

SIRA

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# 2017 CTP Scheme Performance Report to 30 June 2025

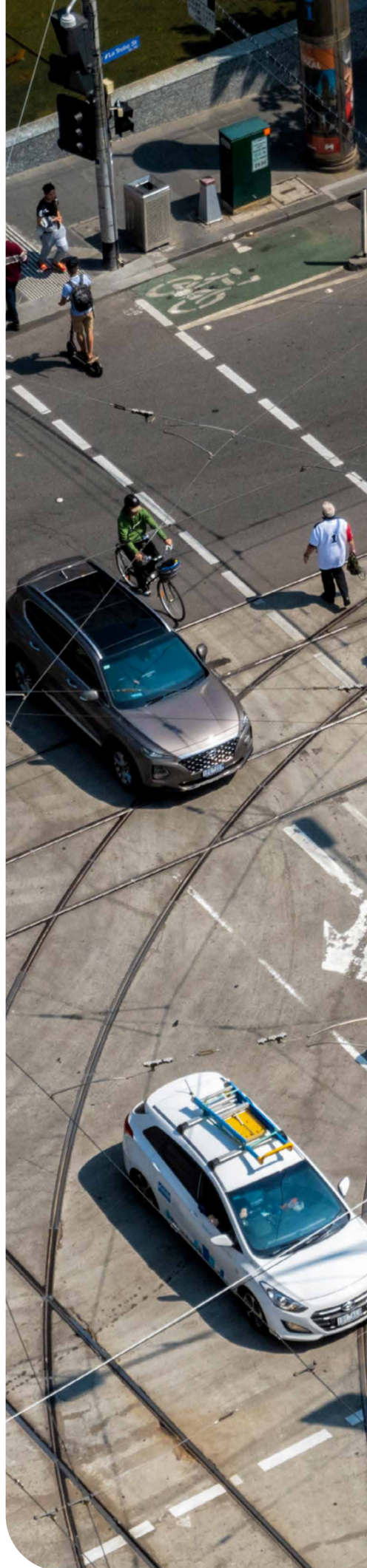
*Motor Accident Injuries Act 2017*



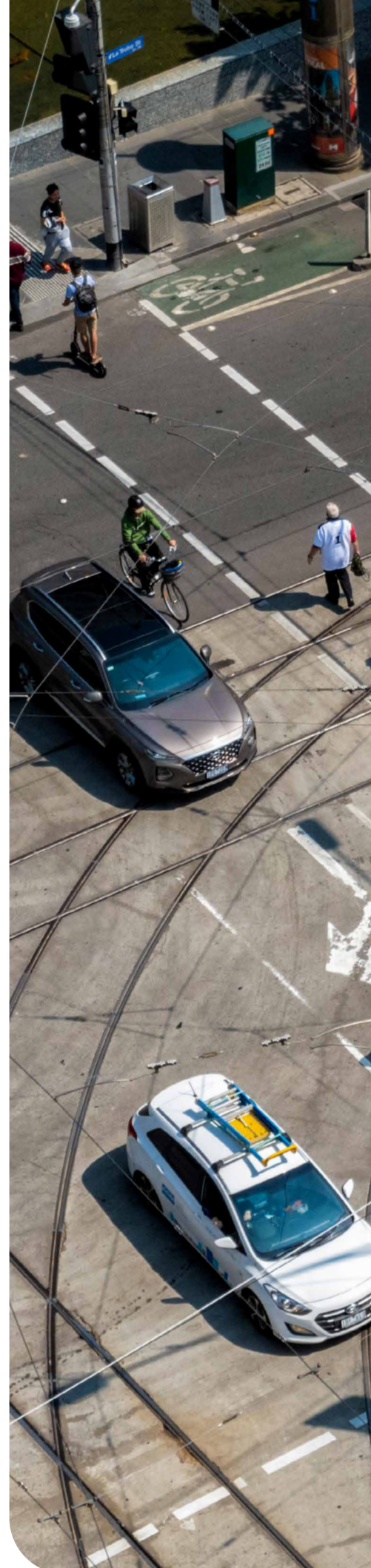


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# 1. Executive Summary

This report provides insights into the performance of the 2017 NSW Compulsory Third Party (CTP) scheme against the objectives outlined in the *Motor Accident Injuries Act 2017* (MAI Act) for the period 1 July 2024 to 30 June 2025. 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 people with a claim to attain best outcomes.
Efficiency	The scheme is efficiently delivered in terms of cost and timeliness.
Viability	The scheme is 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 \$935<sup>1</sup> to \$536<sup>2</sup>. Affordability of CTP insurance has improved, with CTP premiums falling from 37% of average weekly earnings in 2017, to 23% as of 30 June 2025.

From July 2024 to June 2025, approximately 69% of people claiming treatment benefits accessed pre-claim treatment. A further 21% were first paid treatment benefits within two weeks of lodging their claim, resulting in 90% of people 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 two weeks of claim lodgement decreased from 30% in 2023-2024 to 25% in 2024-2025. The average time for weekly benefits to commence was 4.7 weeks from claim lodgement<sup>3</sup>.

The cost of damages claims continues to remain highly uncertain as many of these claims have yet to be settled even for the first crash year (CY) of the 2017 Scheme. As of 30 June 2025, it is estimated that 79% of total expected<sup>4</sup> award of damages payments were made for injuries that occurred in the first CY (2018), 77% for the second CY (2019), 71% for the third CY (2020), and 54% for the fourth CY (2021).

In 2024, following a further assessment for the first 5 years of the current scheme (CY 2018 to CY 2022) SIRA activated the Transitional Excess Profit and Loss (TEPL) mechanism for the fourth time to recover an additional \$91 million in insurer profits. Combined with prior years, a total of \$542.9 million in insurer profit has now been recovered and redistributed to NSW motorists through savings on CTP policies.

1 Adjusted to 30 June 2025 for average weekly earnings with an allowance of 2% for super imposed inflation.  
2 Average premium for reform comparison is calculated including Levies and GST.  
3 From claims lodgement the Insurer has 28 days to determine liability after which they must commence payments within 10 days.  
4 Expected refers to actuarial assumptions based on the 30 December 2025 valuation.

The average premium has increased from June 2024 to June 2025 by \$35 or 7%, driven by a combination of factors including legislative amendments in 2022 which increased benefits payable to a person with an injury, as well as an increase in levies and inflation.

**Table 2: Average premium comparisons pre and post 2017 scheme reform**

Average CTP (incl. of levies and GST)	Average premiumpre-2017 reforms <sup>1</sup>	Average premium 2017 Scheme (financial year 2024-2025) <sup>4</sup>	Savings
All NSW vehicles	\$935	\$536	-\$465
Metropolitan taxi	\$11,601	\$4,726	-\$6,875
All NSW motorcycles	\$520	\$418	-\$102



## 2. About SIRA

The State Insurance Regulatory Authority (SIRA) was established under the *State Insurance and Care Governance Act 2015* as the independent regulator of NSW's Compulsory Third Party (CTP), Workers Compensation and the Home Building Compensation insurance schemes. Together, these schemes provide an important social safety net, protecting more than 10 million people at any time. Our purpose is to ensure NSW insurance schemes protect and support the people who need them, now and in the future.

SIRA's principal objectives and regulatory role are set out in section 23 of the *State Insurance and Care Governance Act 2015* (SICG Act) and include:

- to promote the efficiency and viability of the insurance and compensation schemes
- to minimise the cost to the community of workplace injuries and injuries arising from motor crashes and to minimise the risk associated with such injuries
- to promote workplace injury prevention, effective injury management and return to work measures and programs
- to ensure that persons injured in the workplace or in motor crashes have access to treatment that will assist their recovery
- to provide for the effective supervision of claims handling and disputes under the workers compensation and motor accident legislation
- to promote compliance with workers compensation and motor accident legislation
- to collect and analyse information on prudential matters in relation to insurers
- to encourage and promote the carrying out of sound prudential practices by insurers
- to evaluate the effectiveness and carry out of those practices.

SIRA's functions are set out under section 10.1 of the MAI Act and include:

- to monitor the operation of the scheme
- to advise the Minister on the administration, efficiency and effectiveness of the scheme

- to publicise and disseminate information
- investigate and respond to complaints about premiums, insurer market practices and claims handling
- monitor insurer compliance
- investigate claims to detect and prosecute fraudulent claims
- to issue and keep under review the Motor Accident Guidelines
- to provide an advisory service to assist people with claims for statutory benefits and damages, and dispute resolution
- to provide funding for measures for preventing or minimising injuries from motor crashes, and safety education.

Further information on SIRA, including its annual report, SIRA2028 strategy and Regulatory Framework can be accessed on its website: [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

In addition to this scheme performance report, SIRA publishes the following scheme and insurer performance data on its website:

- Open data portal
- Quarterly CTP scheme actuarial reports
- Quarterly regulatory bulletins
- Quarterly Insurer Claims experience and customer feedback comparison Report

# 3. The 2017 NSW Compulsory Third Party Scheme

The CTP scheme provides benefits and support to people injured in a motor vehicle crash<sup>5</sup>, and to families affected by road-related deaths. It protects motor vehicle owners and drivers from liability if they cause injury or death of another person or people. A CTP insurance policy, also known as a Green Slip. A Green Slip is required to register motor vehicles in NSW.

CTP is a type of statutory insurance. This means eligibility to claim entitlements is determined by the legislation in effect.

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

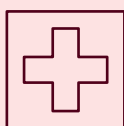
The scheme provides benefits for pedestrians, passengers, cyclists, motorcyclists, drivers of vehicles and family members. People injured on NSW roads by an uninsured or unidentified vehicle can also claim scheme benefits through the Nominal Defendant Fund, managed by SIRA.

Premiums paid by motorists cover the cost of claims, insurer administration and claims management costs, insurers' profit, GST and a fund levy. SIRA administers the fund levy, which includes:



## Motor Accidents Operational Fund (MAOF)

This fund covers initial public hospital and ambulance services for anyone injured on NSW roads, CTP insurance administration including SIRA, the Personal Injury Commission (Commission), the Independent Review Office (IRO), vocational and return to work support, and fees to Transport for NSW (TfNSW) to administer the registration process.



