

# Data Submission Requirement National Claims Information Database Private Motor 2026

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# 1 Changes for 2026

## 1.1 Narrative Data

An additional data template has been added to the return called “Narrative”. This has been added to allow reporting agents to include information about various features of the data contained in the report. Examples of information that may be included are:

- Highlighting restated data submitted in the current return.
- Material trends in the data, e.g. a large jump in earned policy count.
- Unusual features in the data, e.g. no claims in a certain settlement channel.
- Material assumptions made when preparing the return.

## 1.2 Rolling Data Window

For 2026 the 15-year rolling window of data is 2011 to 2025.

## 1.3 Validation Checks

All returns are validated by the NCID team to ensure data quality, consistency and reasonableness. As requested, following engagement with various industry stakeholders a non-exhaustive list of validation checks carried out by the NCID team has been added in section 3.

## 2 Submission Requirements

Submissions to be provided by all companies<sup>1</sup> that write private motor car insurance business in the Republic of Ireland. No distinction regarding data submission requirements to be made between companies based on market share.

### 2.1 Assumptions

- Data is gross of reinsurance, net of salvage/subrogation.
- Data is aggregated unless otherwise stated.
- All data relates to business written in the Republic of Ireland only.
- Paid and incurred cost data requested in section 2.4 should include allocated loss adjustment expenses ("ALAE"), but should exclude unallocated loss adjustment expenses ("ULAE"). These are to be reported in the appropriate line item in section 2.7.
- Historical Aggregate Claim data requested in section 2.4 should be provided on a cumulative basis.
- Third Party Injury split threshold set at €250,000. Claims should be included in the Third Party Injury <= €250k aggregate claims data up until the point they reach €250,000. At this point their development should be cut short in the Third Party Injury <= €250k dataset and the total amount moved to Third Party Injury > €250k going forward, with the history of the claim before it became large remaining in the Third Party Injury <= €250k. Once claims have been moved to Third Party Injury > €250k, the basis of 'once large always large' should be applied.
- Data requirements cover private motor cars only (i.e. excluding motor cycles, mopeds, caravans, tractors, taxis).

### 2.2 Premium and Exposure (2011 to 2025)

Exposure Measures:

- Gross earned premium
- Earned policy count
- Earned vehicle years
- Earned premium rebate
- Gross written premium
- Written policy count.

Split by:

- Quarter (2011 - 2025)
- Type of Cover (Comprehensive/Third Party Fire and Theft/Third Party Only).

Gross earned premium should be reported after the effect of any earned premium rebates. The earned premium rebate should be the amount by which the earned premium was reduced to compensate policyholders for the impact of Covid-19 on their risk exposure.

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<sup>1</sup> This includes domestically-regulated firms and insurers that provide insurance in Ireland under Freedom of Establishment or Freedom of Services.

## 2.3 Ultimate Claims Data (2011 to 2025)

Claim Measures:

- Ultimate Costs (see appendix for definition)
- Ultimate Numbers (**claim-level** numbers)

Split by

- Accident Quarter (2011 - 2025)
- Type of Claim:
  - Third Party Injury <= €250k
  - Third Party Injury > €250k
  - Third Party Injury Total
  - Third Party Damage
  - Accidental Damage
  - Fire and Theft
  - Windscreen.

## 2.4 Historical Aggregate Claim Data (2011 to 2025)

Claim Measures:

- Paid Costs
- Incurred Costs
- Numbers Reported (claim-level numbers, including nils)
- Settled Costs (i.e. paid costs on settled claims only, excluding nils)
- Numbers Settled (claim-level numbers, excluding nils)
- Numbers Settled at Nil (claim-level numbers).

Split by:

- Accident Year (2011 - 2025)
- Development Year
- Type of Claim:
  - Third Party Injury <= €250k
  - Third Party Injury > €250k
  - Third Party Injury Total
  - Third Party Damage
  - Accidental Damage
  - Fire and Theft
  - Windscreen.

Note that PPOs (see appendix for definition) should be excluded from the historical aggregate and ultimate claim data requested. Information on PPOs will be collected in the PPO Claims data request (see section 2.6).

## 2.5 Historical Settled Claims (2015 to 2025)

Data for historical settled claims is required for years 2015 to 2025. Claimants with nil compensation/damages paid should be included. All settlement costs should be recognised in the quarter of settlement. Previously settled claims that have since been reopened should not be included.

- Numbers Settled in a calendar quarter (claimant-level numbers)
- Settled Costs – Total in calendar quarter
- Total costs are divided into sub costs, which are mutually exclusive:
  - Settled Costs – Compensation
  - Settled Costs – Compensation General Damages
  - Settled Costs – Compensation Special Damages
  - Settled Costs – Legal
  - Settled Costs – Legal Own
  - Settled Costs – Legal Third Party
  - Settled Costs – Other.

