

Data Submission Requirement National Claims Information Database Employers' and Public Liability 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:

- 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.

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 companies¹ that write employers' liability and public liability insurance for risks located 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 and net of any other expected recoveries such as salvage, subrogation, apportionment or contributory negligence.
- Data is net of any policy deductible.
- Premium data requested in section 2.2 is gross of commission.
- Data is aggregated unless otherwise stated.
- All data relates to business written in respect of risks located in the Republic of Ireland only.
- Paid and incurred claim costs data requested in section 2.4 should include allocated loss adjustment expenses ("ALAE"), but should exclude unallocated loss adjustment expenses ("ULAE"). ULAE are to be reported in the appropriate line item in section 2.7.
- Aggregate claim data requested in section 2.4 should be provided on a cumulative basis.

2.2 Premium and Exposure (2011 to 2025)

- Premium and Exposure Measures
 - Gross Earned Premium
 - Earned Policy Count²
 - Earned Policy Subclass Count².

Split by:

- Quarter (2011-2025)
- Policy Category
 - Claims Made
 - Losses Occurring.
- Bordereau Indicator (see section 3.1 for definition)
 - Not Bordereau
 - Bordereau.
- Package Indicator (see section 3.1 for definition)

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

²Policy count to include one count for each unique policy. Policy subclass count to include a count for each cover of a package policy. For example, a package policy that includes Employers' Liability, Public Liability and Commercial Property cover will have a policy count of 1 and it will have a policy subclass count of 3; 1 for each cover element of the policy i.e. Employers' Liability, Public Liability and Property. For any non-package policy, the policy subclass count and policy count will be equal.

- Standalone
- Package.
- Policy Type:
 - Employers' Liability ("EL")
 - Public Liability ("PL")
 - Commercial Property³.
 - Package⁴.
- Policy Type Band. The band that the premium of the policy type falls into. For package policies these are the relevant sub-components (EL, PL or Commercial Property). For standalone policies this will be the same as the Total Policy Band below.
 - €1 - €1,000
 - €1,001 - €2,000
 - €2,001 - €5,000
 - €5,001 - €10,000
 - €10,001 - €25,000
 - €25,001 - €50,000
 - €50,001 - €100,000
 - > €100,000.
- Total Policy Band. The band that the premium of the overall policy falls into. For package policies this is the sum of the sub-components (EL, PL and commercial property). For standalone policies this will be the same as the Policy Type Band above.
 - €1 - €1,000
 - €1,001 - €2,000
 - €2,001 - €5,000
 - €5,001 - €10,000
 - €10,001 - €25,000
 - €25,001 - €50,000
 - €50,001 - €100,000
 - > €100,000.
- Sector (as defined by Level 1 of the Statistical Classification of Economic Activities in the European Community ("NACE") system, Rev. 2 (2008), see section 3.1 for details).

³ During the feasibility study it was identified that a material amount of liability insurance may be sold as part of a package including Property coverages. To enable effective analysis, Commercial Property includes all of Commercial Property business for the purpose of this review, not just the business sold as part of a package.

⁴ The "Package" option, (PolicyTypeID 4 in the collection template) is used to report Earned Policy Counts for package policies (PackageIndicatorID 2) which by definition consists of more than one policy type e.g. Public Liability and Employers' Liability. Gross Earned Premium and Earned Policy Subclass Counts for package policies should be reported separately by policy type (PolicyTypeIDs 1-3).

2.3 Ultimate Claim Costs (2011 to 2025)

- Ultimate Measures
 - Ultimate Claim Costs (see section 3.1 for definition).
 - Ultimate Claim Numbers (Policy Type-level numbers).

Split by:

- Policy Category
 - Claims Made
 - Losses Occurring.
- Timeframe, either
 - Accident Quarter⁵ (2011–2025) for losses occurring policies OR
 - Report Quarter⁵ (2011–2025) for claims made policies.
- Policy Type:
 - Employers' Liability
 - Public Liability
 - Commercial Property.

Note that PPOs (see section 3.1 for definition) should be excluded from the Ultimate Claim Costs data requested. Information on PPOs will be collected in the PPO Claims data request (see section 2.6).

2.4 Historical Aggregate Claim Data (2011 to 2025)

Claim Cost Measures:

- Paid Costs
- Incurred Costs
- Settled Costs (i.e. paid costs on settled claims only) excluding Nils⁶. The total settled cost should be recognised in the development period when the claim is settled, in contrast to Paid Costs, which should be recognised in the development period when payments are made.

Policy Type-level counts⁷:

- Numbers Reported including Nils
- Numbers Settled excluding Nils
- Numbers Settled at Nil

⁵ If claims data is not available by Accident/Report Quarter, a company can provide claims data by Accident/Report Year.