## Lifetime Care and Support Scheme (LTCS) Fund

This fund covers the lifetime treatment, rehabilitation, and care for 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 covers payments and costs of the CTP Care program, which provides reasonable and necessary treatment and care for people with entitlements beyond 5 years after the motor crash, or earlier by agreement.

<sup>5</sup> SIRA has received feedback from some stakeholders who have lost a loved one that they strongly prefer the term 'crash' to be used instead of 'accident'. For these stakeholders, the term 'accident' may be perceived as downplaying the seriousness of the incident or creating the impression that an incident was due to unavoidable circumstances rather than potentially dangerous or negligent driving. In responding to this feedback, SIRA uses the term 'motor vehicle crash' for references outside of the legislative framework, including across its website, wherever possible.

The 2017 Scheme is designed to support injury recovery and return to work or pre-injury activities by providing fast access to payments for treatment, care, and loss of income. Key features include:

- No-fault access to statutory benefits for loss of earnings related to a motor crash, treatment costs, and commercial attendant care.
  - People with ‘threshold injuries’ as defined in the MAI Act 2017 (for example, soft tissue and/or minor psychological or psychiatric injuries), or those who were wholly or mostly at-fault can access up to 52 weeks of statutory benefits.
  - Access to damages for economic and/or non-economic loss for those with non-threshold injuries. Permanent impairment thresholds must be met to be eligible for non-economic loss.
  - After 5 years from the date of the crash (or earlier by agreement), CTP Care becomes responsible for paying for reasonable and necessary treatment and care instead of the licenced CTP insurer.
  - Coverage for reasonable funeral expenses, regardless of fault.
- The 2017 Scheme also supports families who have lost a loved one in a motor vehicle crash by providing:
- Compensation to relatives of a person who died due to a motor crash in NSW.
  - Access for families to SIRA’s [Trauma Support Service](#), which provides access to grief and trauma support counselling in the event of serious injury or a death on the road.

The tables below provide an overview of scheme benefits and damages for people injured in a motor vehicle crash, based on whether they were at-fault or not.

**Table 3: 2017 scheme benefits and damages entitlements at a glance – At fault claims.**

Benefits and Damages type	Eligibility
Ambulance and hospital emergency treatment	Yes
Treatment and care benefits	Up to 52 weeks
Weekly benefits payments for loss of earnings	Up to 52 weeks
Funeral expenses	Yes
Damages for future economic loss	No
Damages for non-economic loss (e.g. pain and suffering)	No
Damages for dependants in compensation to relatives claims	No
Legal and other expenses	Available as prescribed under the MAI Act 2017 and Regulations



**Table 4: 2017 scheme benefits and damages entitlements at a glance – Not at fault claims**

Statutory Benefits and Damages claims	Threshold injuries	Non-threshold PI <sup>6</sup> ≤ 10%	Non-threshold PI > 10%
Ambulance and hospital emergency treatment	Yes	Yes	Yes
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 52 weeks	CTP Care after 5 years	CTP Care after 5 years
Funeral expenses	N/A	Yes	Yes
Damages for dependants in compensation to relatives claims	N/A	Yes	Yes
Legal and other expenses	Available as prescribed under the MAI Act 2017 and Regulations	Available as prescribed under the MAI Act 2017 and Regulations	Available as prescribed under the MAI Act 2017 and Regulations

### 3.1. Personal Injury Commission

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

A key focus of the 2017 Scheme is to encourage early resolution of claims, and quick, cost effective and fair resolution of disputes. A person with an injury can request an internal review of specified insurer decisions as a first step for resolving disputes. The internal review must be conducted independent of the original decision maker and provide an opportunity to resolve disputes early, without progressing to the Commission.

The Commission's key performance indicators (KPIs), effective from 1 July 2022, provide measurable benchmarks to assess progress against the statutory objectives of the *Personal Injury Commission Act 2020*. Updates for the 2024–25 financial year will be included in the Commission's next annual report.

### 3.2. The Independent Review Office

The Independent Review Office (IRO) was established in March 2021 and provides oversight of CTP-related complaints made by people with a claim about their insurer. SIRA and IRO exchange information under a Memorandum of Understanding to inform each other's statutory functions.

The IRO publish [Statistics and Performance Reports](#) on a biannual basis, which include statistics around matters received by source and insurer and include a measure on resolution timeframes.

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

<sup>6</sup> PI refers to permanent impairment.

### 3.3. 2021 Statutory Review of MAI Act

SIRA published a [status update](#) on the progress made in response to the recommendations and suggestions from the 2021 Statutory Review of the *Motor Accident Injuries Act 2017*. As at June 2025, of the 49 recommendations made by Clayton Utz, a total of 30 have been actioned through legislative amendments, guidelines, or other administrative action, with a further 3 recommendations in progress. The remaining 16 recommendations, which require amendments to the legislation and/or regulation, have been considered however not progressed. Of the 44 recommendations and suggestions made by Deloitte, a total of 41 have been completed.

SIRA finalised a review of jurisdictional issues relating to interstate crashes and CTP claims in response to recommendation 3 from the Standing Committee on Law and Justice 2022 Review of the CTP Scheme.

### 3.4. Legal supports review

SIRA finalised the review of legal supports within the CTP Scheme resulting in the decision to maintain the current schedule of maximum fees which will continue to be indexed annually. The review considered the legal support provisions and the schedule for maximum fees for statutory benefits outlined in the *Motor Accident Injuries Regulation 2017*. SIRA engaged with a range of stakeholders and considered access to legal advice together with the adequacy of available supports and the role these supports play in ensuring fair outcomes. SIRA assessed the appropriateness and feasibility of options in the context of the current scheme design and scheme performance, the objects of the MAI Act 2017, expected benefit to a person with a claim, and the cost impact of each option on premiums paid by policyholders.

### 3.5. Motor Accident Guidelines

Version 9.3 of the Motor Accident Guidelines commenced on 6 December 2024. It updated Part 1 of the Motor Accident Guidelines, helping insurers to calculate the cost of premiums for CTP insurance policies issued on or after 15 January 2025. SIRA also commenced a comprehensive review of the Motor Accident Guidelines, undertaking targeted consultation with key stakeholders to inform development of version 10.

### 3.6. Scheme Awareness

SIRA finalised the Scheme Awareness, Access, and Navigation project. Resources were distributed through the NSW public hospital network and the Road Trauma Support Group Rural Outreach Program to improve awareness of the CTP Scheme.

Increased resources on accessing the scheme have also been made available to assist families who have lost a loved one. This includes expansion of the dedicated support function established in June 2023 to assist families with the claim lodgement process and early referral counselling via SIRA's Trauma Support Service.

### 3.7. E-micromobility

On 13 May 2025, the Government announced details to legalise e-scooters, e-bikes and related mobility options in NSW, and tabled its response to the Parliamentary Inquiry. In its response, the Government committed to exploring options for e-micromobility insurance. This includes potential settings, considering the need for people injured by devices to be effectively supported, affordability, existing insurance settings and the viability of any arrangements. SIRA continues to work with Transport for NSW and Treasury to support the legal use of e-scooters while mitigating risk and premium impact to the CTP scheme arising from the increased use of e-micromobility devices.

### 3.8. Innovation

SIRA has continued to assess insurer applications for innovation support made under the *Motor Accident Guidelines – Transitional excess profits and transitional excess losses* (TEPL Guidelines). Approved innovations support the achievement of statutory objectives. Economic assessments of scheme-level impacts demonstrate that the net benefits generated by approved innovations are projected to exceed implementation costs.

As of 30 June 2025, 35 applications for Innovation Support have been received. Of these:

- 16 applications were granted preliminary and/or final approval, with a further application under assessment and pending preliminary approval.
- 2 applications were under review following insurer request for reconsideration of previous decisions.
- 5 applications were withdrawn or not progressed by the insurer.
- 11 applications were not subject to preliminary approval following assessment under the TEPL Guidelines.

# 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 people with injuries sustained in a motor vehicle crash, and to maximise their return to work or other activities. From July 2024 to June 2025, approximately 69% of people claiming treatment benefits accessed pre-claim treatment.

A further 21% were first paid treatment benefits within 2 weeks of lodging their claim. This means that 90% of people were able to access treatment benefits within 2 weeks of lodging their claim. As shown in Table 3 below, these trends have remained stable since 1 December 2019.

**Table 5: Average weeks to first payment of treatment and/or care benefits**

Weeks from Lodgement to first payment	1 December 2017 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	1 July 2023 to 30 June 2024	1 July 2024 to 30 June 2025
Pre-claim treatment benefits paid	72%	76%	74%	72%	71%	73%	69%
2 weeks	14%	13%	15%	16%	18%	17%	21%
2-4 weeks	6%	5%	5%	5%	5%	4%	5%
4-6 weeks	6%	4%	4%	5%	4%	4%	3%
>6 weeks	2%	2%	2%	2%	2%	2%	2%
Average weeks	-0.8	-2.2	-0.4	-0.6	-0.7	-1.0	-1.0





## 4.2. Time to access weekly benefits for income support

The percentage of claims where the first weekly benefit payment was made within 2 weeks of claim lodgement decreased from 30% in 2023-2024 to 25% in 2024-2025.

The average time for weekly benefits to commence has also reduced by 6 weeks since scheme inception. The

average time for receiving first weekly benefit payments is currently around 5 weeks.

It is noted that the insurer has 28 days from claim lodgement to determine liability and must commence weekly payments within 10 days of that liability decision.