Provide the five-way split of costs where this data is available. This is required from settled year 2019 onwards:

- Settled Costs – Compensation General Damages
- Settled Costs – Compensation Special Damages
- Settled Costs – Legal Own Costs
- Settled Costs – Legal Third Party Costs
- Settled Costs – Other.

In the event that Compensation and Legal Settled Costs cannot be split out using the five-way split described above for years 2015–2018, provide the three-way split of costs instead:

- Settled Costs – Compensation
- Settled Costs – Legal
- Settled Costs – Other.

Total compensation settled costs in any year should equal the sum of:

- Settled Costs – Compensation
- Settled Costs – Compensation General Damages
- Settled Costs – Compensation Special Damages.

These are mutually exclusive, Settled Costs – Compensation is NOT the sum of Settled Costs – Compensation General Damages and Settled Costs – Compensation Special Damages.

Total legal costs paid in any year should equal the sum of:

- Settled Costs – Legal
- Settled Costs – Legal Own Costs
- Settled Costs – Legal Third Party Costs.

These are mutually exclusive, Settled Costs – Legal is NOT the sum of Settled Costs – Legal Own Costs and Settled Costs – Legal Third Party Costs.

Settled Costs – Total (overall) should equal the sum of:

- Settled Costs – Compensation
- Settled Costs – Compensation General Damages
- Settled Costs – Compensation Special Damages
- Settled Costs – Legal
- Settled Costs – Legal Own Costs
- Settled Costs – Legal Third Party Costs
- Settled Costs – Other.

Split by:

- Settled Quarter (format YYYYQ)
- Accident Quarter (format YYYYQ)
- Reported Quarter (format YYYYQ)
- Claim type:
  - Third Party Injury
  - Third Party Damage
  - Accidental Damage
  - Fire and Theft
  - Windscreen.
- Settlement Channel:
  - Direct
  - Direct before Injuries Resolution Board
  - Direct after Injuries Resolution Board
  - Injuries Resolution Board
  - Litigated
  - Litigated before Court Award
  - Litigated with Court Award.

Provide the five-way split of Settlement Channel where this data is available. This is required from settled year 2019 onwards:

- Direct before Injuries Resolution Board
- Direct after Injuries Resolution Board
- Injuries Resolution Board
- Litigated before Court Award
- Litigated with Court Award.

In the event that Direct and Litigated Settled Costs cannot be split out for years 2015–2018, provide the three-way split by Settlement Channel:

- Direct
- Injuries Resolution Board
- Litigated.

Total settled costs/numbers in the Direct channel in any year should equal the sum of

- Direct
- Direct before Injuries Resolution Board
- Direct after Injuries Resolution Board.

These are mutually exclusive, Direct is NOT the sum of Direct before Injuries Resolution Board and Direct after Injuries Resolution Board.

Total settled costs/numbers in the Litigated channel in any year should equal the sum of:

- Litigated
- Litigated before Court Award
- Litigated with Court Award.

These are mutually exclusive, Litigated is NOT the sum of Litigated before Court Award and Litigated with Court Award.

- Third Party Injury Settled Costs Banding:

- €1 - €5,000
- €5,001 - €10,000
- €10,001 - €15,000
- €15,001 - €30,000
- €30,001 - €45,000
- €45,001 - €60,000
- €60,001 - €75,000
- €75,001 - €100,000
- €100,001 - €125,000
- €125,001 - €150,000
- €150,001 - €250,000
- €250,001 - €500,000
- €500,000 - €1M
- €1M - €5M
- > €5M
- n/a.

- Compensation Band

- No Compensation Payment
- €1 - €5,000
- €5,001 - €10,000
- €10,001 - €15,000

- €15,001 - €30,000
- €30,001 - €45,000
- €45,001 - €60,000
- €60,001 - €75,000
- €75,001 - €100,000
- €100,001 - €125,000
- €125,001 - €150,000
- €150,001 - €250,000
- €250,001 - €500,000
- €500,001 - €1,000,000
- €1,000,001 - €5,000,000
- > €5M.
- n/a.

Claimants should be banded based on the total settled cost of the claim and the total compensation amounts paid. Banding relates to Third Party Injury claims only, Damage claims should be reported as “n/a”.

All claims with zero compensation, both injury and damage claims, should be reported using the “No Compensation Payment” Compensation Band (ID 0) and their appropriate total settled band.

- Non-nil injury claim: total settled cost band IDs 1 to 15 and compensation band IDs 1 to 15.
- Nil injury claim: total settled cost band ID 1 to 15 compensation band ID 0 (No Compensation Payment).
- Non-nil damage claim: total settled cost band ID 17 and compensation band ID 17
- Nil damage claim: total settled cost band ID 17 compensation band ID 0 (No Compensation Payment).

