

Mid-Year Data Submission Requirement

National Claims Information Database

Private Motor H1 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 the 2026 mid-year return the rolling window of data is 2012 to H1 2026.

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

Detailed submissions to be provided by all companies¹ that write private motorcar 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 aggregated unless otherwise stated.
- Data is gross of reinsurance and commission, net of salvage/subrogation.
- All data relates to business written in respect of risks located in the Republic of Ireland only.
- Data requirements cover private motor cars only (i.e. excluding motor cycles, mopeds, caravans, tractors, taxis).
- This specification supports the mid-year data collection for private motor data, please note all definitions are aligned with those found in the annual collection.

2.2 Premium and Exposure

Exposure Measures:

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

Split by:

- Quarter (Q1 2012 – Q2 2026)
- 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.

Gross written premium should be reported **before** the effect of any written premium rebates.

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

2.3 Historical Settled Claims

Data for historical settled claims is required for quarters Q1 2015 to Q2 2026. 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.

Claimants with nil compensation/damages paid should be included in Historical Settled Claims data. These are claims with no compensation payments but which have incurred other costs. These claims will be assigned to the "No Compensation Payment" band of the Compensation Band field introduced for the 2022 annual data collection. Previously these claims were excluded.

- 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 Board²
 - 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

² PIAB became the Injuries Resolution Board in December 2023. The definitions for these channels have not changed, they have just been renamed to reflect the Injuries Resolution Board's new name.

- 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 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’ and injury claims as either ‘Yes’ or ‘No.’

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.

2.4 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 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.

4 Definitions

4.1 General 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 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 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 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 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).
- **Settlement Costs** – The 3-way split of settlement costs 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 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.