Table 6: Average weeks to first weekly benefit payment by financial year

	1 December 2017 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	1 July 2023 to 30 June 2024	1 July 2024 to 30 June 2025
Average weeks	10.7	9.1	8.4	6.6	6.2	5.8	4.7

## 4.3. Return to work, stay at work and working rates

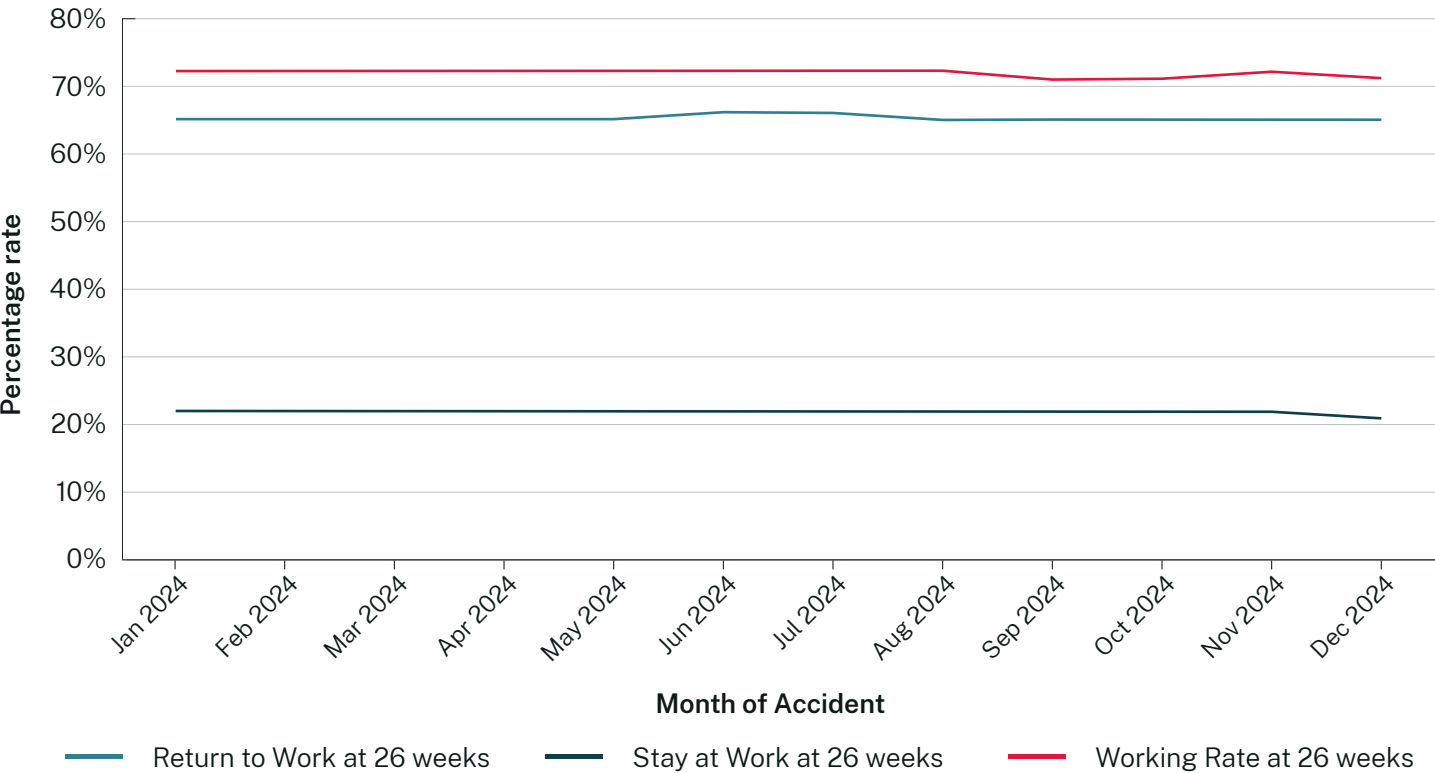
The rolling average for return to work, stay at work and working rate, over the last 12 months, were quite steady at around 65%, 22% and 72% respectively.

Below, Figure 1 demonstrates the 6 month rolling averages for 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 2025. It

is noted that the 26 week measure requires 6 months of development for comparison, so no rates can be presented from January 2025 to June 2025.

The rolling average for return to work, stay at work and working rate, over the last 12 months, were quite steady at around 65%, 22% and 72% respectively.

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

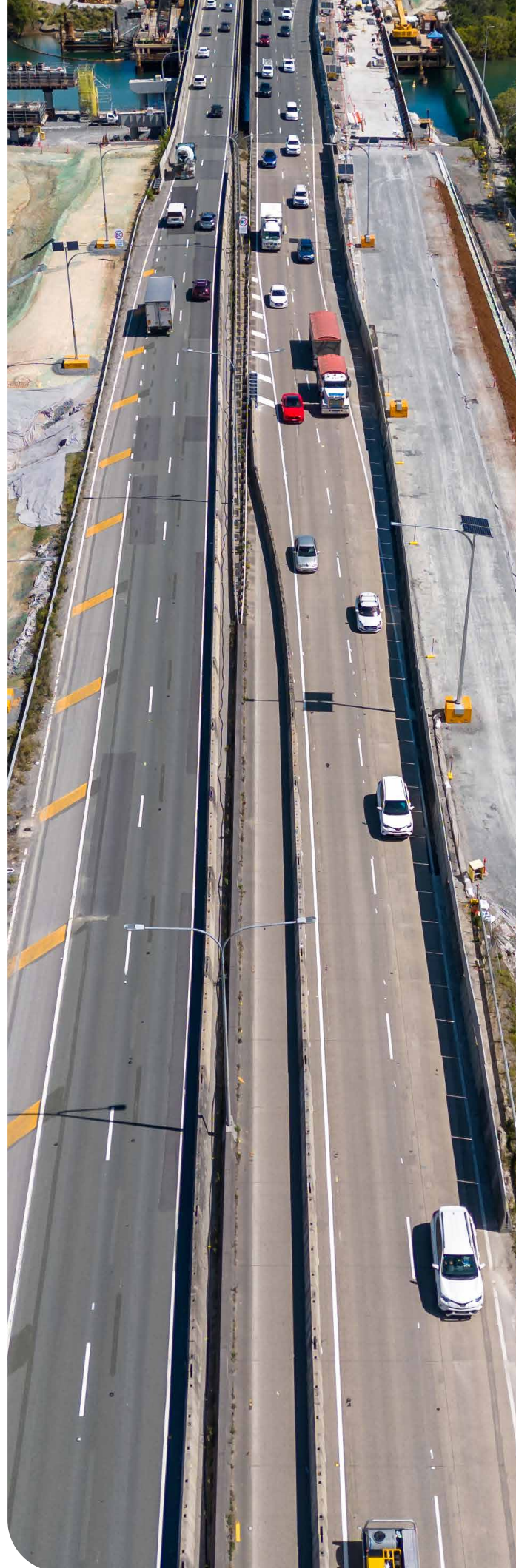


## 4.4. Claim acceptance rates

From July 2024 to June 2025, insurers accepted 97% of statutory benefits claims. This has been stable year on year, with 97% accepted during July 2023 to June 2024.

The most common reasons for claim denial in accordance with the MAI Act 2017 included:

- late claim lodgement (more than 90 days after the crash)
- the claim did not involve a motor vehicle crash.





# 5. Efficiency

## 5.1. Premium returned as claim benefit

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

As of January 2025, scheme efficiency for the 2017 scheme is projected at 63%, compared with 44% under the *Motor Accidents Compensation Act 1999* (MACA 1999) scheme.

This result in scheme efficiency is closely linked to the design reforms introduced under the MAI Act which through supporting recovery by enabling early access to treatment and income support and implementing the transitional excess profit and loss mechanism has ensured that a greater proportion of premium revenue is used to support people with an injury.

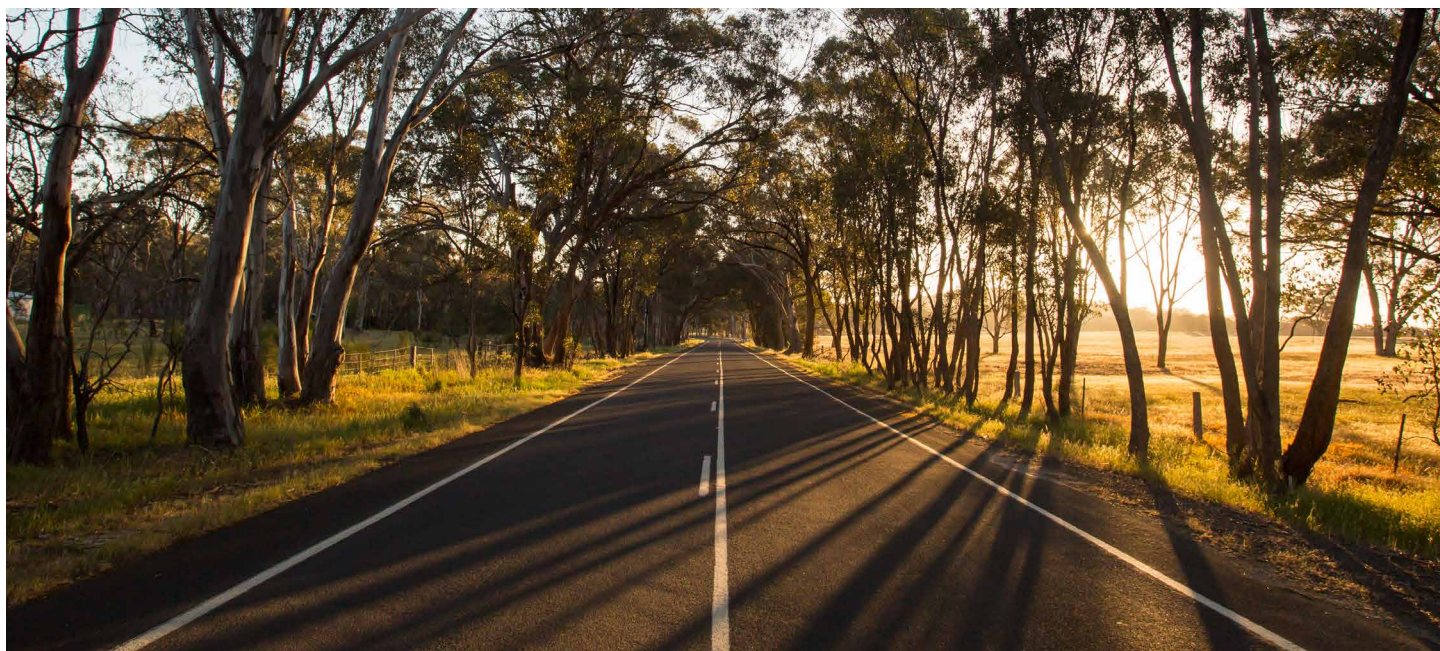
## 5.2. Duration

As of 30 June 2025, a total of 52,924 statutory benefits claims have been finalised and 10,307 award of damages claims have settled since scheme commencement.

The average duration<sup>7</sup> of threshold claims in the 2024–25 financial year is 43.8 weeks, up from 42.1 weeks in 2023–24. This increase suggests that a growing proportion of claimants are accessing the extended statutory benefits introduced through legislative amendments effective 1 April 2023. These amendments entitle eligible individuals to up to 12 months of statutory benefits, providing sustained support throughout recovery and reducing reliance on common law processes.