- Judicial Guideline Used flag.

- No
- Yes
- n/a

All damage claims should be flagged as ‘n/a’.

For any injury claim that would have come under the judicial council’s personal injury guidelines regardless of how it eventually settled i.e. either before or after the involvement of Injuries Resolution Board should be flagged as ‘Yes’.

Note that PPOs (see appendix for definition) should be excluded from the settled data requested. Information on PPOs will be collected in the PPO Claims data request (see section 2.6 below).

## 2.6 PPO Claims

Indicate if the reporting agent has any PPO claims.



- PPO Indicator Flag

## 2.7 Historical Income and Expenditure

Income and expenditure statements for 2011 - 2025 are required. This is to be completed using International Financial Reporting Standards (IFRS 17 - Insurance Contracts) or local Irish GAAP, in line with the Company's local accounting basis. These items are to be submitted in respect of insurance written on risks located in the Republic of Ireland.

Changes for IFRS 17 are in line with changes to NST.01. As outlined in the table below, some measures are required regardless of whether reporting under IFRS 17 or local GAAP – these are labelled “Both” under the Applicable Accounting Standard. Others measures are specific to Local GAAP or IFRS 17 accounting standards and are labelled as such.

Measures specific to IFRS 17 are required from the 2023 financial year only. Measures labelled “Both” or “Local GAAP” are required for all financial years 2011-2025, with the exception of measures specific to Local GAAP from 2023 if reporting under IFRS 17.

For definitions of the Income and Expenditure Statement (2011 to 2025), see section 4.2.

*Table 1: Measures (“Both” or “Local GAAP”) required 2011 to 2025.*

Applicable Accounting Standard	CoverType	HistExpMeasure
Both	Income	Gross Written Premium
Both	Income	Net Written Premium
Both	Income	Gross Earned Premium
Both	Income	Gross Earned Premium - Third Party Distribution
Both	Income	Gross Earned Premium - Related Distribution
Both	Income	Earned Premium Ceded - Third Party Reinsurance
Both	Income	Earned Premium Ceded - Related Reinsurance
Both	Income	Investment Income
Both	Income	Reinsurance Commission & Profit Participations - Third Party Reinsurance
Both	Income	Reinsurance Commission & Profit Participations - Related Reinsurance
Both	Income	All Other Income
Both	Income	Total Other Income
Both	Income	Total Income
Both	Expenditure	Gross Claims Incurred
Both	Expenditure	Claims Incurred - Third Party Reinsurer's Share
Both	Expenditure	Claims Incurred - Related Reinsurer's Share
Both	Expenditure	Gross Claims Paid
Both	Expenditure	Net Claims Paid
Both	Expenditure	Commission Payable - Third Party Distribution
Both	Expenditure	Commission Payable - Related Distribution
Both	Expenditure	Management Expenses
Both	Expenditure	Claims Management Expenses
Local GAAP	Expenditure	Total Technical Account - Expenses

Both	Expenditure	Interest Payable and Tax
Both	Expenditure	All Other Expenses (inc Investment Management Expenses)
Both	Expenditure	Total Other Expenditure
Local GAAP	Expenditure	Underwriting Profit
Both	Expenditure	Operating Profit
Both	Expenditure	MIBI Expenses
Both	Expenditure	Commission Payable - Third Party Distribution Sales Only
Both	Expenditure	Commission Payable - Third Party Distribution Other Services
Both	Expenditure	Commission Payable - Related Distribution Sales Only
Both	Expenditure	Commission Payable - Related Distribution Other Services
Both	Income	Gross Earned Premium - Direct Distribution
Both	Income	Unrealised Gains/(Losses)
Both	Expenditure	Gross Claims Incurred - Prior Year
Both	Expenditure	Gross Claims Incurred - Current Year
Both	Expenditure	Claims Incurred - Prior Year - Reinsurer's Share
Both	Expenditure	Claims Incurred - Current Year - Reinsurer's Share

Table 2: Measures specific to IFRS 17, required from the 2023 financial year only.

Applicable Accounting Standard	CoverType	HistExpMeasure
IFRS	Income - Insurance Revenue	CSM recognised for services provided
IFRS	Income - Insurance Revenue	Change in risk adjustment for non-financial risk for risk expired
IFRS	Income - Insurance Revenue	Expected incurred claims
IFRS	Income - Insurance Revenue	Expected other insurance service expenses
IFRS	Income - Insurance Revenue	Other amounts relating to changes in liabilities for remaining coverage
IFRS	Income - Insurance Revenue	Recovery of insurance acquisition cash flows
IFRS	Income - Insurance Revenue	Contracts measured under the PAA
IFRS	Income - Insurance Revenue	Other Insurance Revenue
IFRS	Income - Insurance Revenue	Insurance Revenue
IFRS	Income	Other Investment Income
IFRS	Income	Total Investment Income

