Insurers' Institute on Personal Injury Claims

Annual Report 2011

Preamble

On 6th June 2011, politicians showed for a third time an interest in the settlement of personal injury claims. On that date, a round table conference took place at the initiative of the Permanent Governmental Committee for Safety and Justice.
The reason for this meeting was the report, published a few months earlier, by the Association the Ombudsman, in which all players in the personal injury field were (once again) subjected to careful scrutiny.
The main question from the politicians to the PIV and the other players was if there existed a need for specific legislation with regard to the settlement of personal injury claims. The critical report by the Association the Ombudsman advocated among others a legal bias for the Code of Conduct for Handling Personal Injury Claims (GBL). The unanimous, dismissive response to that recommendation therefore came as a surprise to some. All attendees stated that significant inroads had been made over the last number of years in the field of injury claims settlement and that the GBL had contributed greatly to this.

The PIV is very pleased about this recognition because of its strong involvement in the inception of the GBL. Insurers have made great efforts over the last number of years to arrive at an optimal claims settlement. It is satisfying that others recognise (and acknowledge) this. It goes to prove that much can be achieved within The Personal Injury Board through self-regulation and deliberations. The parties involved consider intervention by the legislator as superfluous.

That said, we are also cognizant that not all parties are equally fastidious in their adherence to the GBL rules. A legal embedment might possibly change this. The PIV, however, has sufficient trust in self-regulation by the parties involved. We discern the positive trend that both insurers and legal representatives have introduced – or are about to introduce – quality certifications, thereby setting considerable, self-imposed kerbstones for themselves.
The second version of the BGL, which is expected at the end of 2012, will be conducive to an even better adherence to both the spirit and tenor of this code. According to both legal representatives and victim support organisations, there are two categories of injury claims where inroads can still be made: personal injury claims with permanent impairments and injuries as a result of medical negligence. The insurers not only heard this message on 6th June 2011, but also understood its ramifications.

Initiatives that should further improve the victim's position were started on different fronts. One such initiative is with regard to how insurers provide information to the victim, even if the latter is legally represented. Scientific studies have revealed that timely and transparent information about the claims settlement process in general, and particularly where in this process his own case currently is, is of the foremost importance for the so-named victim's empowerment.

The PIV is also working on a recommendation that must prevent a case from unjustifiably 'dragging on' too long. The so-named four-eyes principle plays an important role in this. It means that after a certain period has lapsed, the victim is entitled to the intervention of a third party if he is of the opinion that his case is not running as well as it should.
Mediation then seems the best solution. It certainly complies with one of the main recommendations of the report of the Association the Ombudsman. In the course of 2012, these two initiatives will actually be brought to fruition. The PIV expects that as a result of these initiatives, the settlement of injury claims will continue to improve. Last year's round table conference could therefore very well have been the last political initiative.

Theo Kremer,
Managing Director

1. A better medical trajectory in injury cases

"I swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement:
To consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him; To look upon his children as my own brothers, to teach them this art; and that by my teaching, I will impart a knowledge of this art to my own sons, and to my teacher's sons, and to

disciples bound by an indenture and oath according to the medical laws, and no others.
I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.
I will give no deadly medicine to any one if asked, nor suggest any such counsel; and similarly I will not give a woman a pessary to cause an abortion.
But I will preserve the purity of my life and my arts.
I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.
In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.
All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal.
If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all humanity and in all times; but if I swerve from it or violate it, may the reverse be my life."

Friend and foe concur that the medical trajectory is one of the main bottlenecks in the settlement of personal injury cases. This is mainly due to the so-named medically non-objectifiable complaints. Best known, and in any case most widespread, are complaints and limitations following a whiplash injury.
The source of disparity within the medical trajectory generally lies in the communication between the insurer's and legal representative's medical advisors. Or, in certain cases, the complete lack thereof. This often leads to (unnecessary?) medical examinations, which, in their turn, generate new discussions. The choice of the medical specialist, the questions to be put to him and, last but not least, the interpretation of the findings of the medical report are examples of ongoing points of contention.
The good news is that all parties are willing to commit themselves to reduce the hurdles in the medical trajectory, or at the very least to streamline them. A notable example of this is the IWMD format for requesting medical information, which was introduced in 2009. This was realised in close collaboration with a large group of representatives from our profession and under the auspices of the Vrije Universiteit Amsterdam (VU). The fact that the courts frequently avail of this format, leads to a substantial decrease in the number of discussions.