Damages claim durations continue to evolve due to the long-tail nature of the scheme. The financial year-to-date (FYTD) average duration<sup>8</sup> is 35.3 months, a slight decrease from 37.5 months in the 2023–24 financial year. The 2018 crash year, which has a higher proportion of finalised damages claims, shows an average duration of 44.6 months.

The removal of the 20-month waiting period for lodging damages claims — applicable to individuals with non-threshold injuries and Whole Person Impairment (WPI) of 10% or less, injured from 1 April 2023 — is expected to contribute to further reductions in duration over time as more claims progress through the system.



<sup>7</sup> Statutory benefits duration is measured up to the date of the last claim payment. Claims that remain open but have had no payments for more than three months are deemed finalised for reporting purposes.

<sup>8</sup> Award of Damages duration includes both statutory benefits claims that proceed to an award of damages and award of damages-only claims. The duration is measured from the date of lodgement to the date of the first damages payment.



### 5.3. Internal Review

Internal reviews are a feature of the 2017 Scheme designed to help resolve disputes about insurer decisions. They are conducted by insurers, independent of the original decision maker, allowing the person with an injury 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. However, there are some medical assessments and miscellaneous claims assessment matters where this period is extended to 21 days. The maximum period for all internal reviews is 28 days if further information is required.

From last financial year, a total of 9,235 internal reviews were lodged with insurers. Of the 37,922 internal reviews

determined since 1 December 2017, 79% of original decisions have been upheld, with 21% overturned in favour of the person with an injury and 1% had a new decision not in favour of the person with an injury

The proportion of internal review decisions being upheld has seen minor changes over time, with 75% being upheld in 2019 compared to 79% being upheld in 2025. Of the 21% overturned in 2025, 20% were overturned in favour of the person with an injury. This means that the internal review process resolves about a fifth of disagreements between insurers and persons with an injury, subsequently removing the need for the person to lodge a dispute with the Commission in these matters.

Table 7: Internal review determinations per year

Financial Year ending June	Number of Applications	Number of Determinations	Percentage Upheld <sup>9</sup>
2018	335	288	76%
2019	2899	2371	75%
2020	5016	4211	77%
2021	6979	5815	79%
2022	7483	6393	80%
2023	7064	5887	76%
2024	6652	5521	77%
2025	9235	7436	79%

Figures are rounded to the nearest whole percentage.

9 Figures are rounded to the nearest whole percentage.

From 1 July 2024 to 30 June 2025, 98% of internal reviews were within compliance timeframes. The most common type of decisions reviewed relate to reasonable and necessary treatment and care. The majority (78%) of these have the insurer's original decision upheld (same outcome for people with a claim).

**Table 8: Determined internal reviews from scheme commencement to June 2025**

Internal review type	Internal review sub-type	Decision upheld	Decision overturned in favour of customer	New decision	Total
Medical assessment	Is treatment and care reasonable and necessary	9,959 (74%)	3,348 (25%)	112 (1%)	13,428
	Threshold injury	9,143 (86%)	1,507 (14%)	0 (0%)	10,650
	Permanent Impairment	3,640 (94%)	246 (6%)	0 (0%)	3,886
	Treatment improving recovery	1,584 (75%)	505 (24%)	32 (1%)	2,121
Merit review	Number of weekly payments	925 (46%)	943 (46%)	155 (8%)	2,023
	Treatment/care related to injury from crash	697 (80%)	172 (20%)	2 (0%)	871
	Statutory benefits	324 (71%)	133 (29%)	0 (0%)	457
Miscellaneous claims assessment	Is the injured person mostly at-fault?	1,638 (78%)	456 (22%)	0 (0%)	2,094
Other	N/A	1,632 (68%)	724 (30%)	36 (2%)	2,392
Total		29,542 (78%)	8,034 (21%)	346 (1%)	37,922

# 5.4. Disputes and Procedural matters

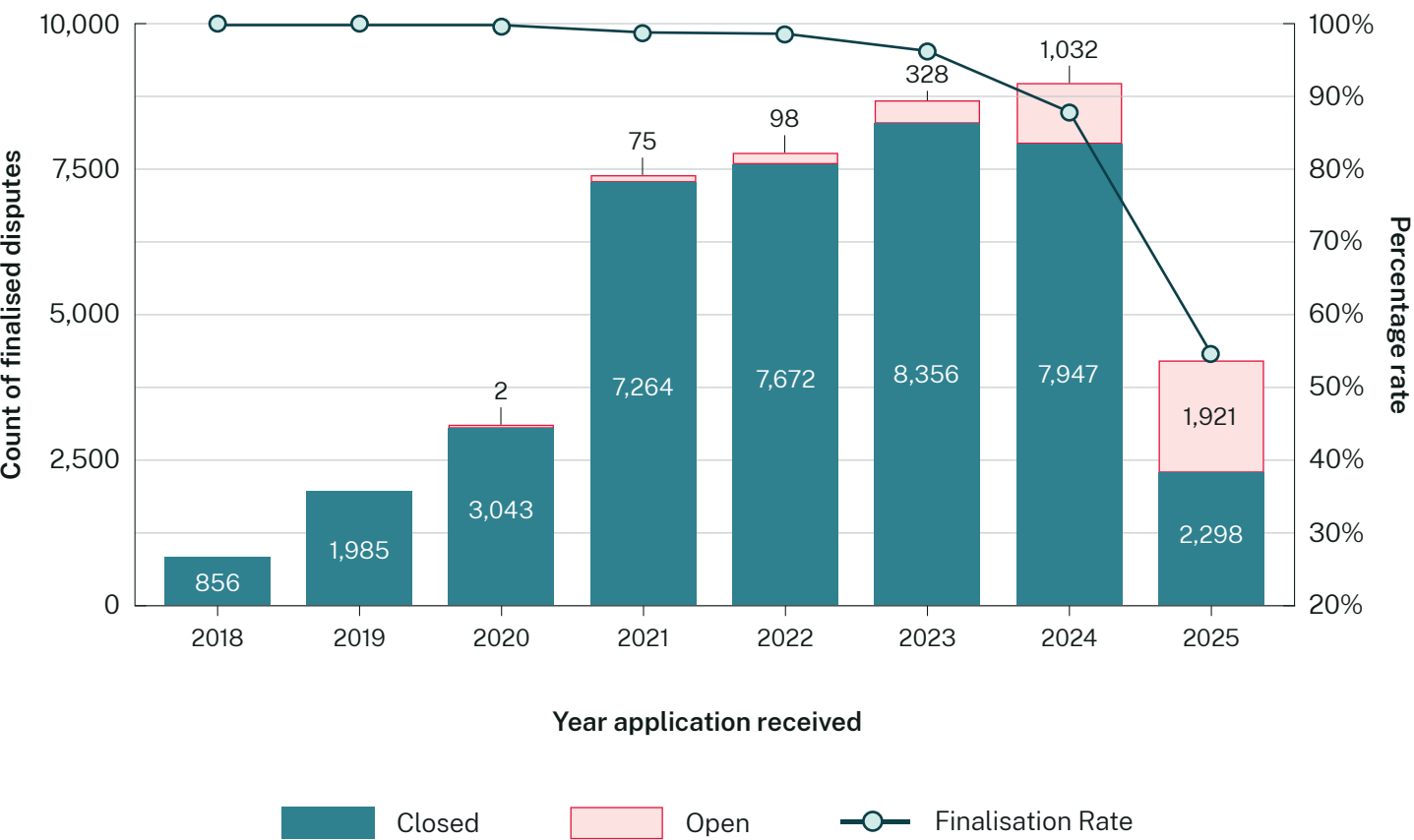
As of 30 June 2025, 42,877 matters have been lodged with the Commission.

A person with a claim may raise multiple matters for one claim. Of the people that have lodged a dispute, a total of 36% of people have raised just one, and 64% have raised more than one.

SIRA continues to monitor finalisation rates of overall matters. The below graph highlights the count and rate of finalised disputes and procedural issues by the year in which they were lodged.

Disputes lodged in 2024 and 2025 are currently sitting at a finalised rate of 88.5% and 54.5% respectively.

Figure 2: Count and rate of finalised disputes by application received date





# 6. Viability

## 6.1. Claims experience

From 1 December 2017 to 30 June 2025, a total of 91,313 claims have been reported. A further 10,362 claims are expected<sup>3</sup> to have been incurred but not yet reported for crash periods up to 30 June 2025.

As of 30 June 2025, nearly all claims have now been lodged for crash years prior to 2024. Lodgement rates for 2024 and 2025 years are currently at 94% and 39%, respectively.

Due to the COVID-19 lockdown, reported claims over specific periods in March to June 2020 and July to September 2021 were lower, due to lower traffic volumes. This impacted the claims reported in 2020 and 2021. Reported claim numbers have since increased to 3,800 per quarter, suggesting a return towards pre-Covid lockdown levels.

For award of damages claims as of 30 June 2025, 100% of expected claims have been lodged for crashes occurring in 2018, 99% for 2019 and 2020, 98% for 2021, and 90% for 2022.

Further information is available in the 2017 CTP Scheme Quarterly Actuarial Monitoring 30 June 2025.

**Table 9: Actual number of claims versus expected<sup>3</sup> ultimate claims per CY**

CY	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
2018	Reported to date	6,150	4,004	2,144	12,311	1,012	13,857	2,970
	Expected ultimate	6,163	4,004	2,144	12,311	1,013	13,858	2,977
2019	Reported to date	5,494	3,884	2,126	11,520	949	12,949	3,000
	Expected ultimate	5,505	3,890	2,126	11,521	953	12,953	3,021
2020	Reported to date	4,666	3,471	1,886	10,049	729	10,988	2,800
	Expected ultimate	4,676	3,496	1,886	10,058	739	11,007	2,833
2021	Reported to date	4,197	3,056	1,670	8,947	670	9,873	2,420
	Expected ultimate	4,179	3,114	1,671	8,964	694	9,914	2,482
2022	Reported to date	4,813	3,587	1,837	10,317	692	11,293	2,885
	Expected ultimate	4,788	3,748	1,849	10,385	744	11,412	3,220
2023	Reported to date	5,515	3,783	2,128	11,499	770	12,679	2,717
	Expected ultimate	5,401	4,118	2,176	11,695	870	12,971	3,804
2024	Reported to date	6,082	3,185	2,337	12,683	789	13,869	1,539
	Expected ultimate	6,154	4,241	2,816	13,211	1,010	14,609	4,240
2025	Reported to date	1,401	757	278	5,351	240	5,805	132
	Expected ultimate	6,339	4,283	2,910	13,532	1,035	14,946	4,353

## 6.2. Claim numbers and type

Since commencement of the 2017 scheme, 90% of all claims lodged have a statutory benefit component. Nearly 19% of claims have lodged a claim for damages, in addition to statutory benefits.