IFRS	Expenditure - Other Insurance Service Expenses	Amortisation of Other acquisition expenses
IFRS	Expenditure - Other Insurance Service Expenses	Losses and reversals of losses on onerous contracts
IFRS	Expenditure - Other Insurance Service Expenses	Other Insurance Service Expenses
IFRS	Expenditure	Insurance Service Expenses
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Allocation of reinsurance premiums
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Amounts recoverable from reinsurers for incurred claims
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Amounts recoverable from reinsurers on onerous underlying contracts
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Amounts recoverable from reinsurers for other insurance service expenses
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Other net expenses (income) from reinsurance contracts
IFRS	Expenditure - Expenses (income) from reinsurance contracts	Total net expenses (income) from reinsurance contracts
IFRS	Expenditure - Insurance Finance Expenses	Net Finance Expense (Income) from insurance contracts
IFRS	Income - Insurance Finance Expenses	Net Finance Income (Expense) from reinsurance contracts
IFRS	Expenditure - Insurance Finance Expenses	Net Insurance Finance Expenses (Income)
IFRS	Expenditure	Other expenses / (incomes)
IFRS	IFRS	Insurance Service Result
IFRS	IFRS	Net Financial Result
IFRS	IFRS	Opening Net CSM
IFRS	IFRS	Closing Net CSM

## 2.8 Narrative

Narrative data explaining key features of the data is required. Such features may include, but are not limited to:

- Restatement of data submitted in the previous return.
- Material trends in the data, e.g. a large jump in earned policy count.
- Unusual features in the data, e.g. no claims in a certain settlement channel.
- Material assumptions made when preparing the return.

The narrative is free-text and should be linked to the relevant dataset using the DataSetID.

## 3 Validation Checks

All returns are validated by the NCID team to ensure data quality, consistency and reasonableness. Below is a list of the key validations undertaken for each dataset; **this is not an exhaustive list**.

### 3.1 Premium and Exposure Data

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Compare most recent year's values to previous years to check reasonableness.
- Check average written and earned premium trend by cover type for reasonableness.
- Compare average earned premium to average written premium to check reasonableness.
- Check earned policy count close to or equal to earned vehicle years.

### 3.2 Ultimate Claims Data

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Check loss ratio trends for reasonableness.
- Check claims frequency trends for reasonableness.
- Check trends in average cost per claim for reasonableness.
- Check trends in average cost per policy for reasonableness.
- Check that Third Party Injury ( $\leq 205k$ ) + Third Party Injury ( $> 250k$ ) = Third Party Injury (Total).

### 3.3 Historic Aggregate Claim Data

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Check that Third Party Injury ( $\leq 205k$ ) + Third Party Injury ( $> 250k$ ) = Third Party Injury (Total).

- Check Paid, Incurred and Settled Costs as a percentage of Ultimate Costs for reasonableness.
- Check Number Reported Incl Nil, Numbers Settled Excl Nil and Numbers Settled at Nil as a percentage of Ultimate Numbers (incl. nils) for reasonableness.
- Check average incurred cost per claim for reasonableness.

### 3.4 Historic Settled Claims Data

- Check all measures have been reported, including three-way and five-way splits for settlement channels and cost types, and the Judicial Guideline Used flag.
- Compare values to the previous submission to check consistency.
- Check Accident Year <= Reporting Year <= Settled Year.
- Check Settled Cost - Total = sum of sub-costs.
- Check the average cost of claims in a band is between the upper and lower bounds of the band, for both total settled cost and compensation cost banding.
- Compare the distribution across cost bands for total settled cost and compensation cost to check reasonableness.
- Check the trend in ratio between injury claim costs and damage claim costs by year for reasonableness.
- Check trends in the various measures (i.e. Number of Claimants Settled, Settled Cost – Compensation etc.) for reasonableness.
- Check trends in the ratio of claims settled in each channel by year for reasonableness.
- Check trends in the ratio between settlement cost types by year for reasonableness.
- Check trends in the number and cost of No Compensation Payment claims for reasonableness.
- Where Judicial Guideline Used flag is no, check reported date is <202106.
- Check trends in the number and cost of Judicial Guideline Used claims for reasonableness.

### 3.5 PPO Claims Data

- Check that an indicator is reported.

### 3.6 Historical Income and Expenditure Data

In addition to the validations specified in the submission template, the following validations are carried out:

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Check trends in the ratio between Gross Earned Premium, Investment Income and Other Earnings for reasonableness.
- Check trends in the gross and net loss ratio and combined operating ratio for reasonableness.