Inequality of arms
In the settlement of personal injury claims, two incongruent situations can be discerned with regard to the medical information.
The insurer's medical advisor, for instance, does not always avail of the same medical reports as the victim's medical advisor. This, for example, applies to the victim's medical history. It is an undesirable situation if both medical advisors cannot base their respective opinions on the same information. It is also a catalyst for future problems.
Moreover, the legal representative can have a whole medical file at his disposal, whereas the claims handler is entirely dependent on the advice from his medical advisor.
What is so peculiar about this second unequal point of fact is that it becomes a mute point if the medical information is produced as evidence if the case goes to court. This is in jest referred to as an "inequality of arms". We are bound to this because of right-to-privacy issues, but good medical advice takes away much of the inequality. The medical paragraph in the Code of Conduct for Handling Personal Injury Claims (GBL), which appeared at the end of 2011, is of paramount importance here.

The new medical paragraph
On 15th December 2011 the Personal Injury Board accepted the new medical paragraph of the GBL. The paragraph is the product of a project group of the Vrije Universiteit Amsterdam (VU) and consists of five sections:
1. General principles;
2. Applying for medical advice;
3. Gathering and managing medical information;

4. The medical advice;
5. The medical examination by a specialist.

Transparency is an important point of principle here, particularly because the relationship between victims' legal representatives (and their medical advisors) and insurers has traditionally not been based on mutual trust. Legal representatives like to hold on to this to some extent, in order to emphasise their own position. Transparency in the claims handling process is a major and essential step to stimulate mutual trust.

The notion of proportionality runs as a red herring through the medical paragraph. Its aim is to prevent the medical trajectory from becoming unnecessarily drawn-out and complicated. In the claims settlement process, a proportionality check takes place at four (moot) points:

a. Is it really necessary to start up a medical trajectory?
b. The claims handler asks his medical advisor specific questions, which are relevant to the case;
c. The medical advisor does not apply for more information from the treating physicians than is necessary.
d. The medical advisor observes reticence in supplying medical information (other than his medical advice) to other parties.

The main components of this proportionality check are the nature of the injuries and the complexity of the case. Of particular importance is the length of time for which compensation is sought and whether or not the victim has suffered permanent impairments. Side by side with this runs the privacy sensitivity of the medical information. This will have to be given shape in daily practice.

The PIV sincerely hopes that if insurers exercise restraint in asking for medical information, legal representatives will submit without too much discussion the medical information the insurers really require.

It is manifest that for the insurer, the working relationship between the medical adviser and the claims handler is of vital importance. This has sometimes been undervalued in the past. Only when the claims handler asks the right questions and the medical advisor subsequently provides him with adequate medical advice, has the medical trajectory been properly initiated. Good communication between the insurer's and legal representative's medical advisors will enhance this process.

Our profession is appreciative to the project group of the VU for the work carried out by them. The project group has also drawn up some working documents that can serve as guidance for actions that need to be undertaken.

The fact that the medical trajectory forms a major criterion for the Quality Certification Customer orientated Insurance (Keurmerk Klantgericht Verzekeren (KKV), will undoubtedly have a positive effect on the application of the content of the medical paragraph by insurers.

One independent medical adviser?

Another major criterion is that the medical advisor must be independent and objective. This is corroborated by a number of rulings of the Central Medical Disciplinary Board and applies to both medical advisors from insurers as it does to legal representatives. The latter is sometimes forgotten.

But there is a discrepancy contained within: although the position of the medical advisor as an independent expert for one of the parties can give rise to extra tension in cases where the complaints are difficult to medically objectify, he is not `his master's voice'.

An additional complicating factor is the role of the medical advisor in medical negligence claims. In these cases it does not matter which side the medical advisor represents. Advice on the question of whether or not the physician has been negligent greatly differs from a question about a victim's injuries.

The medical paragraph consequently does not apply to the medical negligence practice. For this, further research – in addition to the GOMA [*Gedragscode medische incidenten; betere afwikkeling Medische Aansprakelijkheid* or Code of Conduct Transparency of Medical Incidents, better Management of Medical Liability] – is needed.

Or different still?

The 'good practices' as described in the medical paragraph are in principle based on a situation where two medical advisors are involved. For some time now, it has been questioned if this is really necessary. Wouldn't one medical advisor, who unequivocally advises both the insurer and the legal representative, suffice? To some, this appears an unworkable scenario.

The PIV welcomes a number of pilot schemes, whereby one medical advisor acts for both parties. There would indeed appear to exist support for this option, as a number of insurers and legal representatives are involved in these pilots. We eagerly await the results of these pilot schemes.

Consideration could also be given to a middle way, where two medical advisors remain, but jointly submit an advice to their principals.

Trust in the quality and objectivity of the medical advisors involved, is of paramount importance in all these innovative ideas. It would be good if the present generation of medical advisors were to embrace this. The point at issue is not new medical advisors, but ones who work differently. It would be a shame if this could only be achieved by the next generation of medical advisors.