⁶ A nil claim, as it applies to section 2.4, is defined as having zero incurred costs as at 31.12.2025 for the total claim.

⁷ Policy Type-level count to include one claim count for each unique policy type (EL or PL). For example, a PL claim that has multiple claim types, i.e. Injury and Damage, will have a Policy Type-level count of 1 for PL.

Claim Type-level counts⁸:

- Numbers Reported including Nils
- Numbers Settled excluding Nils
- Numbers Settled at Nil

Split by:

- Policy Category
 - Claims Made
 - Losses Occurring.
- Timeframe, either
 - Accident Year (2011–2025) for losses occurring policies OR
 - Report Year (2011–2025) for claims made policies.
- Development Year
- Package Indicator
 - Standalone
 - Package.
- Policy Type:
 - Employers' Liability
 - Public Liability
 - Commercial Property.
- Claim type:
 - Bodily Injury
 - Damage
 - Combination (to be used when reporting policy type-level counts).
- Sector (as defined by Level 1 of the Statistical Classification of Economic Activities in the European Community ("NACE") system, Rev. 2 (2008), see section 3.1 for detail).

Note that PPOs (see section 3.1 for definition) should be excluded from the Aggregate Claim Data request. 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 calendar quarter (claimant-level numbers)

⁸ Claim Type-level count to include one count for each unique claim type (Damage or Injury). For example, a PL claim that has multiple claim types, i.e. Injury and Damage, will have a Claim Type-level count of 1 for Bodily injury and a Claim Type-level count of 1 for Damage.

- 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 Costs
 - Settled Costs – Legal Third Party Costs
 - 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 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 Quarter⁹ (format YYYYQ)
- Reported Quarter⁹ (format YYYYQ)
- Policy Type
 - Employers' Liability
 - Public Liability.
- Policy Claim type:
 - Bodily Injury
 - Damage.
- 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

⁹ If claims data is not available by Accident/Report Quarter, provide claims data by Accident/Report Year.

- 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.

- Settled Cost Band:

- €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
- > €5,000,000.

- 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
- > €5,000,000.

Claimants should be banded based on the total settled cost of the claim and the compensation amounts paid. 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 claim: total settled cost band and compensation band IDs 1 to 15
- Nil claim: total settled cost band ID 1 to 15 compensation band ID 0.
- 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 the Injuries Resolution Board should be flagged as ‘Yes’.

- Sector (as defined by Level 1 of the Statistical Classification of Economic Activities in the European Community (“NACE”) system, Rev. 2 (2008), see section 3.1 for detail).

Note that PPOs (see section 3.1 for definition) should be excluded from the Settled Claims data requested. Information on PPOs will be collected in the PPO Claims data request (see section 2.6).

2.6 PPO Claims

Indicate if the reporting agent has any PPO claims.

- PPO indicator flag

2.7 Historical Income and Expenditure (2011 to 2025)

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 only for the following lines of business:

- Employers’ Liability
- Public Liability
- Commercial Property.

For those items that do not already have an EL, PL or Commercial Property allocation, attribute Liability and Property totals proportionately.

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 onwards. Measures labelled “Both” or “Local GAAP” are required for all financial years 2009-2025, with the exception of measures specific to Local GAAP from 2023 onwards 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	ExpMeasure
Both	Income	Gross Written Premium
Both	Income	Net Written Premium
Both	Income	Gross Earned Premium
Both	Income	Net Earned Premium
Both	Income	Investment Income
Both	Income	Reinsurance Commission & Profit Participations
Both	Income	All Other Income
Both	Income	Total Other Income
Both	Income	Total Income
Both	Expenditure	Gross Claims Incurred
Both	Expenditure	Net Claims Incurred
Both	Expenditure	Gross Claims Paid
Both	Expenditure	Net Claims Paid
Both	Expenditure	Commission Payable
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	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	Reinsurance Commission & Profit Participations - Third Party Reinsurance
Both	Income	Reinsurance Commission & Profit Participations - Related Reinsurance

Both	Expenditure	Claims Incurred - Third Party Reinsurer's Share
Both	Expenditure	Claims Incurred - Related Reinsurer's Share
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 onwards.

Applicable Accounting Standard	CoverType	ExpMeasure
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.
- Check earned subclass count = earned policy counts for standalone policies.
- Check earned subclass count for each of Employer's Liability, Public Liability and Commercial Property \leq earned policy count for package policies.
- Check the average earned premium (policy and subclass) in a band is between the upper and lower bounds of the band.
- Compare most recent year's values to previous years to check reasonableness.
- Check average earned premium trend by cover type for reasonableness.
- Check trend in distribution between sectors for reasonableness.

3.2 Ultimate Claims Data

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Check loss ratio trends by cover type for reasonableness.
- Check claims frequency trends by cover type for reasonableness.
- Check trends in average cost per claim for reasonableness.