- Check trends in Management Expenses, Claims Management Expenses, MIBI Expenses and Commission Payable (Third Party + Related Distribution) as a percentage of Gross Earned Premium for reasonableness.
- Check trends in Operating Profit and a percentage of Total Income for reasonableness.
- Check trends in the Earned Premium Ceded – Third Party and Related Reinsurance as a percentage of Gross Earned Premium for reasonableness.
- Check trends in the Claims Incurred – Third Party and Related Reinsurer's Share as a percentage of Gross Claims Incurred for reasonableness.
- Check trends in the Reinsurance Commission and Profit Participations – Third Party and Related Reinsurance as a percentage of [Commission Payable + Management Expenses + Claims Management Expenses + MIBI Expenses] for reasonableness.
- Check trends in the distribution of Gross Earned Premium between Direct, Third Party and Related Distribution channels for reasonableness.
- Check trends in Commission Payable – Third Party and Related Distribution as a percentage of Gross Earned Premium for reasonableness.
- Check trends in Gross Claims Incurred – Current and Prior Year as a percentage of Gross Earned Premium for reasonableness.
- Check trends in the Claims Incurred – Third Party and Related Reinsurer's Share as a percentage of Gross Claims Incurred – Current Year and Prior Year for reasonableness.
- Check trends in contribution of reserve movements (Gross Claims Incurred – Prior Year – Claims Incurred – Prior Year – Reinsurer's Share) to Operating Profit for reasonableness.

## 4 Appendix

### 4.1 Definitions

- **Periodic Payment Order ("PPO")** – a claim that has been formally settled by a court by means of a Periodic Payment Order.
- **Settlement Channel** – The 3-way split of settlement channel (to be used in respect of historical data requested in section 2.5 is defined as:
  - Direct: to include claims resolved by direct settlement between the claimant and insurer (regardless of whether there is a solicitor involved) where the initiation of legal proceedings was not required – this includes cases settled both pre- Injuries Resolution Board, during Injuries Resolution Board (other than accepted Injuries Resolution Board awards), and post Injuries Resolution Board but without legal proceedings having commenced
  - Injuries Resolution Board: to include claims resolved by an award made by Injuries Resolution Board which was accepted by both parties
  - Litigated: to include claims resolved following the initiation of legal proceedings (regardless of whether Injuries Resolution Board had made an award that was rejected, and regardless of whether the case ended up in court).
- The 5-way split of settlement channel (to be used in respect of data requested in section 2.5 is defined as:

- Direct before Injuries Resolution Board: to include claims resolved by direct settlement between claimant and insurer (regardless of whether there is a solicitor involved) where the initiation of legal proceedings was not required and the case was settled before going to Injuries Resolution Board.
- Direct after Injuries Resolution Board: to include claims resolved by direct settlement between claimant and insurer (regardless of whether there is a solicitor involved) where the initiation of legal proceedings was not required and the case was settled after going to Injuries Resolution Board (other than accepted Injuries Resolution Board awards).
- Injuries Resolution Board: to include claims resolved by an award made by Injuries Resolution Board which was accepted by both parties.
- Litigated before Court Award: to include claims resolved following the initiation of legal proceedings, but before a court award (regardless of whether Injuries Resolution Board had made an award that was rejected).
- Litigated with Court Award: to include claims resolved by court award following the initiation of legal proceedings (regardless of whether Injuries Resolution Board had made an award that was rejected).

Where Injuries Resolution Board is referenced in these definitions, it is assumed this includes claims settled through Personal Injuries Assessment Board (PIAB), or through the Injuries Resolution Board after the name change in December 2023.

- **Ultimate Costs** – This is made up of paid costs to date and a best estimate of future payments. As defined by Solvency II, the best estimate shall correspond to the probability-weighted average of future cash flows. However, for the requirements of the NCID, the best estimate should not take account of the time value of money, i.e. the best estimate should be undiscounted. Additionally, for the requirements of the NCID, the best estimate should:
  - not include unallocated loss adjustment expenses (“ULAE”)
  - not include precautionary risk margins either explicit or implicit
  - not incorporate unreasonable, unduly optimistic or pessimistic, or unrepresentative past development experience
  - not include the emergence of events that may occur in the future but cannot reasonably be foreseen and are not reflected in historical company or available market data (i.e. “ENIDs”)
  - where practicable, include an allowance for known operational changes and recently enacted legislation that is not yet reflected in historical data.

## 4.2 Historical Income and Expenditure Statement Definitions

- **Third party distributor**: A company or other service provider that distributes policies on behalf of the insurer, and which does not have the same ultimate parent as the insurer.
- **Related distributor**: A company or other service provider that distributes policies on behalf of the insurer, and which has the same ultimate parent as the insurer. This includes structures internal to the insurer, e.g. branches, for which commissions are recorded.
- **Direct distribution**: Refers to an insurer selling an insurance product directly to a consumer without a third party or related distributor, i.e. non-intermediated business.
- **Third party reinsurer**: A reinsurer which does not have the same ultimate parent as the insurer.
- **Related reinsurer**: A reinsurer which has the same ultimate parent as the insurer.