2. General damages in the Netherlands no longer the closing act of the claim settlement process?

In our Dutch injury settlement practice, the compensation for immaterial damages, also called pain and suffering, distinguishes itself by a certain degree of stabilization. Dutch judges can exert a considerable amount of discretion in assessing the award for pain and suffering in a given case. In daily practice, however, the courts will generally look at the listing of rulings contained in the Smartengeldgids, which is publicized by the ANWB [The Dutch Automobile Association]. Consequently, in a given case, the reference point for both the injury settlement practice and the courts is primarily the compensation amounts that have previously been awarded to other victims. In this manner, a certain standardization of pain and suffering awards per injury category has been established. A victim might feel hard done by, because the compensation does not sufficiently reflect his or her specific circumstances, but some comparable case in the past. It is clear that each case is unique and there is hence the danger of generalisation. Neither are the original awards for pain and suffering increased, because in the 'Smartengeldgids' previous awards are only adjusted for inflation.
The Dutch situation is exceptional, especially when compared to other countries. In Germany, for example, the compensation levels for the most severe injuries have more than doubled in the last decades; in the United Kingdom, the compensation for pain and suffering is periodically reviewed by the Judicial Studies Board. Although the increase in England is less dramatic than in Germany, there is still a discernable upward trend.
The Association of Solicitors for Victims of Personal Injury (ASP) has made an increase of the compensation for pain and suffering one of its spearheads for the coming years. To this end they have approached the PIV, which resulted in an initial meeting of experts at the end of 2010.

What you get from afar …
On 16th November 2011 a second meeting of experts was held on the subject of determining the compensation for pain and suffering. Besides the ASP and the PIV, the Personal Injury Board also took part and hosted the meeting. That afternoon, some thirty persons addressed the question of what could be learned from the assessment of general damages abroad. A study carried out by the Erasmus Universiteit on the way the compensation for general damages is determined in a number of neighbouring countries, formed the basis for these deliberations.
The participants of the meeting came from various disciplines; apart from legal representatives and insurers, scientists and members from the judiciary also attended. They nevertheless concluded unanimously that it is worthwhile to further investigate whether or not a new assessment method can be arrived at. The victim must take centre stage, though. A new formula or a score list that takes into account the victim's specific situation, might serve as a starting point to determine the level of general damages he is entitled to.
The participants to the meeting of experts concluded that the English model offers the most reference points. The English Guidelines consist of ten main categories and a number of sub-categories for general damages. Normative amounts or financial brackets are given per category. Factors such as age of the victim, the presence and level of pain and the degree of disability are taken into account to arrive at a final figure.
The follow-up to this second expert meeting is the formation of a project group, which will define the rough outlines for a new model for the Netherlands. The presentation will take place at a third meeting of experts, which is planned for November 2012.

The vision of the insurers
The insurers' stance is that it is not up to them, but to society and the government – or phrased differently the legislator and the judiciary – to determine liability and/or compensation legislation. Insurers, for their part, will have to indicate if legislative changes will impact on insurability or premium levels. Additionally, insurers will have to supply information to what extent these changes influence the so-named transaction costs if they impact on running times and claim handling costs.
We do not expect that a different format for assessing the compensation for general damages will lead to ex-ante negative presumptions with regard to insurability and transaction costs. Although in our current system not too many protracted discussions take place on quantum for general damages – let alone that it is the subject of litigation – further standardization of the awards for general damages can have a positive influence on the claim handling costs.
The compensation for pain and suffering is currently often seen as the closing act of the claim settlement process. In doing so, we, as an industry, do not do justice to the victim, particularly in the more severe injury cases. The greatest advantage of the envisaged changes is that it becomes more transparent for the individual victim how and on the basis of what elements the final compensation for pain and suffering has been arrived at. Research has shown that this is of significance for victim recognition and victim empowerment.
Insurers aspire to a different, more transparent and better method for determining the level of compensation. Contrary to the ASP, it is not the insurers' objective that this must automatically entail an increase of the compensation for pain and suffering. If a different method leads to higher compensations, especially for the

more serious injuries, the insurers will not oppose its development and implementation. But such a change might impact on the premium for liability policies.