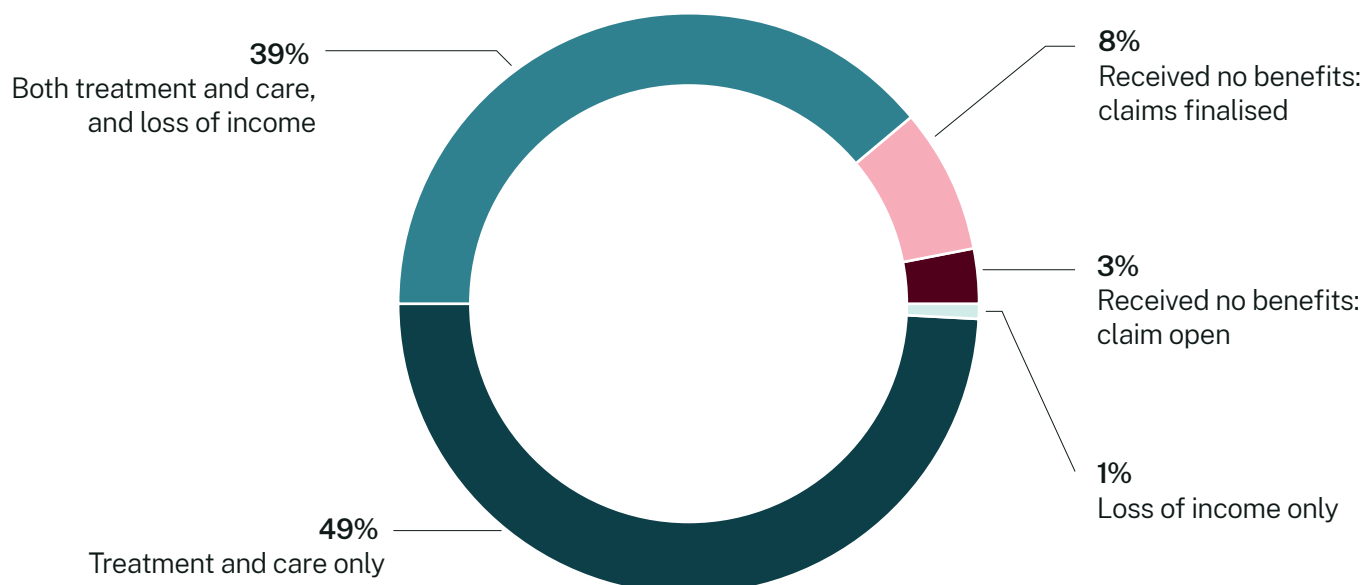
Early notification claims are matters where the person with an injury accesses pre-claim support without making a formal claim. These make up 3% of claims. Compensation to relatives and funeral benefits represent almost 2% of claims reported and less than 2% of payments.

**Table 10: Number of claims reported by claim type from scheme commencement to 30 June 2025**

Claim type	Number of claims	% of total claim type
Statutory benefits	65,359	71.5%
Statutory benefits with claim for damages	7,244	18.9%
Award of damages	21	0.1%
Early notifications	2,786	3.0%
Interstate	2,422	2.7%
Compensation to relatives and funeral	1,759	1.9%
Workers compensation	71	1.0%
Combination claims	829	0.9%
Overall	91,391	100.0%

There have been 82,603 claims lodged for statutory benefits since scheme inception. A total of 49% received treatment and care benefits only and a further 39% received both weekly benefits and treatment and care benefits.

**Figure 3: Statutory benefit claim types to June 2025**



## 6.3. CTP Care Claims

The Lifetime Care and Support Authority (LCSA) which administers CTP Care, provides treatment and care statutory benefits for people injured in a motor crash in NSW on or after 1 December 2017 who have treatment and care needs that extend beyond 5 years.

As of 30 June 2025, CTP Care was managing:

- 47 early by agreement claims
- 1,817 open claims

## 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 monitors and publishes details relating to insurer performance through customised monitoring activities including a Supervision Assurance Program (SAP). The SAP reviews both existing and emerging risks and issues and complements core supervision and insurer remediation activities.

In financial year 2024-25, SIRA conducted a reaudit of insurers to assess their performance in the managements

of claims involving a death. The SAP report is published on SIRA's website.

Additionally, insurers were required to complete an annual self-assessment of their compliance obligations under the MAI Act. This assessment covered key criteria relating to pricing, claims handling and data management.

Table 10 below provides a summary of key indicators reflecting insurer performance and customer experience within the CTP scheme.

**Table 11: CTP Insurer claims experience comparison 1 July 2023 to 30 June 2024**

		AAMI	Allianz	GIO	NRMA	QBE	Youi
Income support	Percentage of claims accepted for statutory benefits	98.5%	93.6%	98.0%	97.5%	98.0%	97.8%
	Average time for people with an injury to receive their first income support payments from date of claim lodgement in weeks	5.1	3.6	4.9	4.1	5.7	4.3
Treatment and care	Percentage of people with an injury receiving treatment and care within 4 weeks of claim (Includes % of people with an injury receiving treatment and care prior to lodgement)	94.1%	97.6%	94.8%	94.9%	95.1%	96.8%
Internal reviews	Percentage of internal reviews within prescribed timeframes	99.8%	98.8%	99.8%	95.4%	97.0%	99.2%
Work participation	Percentage of people who are working at 26 weeks after the date of crash (People who are entitled to weekly benefits)	72.4%	74.3%	71.3%	72.3%	67.0%	71.8%



## 6.5. SIRA's Regulatory Actions

The table below provides a summary of the regulatory actions SIRA has taken in relation to insurer compliance and performance issues.

**Table 12: Regulatory activities from 1 July 2024 to 30 June 2025**

Insurer	Regulatory Action	2017 Scheme
AAMI & GIO	Letter of compliance	2
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	5
Allianz	Letter of compliance	0
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	2
NRMA	Letter of compliance	4
	Letter of Censure	0
	Civil Penalty	1
	Remediation Plan	5
QBE	Letter of compliance	0
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	2
Youi	Letter of compliance	1
	Letter of Censure	0
	Civil Penalty	0
	Remediation Plan	2
Total	-	24

## 6.6. Research

SIRA is committed to funding initiatives that promote injury prevention, treatment, rehabilitation, and road safety, in line with our statutory functions. SIRA’s vision is to use and translate high quality research to ensure the NSW CTP scheme is fair, affordable, and effective. SIRA partners with multidisciplinary organisations to undertake robust research aligned to its key priorities, to develop an evidence base to inform best practice and executive decision making.

In the 2024-25 financial year SIRA committed \$2.52 million to fund projects managed by the Centre for Road Safety (Transport for NSW) to improve road safety, reduce costs of road crashes, and improve the efficiency of the CTP Scheme. The funding commitment supported delivery of

10 projects, targeting priority road user groups including young and disadvantaged drivers, older and regional drivers, as well as passengers, motorcyclists, pedestrians, local councils, and community.

SIRA also undertakes research relating to specific issues in healthcare. Currently there is work underway with Professor Adam Elshaug of the University of Melbourne to understand the overuse of patient care with little clinical benefit; referred to as Low Value Care (LVC). The project aims to better understand the impacts of LVC and provide evidence-based recommendations for refinement and reform of practices to achieve best practice patient care and optimise scheme outcomes.

## 6.7. Fraud

SIRA conducts investigations and prosecutions related to CTP under the MAI Act, the MAC Act 1999, the *Motor Accidents Act 1988 (NSW)*, and the *Crimes Act 1900 (NSW)*. These activities focus on fraudulent conduct,

serious breaches of statutory obligations, and criminal offences linked to the schemes. SIRA receives referrals from both internal SIRA business units and external stakeholders, including CTP insurers, icare and the public.

**Table 13: SIRA Fraud activities from 1 July 2024 to 30 June 2025**

Financial Year	CTP Fraud Referrals for Investigations	Cases Referred DCS Legal for Prosecution	Finalised CTP Fraud Prosecutions
2024 - 2025	50	18	2

### SIRA Fraud Prosecutions

In October 2024, SIRA successfully prosecuted a person with a claim for fraud under the CTP scheme, following breaches of the Motor Accident Injuries Act 2017. The court sentenced the person with a claim to 12 months’ imprisonment under an Intensive Correction Order. In addition to a \$1,100 fine, the claimant was ordered to pay \$6,203.03 in prosecution costs.

In May 2025, SIRA successfully prosecuted a person with a claim for defrauding the CTP scheme of over \$135,000. The offender pleaded guilty to dishonestly obtaining payments by deception under Section 192E of the Crimes Act 1900. The court determined that a custodial sentence was warranted, sentencing the offender to 12 months’ imprisonment to be served in the community under an Intensive Correction Order. Additionally, the claimant was ordered to pay prosecution costs of \$12,620.49.