3.3 Historic Aggregate Claim Data

- Check all measures have been reported.
- Compare values to the previous submission to check consistency.
- Check that Numbers (claim type level) \geq Numbers (policy type level) for both Reported and Settled claims

- 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 \leq Reporting Year \leq 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 General Definitions

- **Bordereau** – a report providing premium or loss data with respect to identified specific risks. This report is periodically sent to an insurance company by an insurance intermediary. The ‘Bordereau indicator’ flag should be used to identify any policy information that is provided to the firm via a bordereau.
- **Claims Made Policy** – a claims made policy is an insurance policy that covers an insured for claims reported during the policy period irrespective of when the claim event occurred.
- **Losses Occurring Policy** – a losses occurring policy is an insurance policy that covers an insured for claim events that occur during the policy period irrespective of when the claim is made.
- **Package** – a policy that combines coverage from two or more lines of business into one policy e.g., a single package policy could contain cover for Employers’ Liability, Public Liability and Commercial Property.
- **Periodic Payment Order (“PPO”)** – a claim that has been formally settled by a court by means of a Periodic Payment Order.
- **Recovery of Benefits and Assistance Scheme** – payments made by undertakings to the Department of Employment Affairs and Social Protection under the RBA scheme should be classified as Compensation Costs, and specifically as Special Damages, for the purposes of the Database.
- **Sector** – For the purposes of the NCID, economic activity should be classified into sectors using the NACE system¹⁰. The top level of the NACE system is as follows:
 - A: Agriculture, forestry and fishing
 - B: Mining and quarrying
 - C: Manufacturing
 - D: Electricity, gas, steam and air conditioning supply
 - E: Water supply; sewerage, waste management and remediation activities
 - F: Construction
 - G: Wholesale and retail trade; repair of motor vehicles and motorcycles
 - H: Transportation and storage
 - I: Accommodation and food service activities
 - J: Information and communication
 - K: Financial and insurance activities
 - L: Real estate activities
 - M: Professional, scientific and technical activities
 - N: Administrative and support service activities
 - O: Public administration and defence; compulsory social security

¹⁰ <https://ec.europa.eu/eurostat/web/nace-rev2/overview>

- P: Education
- Q: Human health and social work activities
- R: Arts, entertainment and recreation
- S: Other service activities
- T: Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use
- U: Activities of extraterritorial organisations and bodies.
- **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:
 - a) 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 the Injuries Resolution Board (other than accepted Injuries Resolution Board awards), and post Injuries Resolution Board but without legal proceedings having commenced.
 - b) Injuries Resolution Board: to include claims resolved by an award made by the Injuries Resolution Board which was accepted by both parties.
 - c) Litigated: to include claims resolved following the initiation of legal proceedings (regardless of whether the 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:
 - a) 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 the Injuries Resolution Board.
 - b) 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 the Injuries Resolution Board (other than accepted Injuries Resolution Board awards).
 - c) Injuries Resolution Board: to include claims resolved by an award made by the Injuries Resolution Board which was accepted by both parties.
 - d) Litigated, before Court Award: to include claims resolved following the initiation of legal proceedings, but before a court award (regardless of whether the Injuries Resolution Board had made an award that was rejected).
 - e) Litigated, with Court Award: to include claims resolved by court award following the initiation of legal proceedings (regardless of whether the Injuries Resolution Board had made an award that was rejected).

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

- **Settlement Costs** – The 3-way split of settlement costs (to be used in respect of historical data requested in section 2.5) is defined as:
 - a) Compensation: The amount paid to a claimant in respect of a claim they have made.

- b) Legal: The legal fees paid by an insurer in the course of settling a claim. These include the cost of the insurer's own legal expenses and, where relevant and available, the legal expenses of the claimant.
- c) Other: All other expenses incurred by an insurer in the course of settling a claim. This may include the cost of assessing claims (e.g. medical or engineering), administration costs or recoveries from a third party claimant (where they are found to be liable).
- The 5-way split of settlement costs (to be used in respect of data requested in section 2.5) is defined as:
 - a) General Damages: Compensation for non-monetary loss suffered by the claimant, e.g. pain and suffering.
 - b) Special Damages: Compensation for financial loss, e.g. loss of earnings or medical expenses.
 - c) Own Legal Costs: Legal costs incurred by the insurer in the course of settling a claim.
 - d) Third Party Legal Costs: Legal costs incurred by the claimant in the course of settling a claim, and which were paid by the insurer.
 - e) Other: same as 3 way split above.
- **Ultimate Costs** – This is made up of paid costs to date and a best estimate of future payments. As defined by Solvency 2, 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”).
 - include an allowance, where practicable, for known operational changes and recently enacted legislation that is not yet reflected in historical data.