- **Gross Written Premium:** All amounts due during the financial year in respect of insurance contracts regardless of the fact that such amounts may relate in whole or in part to risk exposure in a later financial year.
- **Net Written Premium:** Gross Written Premium less reinsurer's share.
- **Gross Earned Premium:** Gross written premium plus the change in gross provision for unearned premiums.
- **Gross Earned Premium - Third Party Distribution:** Gross earned premium in respect of policies distributed by third party distributors.
- **Gross Earned Premium – Related Distribution:** Gross earned premium in respect of policies distributed by related distributors.
- **Gross Earned Premium – Direct Distribution:** Gross earned premium in respect of policies distributed directly by the insurer.
- **Earned Premium Ceded - Third Party Reinsurance:** The sum of the reinsurer's share in gross premiums written minus the change in the reinsurer's share in provision for unearned premium. In respect of third party reinsurers only.
- **Earned Premium Ceded - Related Reinsurance:** The sum of the reinsurer's share in gross premiums written minus the change in the reinsurer's share in provision for unearned premium. In respect of related reinsurers only.
- **Investment Income:** Defined as income from participating interests, income from other investments (including income from land and buildings and income from other investments), and gains on the realization of investments. Unrealised gains or losses should be excluded and reported separately under the relevant measure.
- **Reinsurance Commission & Profit Participations - Third Party Reinsurance:** Amounts received from reinsurers relating to business ceded to reinsurers that are not in respect of benefit payments or expenses incurred by the firm that are recoverable from the reinsurer under the reinsurance contract plus amounts received from reinsurers relating to profits made on the business ceded to the reinsurer. In respect of third party reinsurers only.
- **Reinsurance Commission & Profit Participations - Related Party Reinsurance:** Amounts received from reinsurers relating to business ceded to reinsurers that are not in respect of benefit payments or expenses incurred by the firm that are recoverable from the reinsurer under the reinsurance contract plus amounts received from reinsurers relating to profits made on the business ceded to the reinsurer. In respect of related reinsurers only.
- **Unrealised Gains/(Losses):** Unrealised gains/ (losses) on investments held by the entity.
- **All Other Income:** Any other income attributable to the financial year not included elsewhere.
- **Other Investment Income:** Other Investment Income under IFRS not listed elsewhere.
- **Total Investment Income:** Total Investment Income consistent with IFRS reporting.
- **Total Other Income:** Calculated as the sum of Investment Income, Reinsurance Commission & Profit Participations, All Other Income and if applicable, Other Investment Income (IFRS).
- **Total Income:** For Local GAAP reporting, calculated as the sum of Net Earned Premium and Total Other Income. For IFRS reporting, calculated as the sum of Insurance Revenue and Total Other Income.
- **Gross Claims Incurred:** All payments made in respect of the financial year plus the closing provision for claims minus the provision for claims for the preceding financial year.



- **Gross Claims Incurred – Prior Years:** All payments made in respect of the financial year relating to prior accident (or underwriting) years plus the closing provision for claims relating to prior accident (or underwriting) years minus the opening provision for claims relating to the prior accident (or underwriting) years.
- **Gross Claims Incurred – Current Year:** All payments made in respect of the financial year relating to the current accident (or underwriting) year plus the closing provision for claims for the current accident (or underwriting) year.
- **Claims Incurred - Third Party Reinsurer's Share:** The sum of the claims paid and the change in the provision for claims during the reporting period related to insurance contracts arising from the reinsurer's share. In respect of third party reinsurers only.
- **Claims Incurred - Related Reinsurer's Share:** The sum of the claims paid and the change in the provision for claims during the reporting period related to insurance contracts arising from the reinsurer's share. In respect of related reinsurers only.
- **Claims Incurred - Prior Years - Reinsurer's Share:** The sum of the claims paid and the change in the provision for claims during the reporting period related to insurance contracts arising from the reinsurer's share – for claims arising from prior accident (or underwriting) years only
- **Claims Incurred - Current Year - Reinsurer's Share:** The sum of the claims paid and the change in the provision for claims during the reporting period related to insurance contracts arising from the reinsurer's share – for claims arising from the current accident (or underwriting) year only
- **Gross Claims Paid:** All payments, net of salvage and subrogation, excluding expenses made during the current year.
- **Net Claims Paid:** All payments, net of salvage and subrogation, excluding expenses made during the current year less amount recoverable from reinsurers.
- **Commission Payable - Third Party Distribution:** Commission costs relating to the acquisition of business which can be identified at the level of individual insurance contract and have been incurred because the firm has issued that particular contract. In respect of third party distributors only.
- **Commission Payable - Related Distribution:** Commission costs relating to the acquisition business which can be identified at the level of individual insurance contract and have been incurred because the firm has issued that particular contract. In respect of related distributors only.
- **Commission Payable - Third Party Distribution Sales Only:** Commission costs to a third party distributor in respect of the sale of a policy on behalf of the insurer identified at the level of individual insurance contract.
- **Commission Payable - Third Party Distribution Other Services:** Commission costs to a third party distributor in respect of all other costs of the intermediary that are not related to the selling of a policy, e.g. profit commission and administrative expenses.
- **Commission Payable - Related Distribution Sales Only:** Commission costs to a related distributor in respect of the sale of a policy on behalf of the insurer identified at the level of individual insurance contract.
- **Commission Payable - Related Distribution Other Services:** Commission costs to a third party distributor in respect of all other costs of the intermediary that are not related to the selling of a policy, e.g. profit commission and administrative expenses.