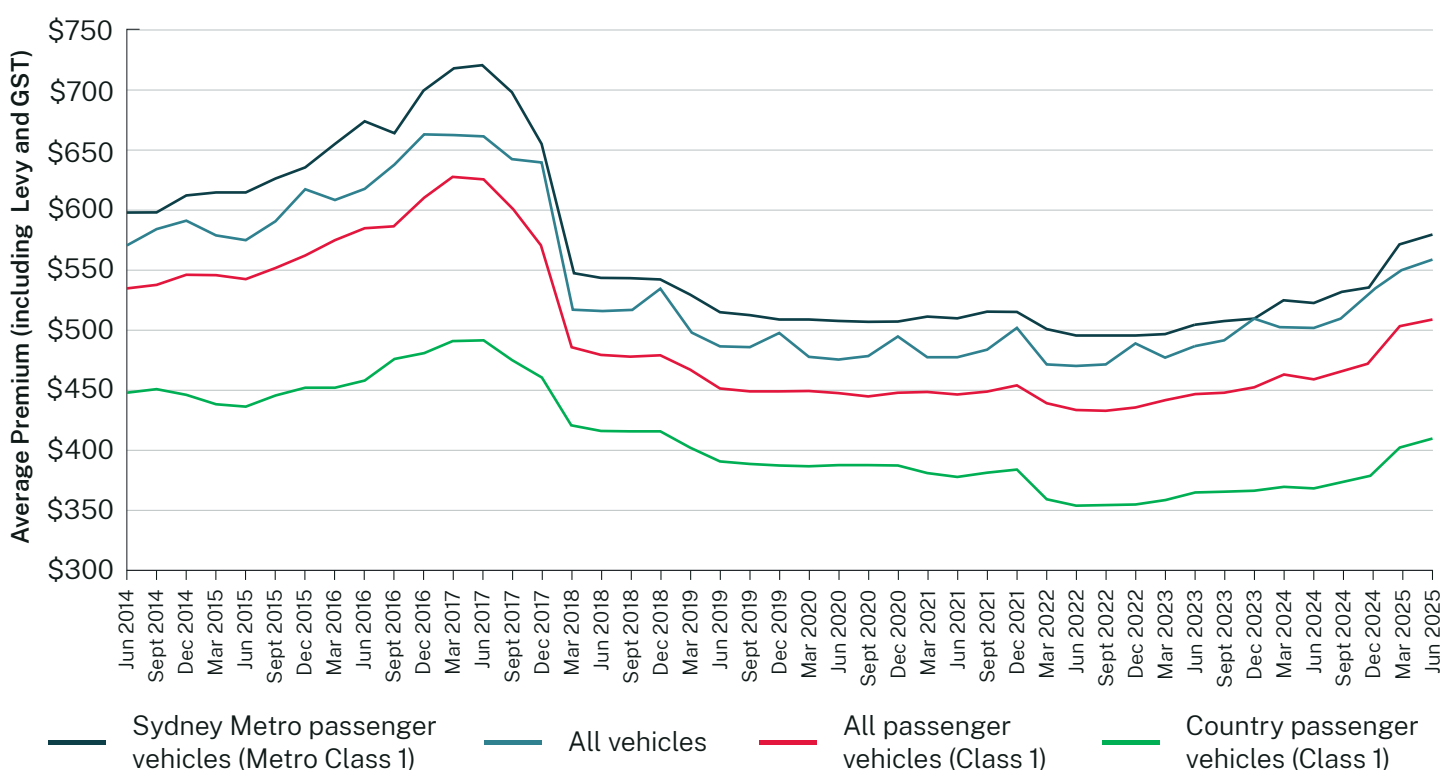
# 7. Affordability

## 7.1. Premiums

Since the commencement of the 2017 Scheme, premiums reduced across all vehicles until the end of 2022. Since 2023, premiums have started to increase predominantly driven by the increase in benefits payable following

legislative amendments in November 2022, an increase in levies, and inflation. The upwards pressures on premiums have been partially offset by the excess insurer profits being returned to customers via reduced fund levies.

**Figure 4: CTP premiums over time 2014 to 2025**

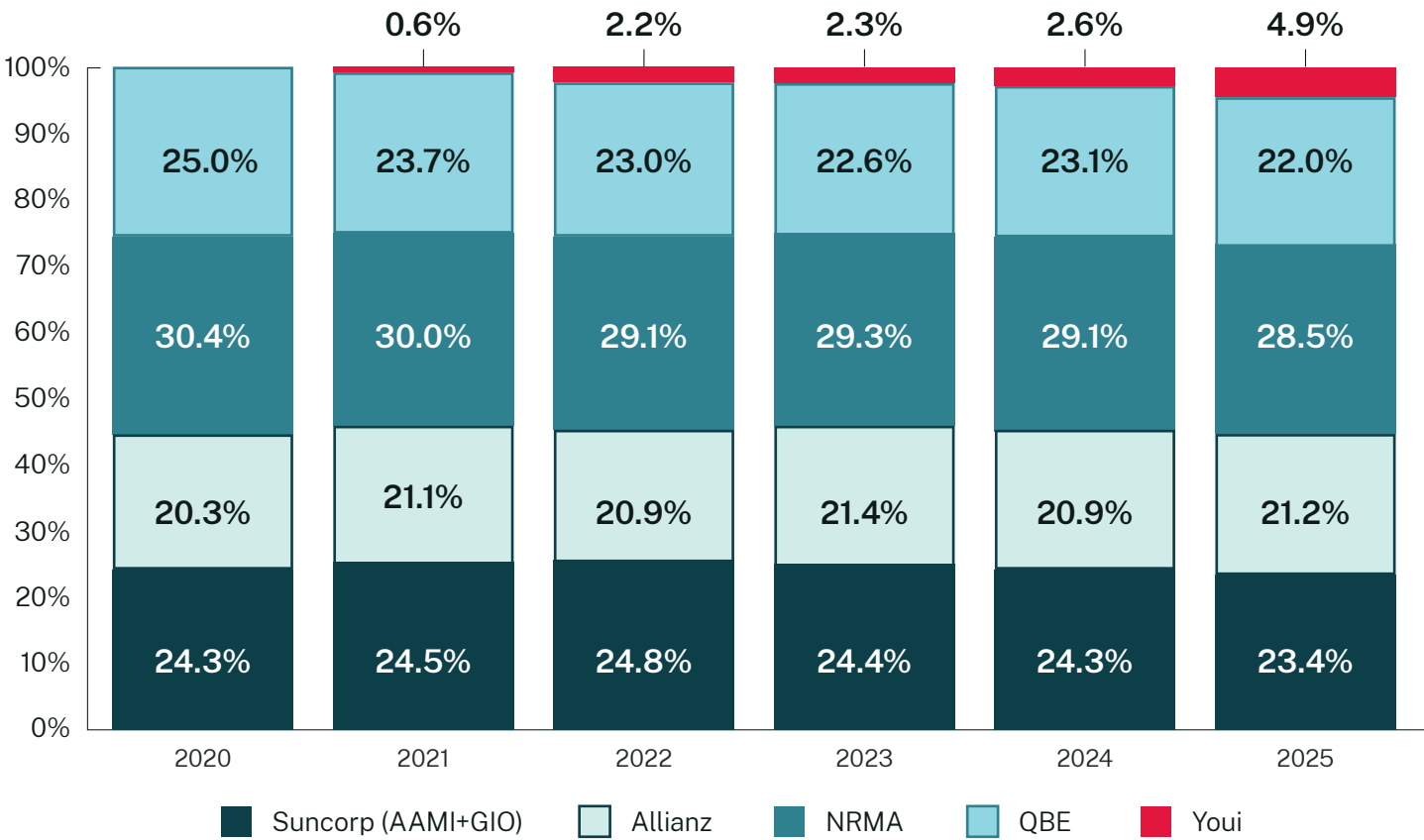


## 7.2. Market trends

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 insurance 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 5: Market share (premium) by insurer as of June 2025



Insurers are also changing their pricing in market more frequently in the new scheme. SIRA has reviewed over 106 insurer premium filings (excluding levy changes) since 1 December 2017, which provides another indication of insurer price competition occurring in the market.

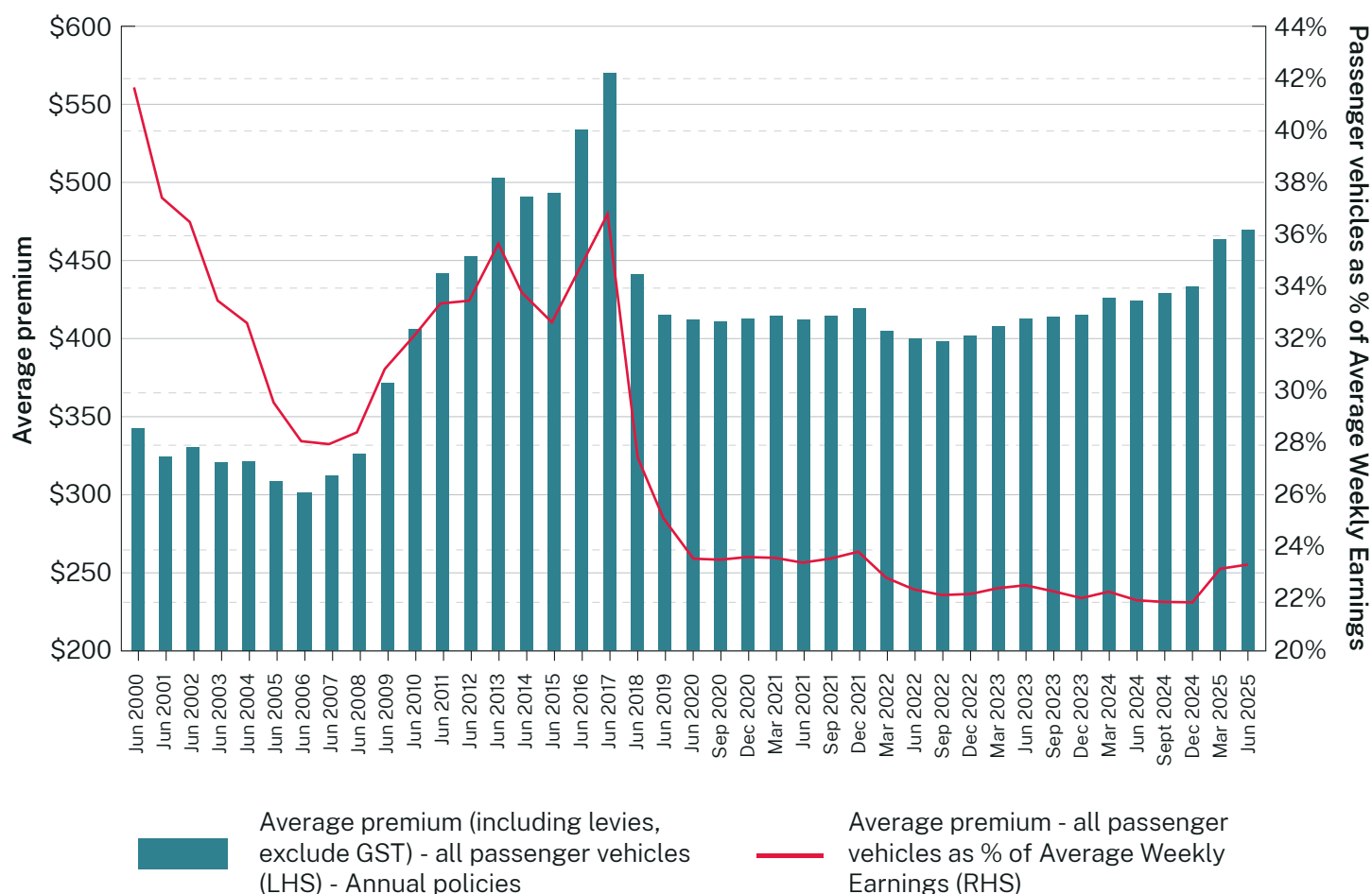
SIRA provides the [Green Slip Price Check](#) website with the most up-to-date prices, which allows customers to find the option for their own circumstances and make

informed purchasing decisions. An average of around 254,116 customers use the Green Slip Price Check for quotes monthly.