4.2 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:** Definition of premiums written comprise all amounts due during the financial year in respect of (re)insurance contracts regardless of the fact that such amounts may relate in whole or in part to a later financial year.
- **Net Written Premium:** Gross Written Premium less reinsurer's share.
- **Gross Earned Premium:** Shall comprise all 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.
- **Net Earned Premium:** Shall comprise 1) all gross written premium 2) less outward reinsurance premiums 3) plus the change in gross provision for unearned premiums & 4) less change in the provision for unearned premiums, reinsurers' share.
- **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:** Reinsurance commissions are 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. Typically these commissions are intended to compensate the firm for the commission and other acquisition expenses it has incurred in obtaining the business it has ceded to the reinsurer. Profit participations include amounts received from reinsurers during the year relating to profits made on the business ceded to the reinsurer (these amounts can be negative).

- **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 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:** Gross Claims incurred shall comprise 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 - 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
- **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.

- **Net Claims Incurred:** Net Claims incurred shall comprise all payments made in respect of the financial year less amount recoverable from reinsurers plus the closing provision for claims (less reinsurer's share) minus the provision for claims for the preceding financial year (less reinsurers' share).
- **Gross Claims Paid:** Gross Claims Paid shall comprise all payments, net of salvage and subrogation, excluding expenses made during the current year.
- **Net Claims Paid:** Net Claims Paid shall comprise all payments, net of salvage and subrogation, excluding expenses made during the current year less amount recoverable from reinsurers.
- **Commission Payable:** Commission is commission costs relating to the acquisition of new business or previously acquired business which can be identified at the level of individual insurance contract and have been incurred because the firm has issued that particular contract.
- **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 related 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:** Management expenses include expenses related to the development of new insurance and reinsurance 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:** Claims management expenses are 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 and Claims Management 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, Amortisation of Other acquisition expenses, Losses and reversals of losses on onerous contracts, and Other Insurance Service Expenses.
- **Interest Payable and Tax:** Calculated as the sum of 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 Insurance Service Result plus Net Financial Result 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).
- **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 NCID

It was proposed by Recommendation 2 of the Cost of Insurance Working Group’s (CIWG) Report on the Cost of Employer and Public Liability Insurance (January 2018) that the Central Bank of Ireland (the Central Bank) would produce a report on the merits and feasibility of collecting employers’ liability (EL) and public liability (PL) insurance data in the National Claims Information Database.

OBJECTIVE 1: INCREASING TRANSPARENCY						
Rec No.	Recommendation	Action Point	Action Point	Deadline	Relevant Bodies	Lead/Owner
1	CSO TO CONSIDER THE FEASIBILITY OF COLLECTING PRICE INFORMATION ON THE COST OF INSURANCE TO BUSINESSES	1	CSO to commence feasibility study on data related to the cost of insurance to businesses	Q2 2018	Central Statistics Office	Department of Finance
		2	CSO to report to Department of Finance with proposals with the outcome of review, and if it considers such an index feasible, make appropriate proposals	Q4 2018		
2	CENTRAL BANK OF IRELAND TO EXAMINE THE MERITS AND FEASIBILITY OF COLLECTING DATA FOR EMPLOYER LIABILITY AND PUBLIC LIABILITY INSURANCE CLAIMS IN THE NATIONAL CLAIMS INFORMATION DATABASE	3	Central Bank of Ireland to produce a report on the merits and feasibility of collecting employer liability and public liability insurance data for inclusion in the National Claims Information Database	Q4 2019	Central Bank of Ireland	Central Bank of Ireland

The Central Bank, when publishing the Merits and feasibility study¹¹, identified the following key conclusions:

1. There is merit in extending the scope of the NCID to include EL and PL data and it is feasible to do so.
2. Producing credible, publicly available data in relation to EL and PL insurance would be of benefit to all stakeholders in the insurance market. The data produced will relate to premiums, claims and settlement costs.
3. Liability insurance consists of a broad range of business sectors covering a variety of risks; this increases the complexity of data collection. The collection of EL and PL data needs to be an incremental undertaking. There is certain insight that will not be possible to obtain from the initial collection of this data including:
 - a) Trends within certain subsectors
 - b) Whether the cost of insurance has stopped firms taking out EL and/or PL cover
 - c) Comparing costs across an industry-wide definition of risk.
4. A material amount of liability business is purchased as part of a formal or informal package including non-liability coverages, most notably commercial property. To obtain full insight on EL and PL therefore it would also be necessary to get an understanding of other commercial lines.

The Central Bank commenced data collection in Q3 2020 and published the first Employers’ Liability, Public Liability and Commercial Property NCID report in H2 2021.

¹¹<https://www.centralbank.ie/docs/default-source/statistics/data-and-analysis/national-claims-information-database/ncid-el-pl-feasibility-study.pdf?sfvrsn=4>