- **Management Expenses:** Expenses related to the development of new insurance business and renewal of business, advertising insurance products, improvement of the internal processes such as investment in systems required to support insurance and reinsurance business (e.g. buying new IT system and developing new software). Management expenses also include salaries to general managers, auditing costs and regular day-to-day costs e.g. electricity bill, rent for accommodations and IT costs.
- **Claims Management Expenses:** Expenses that will be incurred in processing and resolving claims, including legal and adjuster's fees and internal costs of processing claims payments. Some of these expenses could be assignable to individual claims (e.g. legal and adjuster's fees); others are a result of activities that cover more than one claim (e.g. salaries of staff of claims handling department).
- **Amortisation of Other acquisition expenses:** Amortisation of Other acquisition expenses that have not been assigned elsewhere in this template.
- **Losses and reversals of losses on onerous contracts:** Losses and reversals of losses on onerous contracts consistent with IFRS reporting.
- **Other Insurance Service Expenses:** Other Insurance Service Expenses that have not been assigned elsewhere in this template.
- **Total Technical Account – Expenses:** Calculated as the sum of total Net Claims incurred, Commission Payable, Management Expenses, Claims Management Expenses, and MIBI expenses.
- **Insurance Service Expenses:** Insurance Service Expenses consistent with IFRS reporting. Sum of Gross Claims Incurred, Commission Payable (third party and related distribution), Management Expenses, Claims Management Expenses and MIBI Expenses, Amortisation of Other acquisition expenses, Losses and reversals of losses on onerous contracts, and Other Insurance Service Expenses.
- **Interest Payable and Tax:** Interest payable before deduction of tax, and Taxation amount payable for the year selected.
- **All Other Expenses (including Investment Management Expenses):** Investment Management Expenses Incurred, Other Management Expenses incurred, Business Transfers Out, and All Other Expenditure (excluding Interest and Tax).
- **Other expenses / (incomes):** Other IFRS expenses (or incomes) not assigned elsewhere in this template.
- **Total Other Expenditure:** Calculated as the sum of Interest and Tax and All Other Expenses (including Investment Management Expenses), and where applicable Other Expenses (Incomes) (IFRS).
- **Insurance Service Result:** Insurance Service Result consistent with IFRS reporting. Insurance Revenue less Insurance Service Expenses less Total net expenses (income) from reinsurance contracts plus any relevant items excluded in this template from Total net expenses (income) from reinsurance contracts, e.g. Reinsurance Commission.
- **Net Financial Result:** Net Financial Result consistent with IFRS reporting. Total Investment Income (IFRS) less Net Insurance Finance Expenses (Income).
- **Underwriting Profit:** Calculated as the sum of Net Earned Premium (Gross Earned Premium less Earned Premium Ceded) and Reinsurance Commission & Profit Participations, minus Total Technical Account Expenses.
- **Operating Profit:** For Local GAAP reporting, calculated as the sum of Total Income minus Total Technical Account Expenses and Total Other Expenditure. For IFRS reporting, profit

consistent with IFRS reporting. This should be calculated as Total Income minus Insurance Service Expenses minus Total net expenses (income) from reinsurance contracts minus Net Insurance Finance Expenses (Income) minus Total Other Expenditure.