SIRA measures affordability based on the average premium for all annual policies of passenger vehicles (Class 1), excluding GST and including levies, as a ratio of average weekly earnings. Affordability for the 2017 Scheme continues to remain strong at 23% as of 30 June 2025, compared to 37% under the 1999 Scheme.



**Figure 6: Premium affordability as a percentage of Average Weekly Earnings**



## 7.3. Transitional excess profit and loss

In 2024, following the annual assessment for the Transitional Excess Profit and Loss (TEPL), SIRA again activated the TEPL mechanism for the fourth time to claw back an additional \$90.5 million in insurer profits, generated in the first 2 years (2018 & 2019) of the new scheme. A combined total of \$543 million in insurer profit has now been recovered. This profit is redistributed to NSW motorists through savings on CTP policies.

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 2025. The sixth TEPL assessment cycle is currently underway. This will examine the years from 2018 to 2023. The outcome of this assessment will be available by the end of 2025.

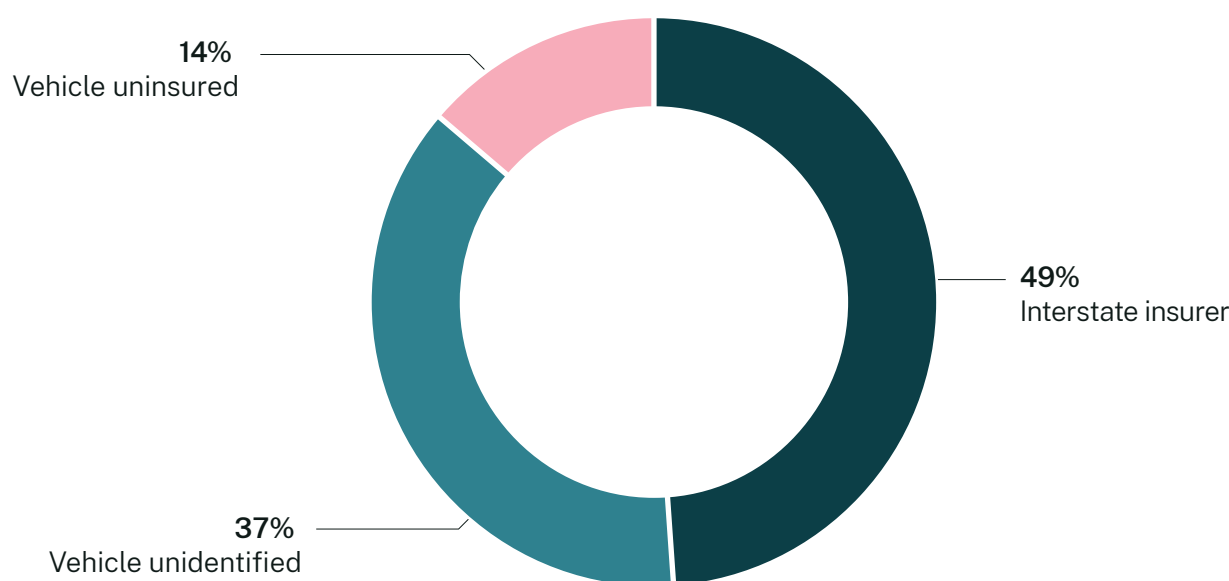


## 7.4. Nominal Defendant experience

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 being 8.7% in financial year 2024-2025. Most Nominal Defendant claims arose due to the involvement of an interstate insurer or the vehicle being unidentified, with a minority arising due to the vehicle being uninsured as indicated in Figure 7.

**Figure 7: Split of Nominal Defendant claims as at June 2025**



## 7.5. Enforcement trends in vehicle registration compliance

Offences relating to unregistered vehicles have increased in the most recent period, with 214 offences between July 2024 and June 2025 opposed to 81 offences being recorded for the prior year.

Information on police action taken regarding unregistered vehicle offences is available on the Revenue NSW Open data portal.

# 8. Customer experience

## 8.1. Customer Experience Surveys

SIRA measures the experience of people with a CTP claim via monthly online surveys. These surveys are issued twice, the first after 3 months of scheme participation to understand the individual’s experience to date, and the second after claim closure to better understand end-to-end experiences and outcomes.

The surveys provide insights into the overall experience of the claim process, including:

- insurer performance, and adherence to SIRA’s Customer Service Conduct Principles,
- health and social outcomes, and
- trust in scheme.

The current survey approach has been in place since 2023 and provides valuable information to identify opportunities to improve the experience of people with a claim.

The snapshot below presents findings relating to SIRA’s Conduct principles from the monthly CTP open claim surveys conducted up to 30 June 2025.

Table 14: CTP Open claim survey

Metric	Average score
<b>SIRA Conduct Principles – Thinking about the service you received from your insurer to date, to what extent do you agree or agree strongly:</b>	
Easy to interact with	67%
Information was clear & understandable	69%
Easy access to information	66%
Treated you with respect	80%
Understood your needs	67%
Treated you fairly	71%
Resolved concerns quickly	59%
Respects your time	72%
Addressed your concerns	67%
Advised you of your entitlements	71%
Open about your claim	70%

The snapshot below presents findings from CTP closed claim surveys conducted between September 2024 and February 2025.

**Table 15: CTP Closed claim survey**

Metric	Average score
Overall, how was your experience with the claims process –positive or extremely positive	58%
Overall, how was your experience with your insurer –positive or extremely positive	58%
Overall, how was your experience with main treating healthcare professional –positive or extremely positive	90%
How would you rate the extent to which you have been able to get your life completely back on track	61%

## 8.2. CTP Assist

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

In the financial year 2024-2025, CTP Assist had 13,343 successful conversations with people with an injury, which represents a 32.2% participation rate from all outbound call attempts. The participation rate continued to increase in the 2024-25 financial year, up from 31.3% in 2023-24. To continuously improve the participation rate, CTP Assist sends out an introductory email message to people with a claim, so that they know they can expect a call, and a follow-up SMS messages when unable to establish contact.

Customer experience with the outbound service is measured using Customer Satisfaction and Net Promoter Score measurements. During the 2024-2025 financial year, CTP Assist achieved a result of +50. This indicates CTP Assist has 50% more customer promoters than detractors of the service it provides. Positive customer satisfaction for the CTP Assist outbound service was 84% in the 2024-2025 financial year.

At the start of financial year 2023-2024, SIRA established a specialist service to support people impacted by a fatality as a result of a motor vehicle crash. The function was set up in response to feedback from families with lived experience. SIRA offers specialised support to help with the CTP claim lodgement process and access to SIRA's Trauma Support Service. SIRA's Trauma Support Service offers immediate psychological assistance to family members affected by a fatal motor crash, without the need for a CTP claim. Operated by PeopleSense by Altius, it provides up to 6 sessions with a psychologist for early grief and trauma support. Eligibility extends to a range of family relations, with appointments available weekdays and crisis counselling offered 24/7.

In financial year 2024-2025, 366 lives were lost on NSW's roads<sup>10</sup>. The percentage of families contacted following a crash and allowing SIRA to assist with their claims now exceeds 90%.

SIRA engages closely with the Road Trauma Support Group, a support network run by people who have lost a loved one due to a motor vehicle crash as a result of a criminal act to ensure families are supported.

<sup>10</sup> Transport for NSW - Centre for Road Safety.



### 8.3. Customer complaints

A person with a claim 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 is responsible for managing complaints made by a person

with a claim that are not about the insurer and from other parties, including service providers and policyholders.

In financial year 2024-2025, 740 complaints were received for the CTP scheme, of which 480 complaints were handled by IRO and 260 handled by SIRA.

**Table 16: Total CTP Complaints requiring insurer action and per 100 open claims**

	FY2024–25	FY2023–24
Number of Independent Review Office (IRO) complaints requiring insurer action (Financial year to date)	480	590
Complaints requiring insurer action per 100 open claims	2.1	2.7

The top 3 reasons for IRO complaints about insurers relate to the:

- treatment and care
- income support/weekly payments
- case manager

The top 3 reasons for complaints for those managed by SIRA are:

- Payments related to the claim e.g. provider payments
- How premiums are calculated
- Other policy related issues e.g. purchasing, refunds, cancellation and coverage

# 9. Equity

SIRA monitors claims payments to ensure that premiums collected are directed primarily at people with the most severe injuries, while also supporting the recovery of all people with an injury.

As shown in Table 15, the data up until June 2025 confirms that most payments are made to not-at-fault non-threshold statutory benefit claimants, and to damages claimants assessed as having whole person impairment greater than 10%.

