price for all passenger vehicles (including the Fund levy but excluding GST) with the NSW average weekly earnings. The lower the ratio, the more affordable the premium.
Best price	The best price is the lowest CTP premium price (including levies and GST) offered by each insurer to a new customer, aged 30 to 54, for a private use passenger vehicle garaged in Sydney.
Bulk Billing Agreement	Under the Bulk Billing Agreement, an amount is collected as part of the Fund Levy and paid to the Ministry of Health and the Ambulance Service of NSW for public hospital and public road ambulance services.
Class 1 vehicle	Motor car, station wagon and 4WD used for movement of passengers, with 9 or less seats (including the driver). Excludes 4WD vehicles designed for the movement of goods.
Compulsory third party (CTP) insurance	CTP insurance protects a person (the first party) who buys the policy from an insurer (the second party) against claims made by someone they injure (the third party).
Fund levy	A levy that forms part of CTP insurance premiums which funds the Lifetime Care and Support Scheme. Part of the Fund Levy is also used to fund SIRA and Bulk Billing arrangements for ambulance and hospital services.
Green Slip	Another name for a CTP policy that dates to the start of the NSW CTP scheme in 1989 when the CTP insurance invoice was a green piece of paper.
Non-economic loss	Non-economic loss is defined in the 2017 Act to include pain and suffering, loss of amenities of life, loss of expectation of life, and disfigurement.
Pre-claim support	The provision of access to treatment before a claim is made but after notification of injury has been given. This is at the insurer's discretion. Any such treatment will only be approved within the first 28 days from the date of the motor crash. However, if further treatment is required after 28 days, a claim for statutory benefits must be made by the injured person.
Return to work rate (RTW)	The RTW rate measures the percentage of pre-accident earners, at a set point in time, who have been off work for at least one day due to the crash and then returned to some form of work i.e. with the same or different employer, performing full or partial work capacity (reduced hours or modified duties).
Scheme Actuary	Actuarial analysis for the NSW 2017 scheme is provided by Ernst & Young Australia.
Scheme efficiency	Measures how much of the premium dollar goes to claimants as benefits. The higher the proportion, the greater the efficiency of the scheme.

Item	Description
Stay at work rate (SAW)	The SAW rate measures the percentage of pre-accident earners who have not taken time off work or have had less than one day absence from work after the crash. This may include those performing reduced hours or modified duties.
Threshold Injury	Threshold injury is one or more of the following, a soft tissue injury or a psychological or psychiatric injury that is not a recognised psychiatric illness.
Transitional Excess Profit and Loss (TEPL)	A SIRA mechanism to assess insurers' profit on an aggregate industry basis against SIRA's determined reasonable profit range in the early years of the scheme. The TEPL mechanism is outlined in the 'Motor Accident Guidelines – Transitional excess profits and transitional excess losses.
Underwrite	The process of assessing risk and ensuring the cost and conditions of the cover are proportionate to the risk faced by the individual concerned.
Permanent impairment (PI)	This is an assessment of the degree of permanent impairment arising from an injury or injuries caused by a motor crash. It is based on standard guidelines that assign values to the permanent impairment of one or more body parts, systems or functions, expressed as a percentage.
Working rate	The working rate is the percentage of earners who are at work at 4, 13, 26, 52 and 104 weeks. It draws on data from two measures: the RTW rate and the SAW rate, so includes earners who have had at least one day off work and have subsequently returned to work as well as workers who stayed at work.

Disclaimer

This publication may contain information that relates to the regulation of workers compensation insurance, motor accident compulsory third party (CTP) insurance and home building compensation in NSW. This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice.

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