- **Opening Net CSM:** Opening (less reinsurer's share) Contractual Service Margin (CSM) for the proceeding financial year.
- **Closing Net CSM:** Closing (less reinsurer's share) Contractual Service Margin (CSM).
- **MIBI Expenses:** Amounts payable to the Motor Insurance Bureau of Ireland in the financial year.
- **CSM recognised for services provided:** CSM recognised for services provided component of Insurance Revenue.
- **Change in risk adjustment for non-financial risk for risk expired:** Change in risk adjustment for non-financial risk for risk expired component of Insurance Revenue, amount relating to changes in liabilities for remaining coverage.
- **Expected incurred claims:** Expected incurred claims component of Insurance Revenue, amount relating to changes in liabilities for remaining coverage.
- **Expected other insurance service expenses:** Expected other insurance service expenses component of Insurance Revenue, amount relating to changes in liabilities for remaining coverage.
- **Other amounts relating to changes in liabilities for remaining coverage:** Other amounts relating to changes in liabilities for remaining coverage as part of Insurance Revenue.
- **Recovery of insurance acquisition cash flows:** Recovery of insurance acquisition cash flows component of Insurance Revenue.
- **Contracts measured under the PAA:** Contracts measured under the PAA component of Insurance Revenue component of Insurance Revenue.
- **Other Insurance Revenue:** Other Insurance Revenue components not listed elsewhere in this template.
- **Insurance Revenue:** Insurance Revenue consistent with IFRS reporting. It is the sum of CSM recognised for services provided, change in risk adjustment for non-financial risk for risk expired, expected incurred claims, expected other insurance service expenses, other amounts relating to changes in liabilities for remaining coverage, recovery of insurance acquisition cash flows, contracts measured under the PAA, and other insurance revenue.
- **Allocation of reinsurance premiums:** Allocation of reinsurance premiums consistent with IFRS reporting but excluding items already detailed in other line items, e.g. Reinsurance Commission.
- **Amounts recoverable from reinsurers for incurred claims:** Amounts recoverable from reinsurers for incurred claims consistent with IFRS reporting.
- **Amounts recoverable from reinsurers on onerous underlying contracts:** Amounts recoverable from reinsurers on onerous underlying contracts consistent with IFRS reporting.
- **Amounts recoverable from reinsurers for other insurance service expenses:** Amounts recoverable from reinsurers for other insurance service expenses consistent with IFRS reporting.
- **Other net expenses (income) from reinsurance contracts:** Other net expenses (income) from reinsurance contracts that have not been assigned elsewhere in this template.

- **Total net expenses (income) from reinsurance contracts:** Net expenses (income) from reinsurance contracts consistent with IFRS reporting but excluding items already detailed in other sections, e.g. Reinsurance Commission. Calculated as Allocation of Reinsurance Premiums less Amounts Recoverable from Reinsurers for Incurred Claims less Amounts Recoverable from Reinsurers on Onerous Underlying Contracts less Amounts Recoverable from Reinsurers for Other Insurance Service Expenses plus Other Net Expenses (income) from Reinsurance Contracts.
- **Net Finance Expense (Income) from insurance contracts:** Net Finance Expense (Income) from insurance contracts consistent with IFRS reporting.
- **Net Finance Income (Expense) from reinsurance contracts:** Net Finance Income (Expense) from reinsurance contracts consistent with IFRS reporting.
- **Net Insurance Finance Expenses (Income):** Net Insurance Finance Expenses (Income) consistent with IFRS reporting. Net Finance Expense (Income) from insurance contracts less Net Finance Income (Expense) from reinsurance contracts.

### 4.3 Background to the NCID

Recommendation 11 of the Cost of Insurance Working Group (CIWG) Report on the Cost of Motor Insurance proposed that the Central Bank of Ireland (the Central Bank) would build a National Claims Information Database (NCID). The Central Bank commenced collecting data in 2019 and the first private motor insurance report, based on data from the NCID, was published in December 2019.

CIWG Report Recommendation 11:

Objective 2: Improving data availability						
Rec No.	Recommendation	Action Point No.	Action Point	Deadline	Relevant Bodies	Lead/Owner
11	ESTABLISH A NATIONAL CLAIMS INFORMATION DATABASE	22	Specify the key aggregated metrics for immediate publication and commence the development of a national claims information database	Q1 2017	Department of Finance, Central Bank of Ireland, State Claims Agency, CCPC, Insurance Ireland, Society of Actuaries, PIAB	Department of Finance
		23	Legislation in place for a national claims information database	Q4 2017		Department of Finance
		24	National claims information database established	Q2 2018		Central Bank of Ireland

Objectives as referenced in CIWG Report:

- To get reliable information on the key factors impacting the cost of motor insurance
- Improve transparency on emerging risks within the market:
  - Understand relationship between price paid by consumers and cost to insurers
  - Identify any significant divergence over time between price and cost, and reasons for such divergence
  - Identify components in price changes e.g. medical, legal, other
  - Identify valid trends over time.
- Feed into insurers' view of current risks; improve insurers' ability to price more accurately and reduce cyclicity of pricing
- Provide support to policy-making by providing on-going market data.

Scope as referenced in CIWG Report:

- All insurance undertakings operating in the State (including FOE/FOS companies)
- Private car data only, based on business written in the Republic of Ireland
- Aggregated data only.