**Table 17: Ultimate claims costs for claims segments per CY<sup>11</sup>**

Claim segment		2018	2019	2020	2021	2022	2023	2024	All years
Statutory benefit claims	Not at-fault unknown severity	0%	0%	0%	0%	0%	0%	0%	0%
	At-fault	3%	3%	3%	3%	3%	4%	5%	4%
	Not at-fault threshold	2%	2%	3%	3%	3%	4%	5%	3%
	Not at-fault non-threshold	17%	18%	17%	19%	20%	21%	20%	19%
Claim for damages	Other damages & Unknown WPI	4%	4%	4%	4%	5%	4%	5%	4%
	WPI ≤10%	14%	15%	15%	15%	14%	16%	16%	15%
	WPI >10%	51%	50%	50%	49%	48%	45%	42%	48%
Non-statutory benefit claims	-	9%	8%	8%	7%	7%	6%	7%	7%
Total	-	100%	100%	100%	100%	100%	100%	100%	100%

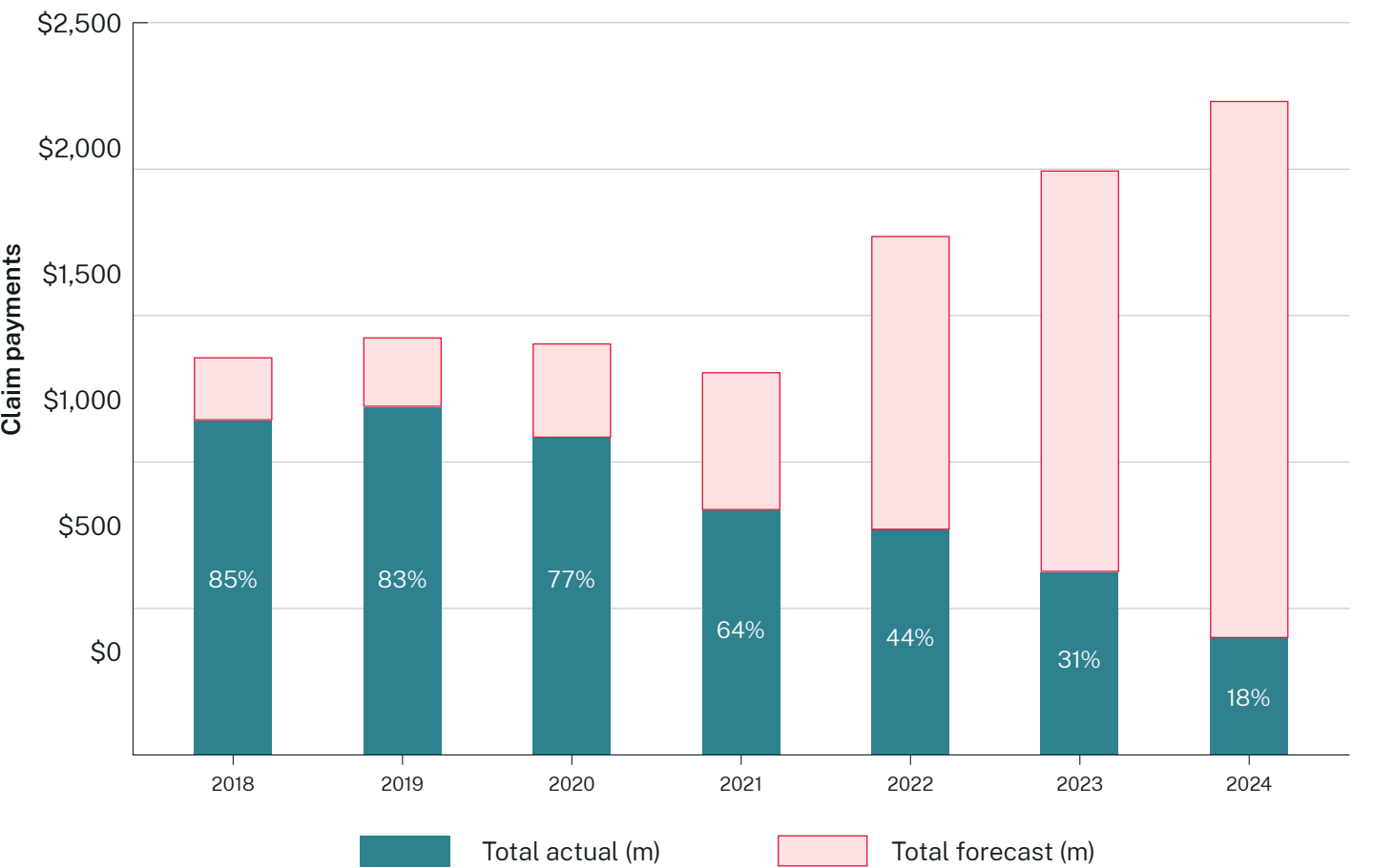
<sup>11</sup> Table 17 does not include the 2025 crash year because, as of the report's data date (30 June 2025), only six months of that year have elapsed.

# 9.1. Claim payments

Payments continue to progress as expected, with 85% of the expected<sup>3</sup> payments for 2018, 83% for 2019, 77% for 2020, 64% for 2021, and 44% for 2022 already paid. There is still some uncertainty surrounding ultimate payments

because not at-fault non-threshold claims are eligible for statutory benefits for up to 5 years after the date of the crash. For damages claims, although a number have now been lodged, the settlement experience is still emerging.

Figure 8: Actual vs expected future claims payments<sup>12</sup>



Average not at-fault threshold injury claims payments have expected to increase from \$5,500 (1 December 2017) to \$17,000 for post amendment claims (30 June 2025). While at-fault claim payments have increased from \$37,000 (1 December 2017) to \$25,863 (30 June 2025).

As of 30 June 2025, 79.4% (\$751.1 million) of expected payments for damages claims for the 2018 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 77.3% (\$766.3 million)

of expected payments for damages claims for 2019 have been paid, 70.6% (\$691.5 million) of expected payments for damages claims for 2020, 54% (\$503.5 million) for 2021, and only 30.2% (\$376.7 million) for the 2022.

The expected<sup>3</sup> average payment<sup>13</sup> for a claim for damages when the person with an injury has a permanent impairment of 10% or less is approximately \$200,000. This compares with approximately \$600,000 for those with a permanent impairment of greater than 10%.

12 Figure 8 does not include the 2025 crash year because, as of the report’s data date (30 June 2025), only six months of that year have elapsed.  
13 Figures estimated for when most damages claims have been settled, which will take several more years.

**Table 18: Actual versus expected<sup>3</sup> payment patterns per CY<sup>14</sup>**

CY 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	\$751.1m	\$195.7m	\$280.3m	\$0.1m	\$111.5m	\$13.5m	85%
2019	\$766.3m	\$225.4m	\$314.7m	\$0.5m	\$103.3m	\$10.5m	83%
2020	\$691.5m	\$288.4m	\$306.1m	\$1.5m	\$85.9m	\$27.1m	77%
2021	\$503.5m	\$420.9m	\$282.9m	\$11.7m	\$48.8m	\$44.2m	64%
2022	\$376.7m	\$870.1m	\$346.4m	\$50.1m	\$47.2m	\$71.6m	44%
2023	\$184.8m	\$1140.9	\$412.4m	\$118.6m	\$27.6m	\$100.0m	31%
2024	\$18.6m	\$1430.1m	\$364.4m	\$239.1m	\$14.2m	\$163.2m	18%

## 9.2. Bulk billing arrangement

In addition to health care and treatment services covered by the scheme, injured persons are covered by the bulk billing agreement. Division 10.3 of the MAI Act establishes that bulk billing arrangements may be entered into by SIRA with respect to hospital, ambulance, and other medical expenses incurred by individuals injured in motor vehicle crashes in NSW

The primary intention of Division 10.3 is to allow for a streamlined payment process for hospital, ambulance, and other related medical expenses arising from motor vehicle crashes by implementing a bulk billing system. These arrangements aim to reduce the administrative burden on

both service providers and insurers, ensuring that people with an injury receive necessary medical treatment without upfront costs or delays.

The table below shows the total expenditure for the BBA over the last 5 financial years. Except for a drop in the expenditure for both hospital services and ambulance in financial year 2021-22, the total expenditure for BBA was also on a consistent increase over the last few years. The increases are attributed an increase in the unit pricing as well as utilisation rates. The pricing basis of the BBA is the National Efficient Price set by the Independent Health and Aged Care Pricing Authority.

**Table 19: Total expenditure for the Bulk Billing Agreement (BBA) with NSW Health and Ambulance**

Financial Year	Hospital services	Ambulance	Total
FY 2020-21	\$122.5m	\$51.4m	\$173.9m
FY 2021-22	\$104.7m	\$40.0m	\$144.7m
FY 2022-23	\$123.8m	\$44.9m	\$168.7m
FY 2023-24	\$143.8m	\$47.3m	\$191.0m
FY 2024-25 <sup>15</sup>	\$158.5m	\$51.6m	\$210.2m

<sup>14</sup> Table above does not include the 2025 crash year because, as of the report's data date (30 June 2025), only six months of that year have elapsed.

<sup>15</sup> estimated based on actuals to March 2025 and extrapolated to June 2025.



# 10. Glossary

Item	Description
<b>Crash year (CY)</b>	The year in which the motor vehicle crash giving rise to the claim occurred. CY run from 1 January to 31 December.
<b>Active claims</b>	Claims where payments have been made in the past 3 months.
<b>Affordability</b>	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.
<b>Bulk Billing Agreement</b>	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.
<b>Class 1 vehicle</b>	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.
<b>Compulsory Third Party (CTP) insurance</b>	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).
<b>CTP Care</b>	CTP Care is designed to provide long term treatment and care for persons who have sustained injuries in a motor crash and require support beyond 5 years from the date of the crash. CTP Care is administered by the Lifetime Care and Support Authority as the relevant insurer under the Act.
<b>Fund levy</b>	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.
<b>Green Slip</b>	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.
<b>Non-economic loss</b>	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.
<b>Permanent impairment (PI)</b>	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.
<b>Pre-claim support</b>	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.
<b>Return to work rate (RTW)</b>	The RTW rate measures the percentage of pre-crash 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).

Item	Description
<b>Scheme Actuary</b>	Actuarial analysis for the NSW 2017 scheme is provided by Ernst & Young Australia.
<b>Scheme efficiency</b>	Measures how much of the premium dollar goes to claimants as benefits. The higher the proportion, the greater the efficiency of the scheme.
<b>Stay at work rate (SAW)</b>	The SAW rate measures the percentage of pre-crash 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.
<b>Threshold Injury</b>	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.
<b>Transitional Excess Profit and Loss (TEPL)</b>	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.
<b>Underwrite</b>	The process of assessing risk and ensuring the cost and conditions of the cover are proportionate to the risk faced by the individual concerned.
<b>Working rate</b>	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 2 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.
<b>WPI</b>	Whole Person Impairment (WPI) in workers' compensation refers to the percentage of permanent impairment resulting from a workplace injury.

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#### 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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