Affection damages
When, in the spring of 2010, after many years of debate, a majority of the Dutch First Chamber eventually voted against the Bill on Affection Damages, the chapter on affection damages seemed to be permanently closed. This rapidly led to a lot of discontent in the personal injury industry, and consideration was even given to whether or not the insurers themselves should initiate a compensation scheme. This dissatisfaction did not go unnoticed by the Ministry of Security and Justice. At the instigation of State Secretary Fred Teeven, a meeting of experts was held at the end of 2011. During this meeting, and under the broad umbrella of the compensation of (injury) claims to parties other than the victim, the subject of affection damage was also discussed. It was communicated in the course of this meeting that insurers have no issue with an indemnification for affection damages, on condition that both the circle of beneficiaries and the payable compensations are standardised. If battles have to be fought about “who is going to get what”, the impact on the claim handling costs would be disproportionately high in relation to the envisaged compensation amounts. This does not take into account the highly sensitized emotions of those involved and the uncertainty for the claimant.
Fortunately, at the expert meeting, these views were carried by a majority. It is now up to the legislator.

Conclusion
Changes are under way in Holland with regard to the compensation for immaterial damages; this is also borne out in literature on the subject. The magazine Verkeersrecht took the lead here. The assessment of general damages, quantum and even a possible extension of compensation to others than the victim, feature on the agenda. In all this, the PIV will certainly not stand at the sideline!

3. Quality Certification Customer orientated Insurance and Injury Claims Handling

Quality and customer focus
The Quality Certification Customer orientated Insurance stands for a high quality standard and customer orientation level. An insurer receives the Keurmerk Klantgericht Verzekeren (KKV) [Certification Customer orientated Insurance] after an initial assessment by the Stichting toetsing verzekeraars (Stv). At the next periodical appraisal, the insurer will also have to comply with the certification norms for the handling of personal injury claims.
In 2011, there was great interest in the renewed PIV Audit. Thirteen insurers – a number of them representing several labels – underwent this renewed PIV Audit.
In the PIV Audit we evaluate if an insurer complies with the criteria for the personal injury claims handling certification. This review takes place every two years. In order to retain the Quality Certification Insurance, the identified points of improvement must actually be addressed. The audit, therefore, is no longer a noncommittal matter. Upon completion of the audit and approval of any possible improvement plans, the PIV Accreditation is issued. On the basis on this assessment, the Stv will award points for the Certification Customer orientated Insurance.
The Audit goes further than a mere test of the certification norms. The PIV continues to assess the operational areas ‘general policy and management’, ‘craftsmanship’, ‘communication’ and ‘claims handling process’. There is separate feedback on the points in need of improvement.
The certification criteria for the injury claims handling were determined by the Stv in collaboration with the PIV, together with representatives from the industry and a management consultancy firm. One of the prerequisites for the certification is that the insurer submits to a biennial audit, in which general policy and standards are checked on:
- adherence to and compliance with the GBL;
- the way the medical trajectory is organised;
- training;
- time scale for the first contact with the victim;
- time scale for establishing liability;
- an evaluation of cases that run longer than two years; and
- an annual satisfaction survey among victims.

Quite an investment! Carrying out the PIV Audit demands considerable effort from the quality certified insurers. Prior to the audit, the insurer has to submit internal policy directives and process descriptions, as well as data on time paths within the files. The insurers must also complete research questionnaires preparatory to the interviews.
In the course of two audit days, extensive file reviews are carried out, interviews with claims handlers and the management team take place, and random file checks are executed. At the end of the second day, an

initial feedback is given on the scores of the certification norms and (the) other results.

Points of improvement and action plans
The fact that all insurers who partook in the renewed PIV Audit had to draw up one or more improvement plans, demonstrates that high standards apply to insurers. These plans of improvement mainly relate to:
- better documentation of internal policies and procedures;
- mailing the brochure about the claims handling process, especially when a legal representative is involved;
- coordination of the claims handling process (who does what, and when); and
- carrying out the 'two-yearly review'.

In 2011, seven insurers received a PIV Accreditation. The other organisations had to further develop and/or implement the improvement plans.

Examples of actions of improvement
Insurers have acted upon a number of actions of improvement which emanated from the audits.
- Legal representatives are, for example, expressly asked to send medical documents in a sealed envelope, so that mistakes whereby the documents are scanned, are avoided. If the medical papers are not sent in a sealed envelope, it is difficult for the mail room to recognize these papers as such. And once medical documents are scanned, they are hard to delete from the digital file.
- Companies have also clearly defined and documented their policy regarding the mailing of the brochure. It was not always immediately obvious from the claim file if a brochure had been sent; this is therefore now better documented. The brochure explains what the victim can expect from the injury settlement trajectory. The leaflet refers in any case to the website of The Personal Injury Board.
- As a (direct) result of the certification, the two-yearly review is given more attention. Nearly all insurers have had to draw up an improvement plan before the certification review. Some companies transferred files which had been running for a certain length of time to a different claims handler, without explicitly looking for the cause of this time scale or measures to counter this.

PIV Satisfaction Survey
The submitted improvement plans give a description of their format, process and implementation. When vetting the improvement plans, the PIV checks if the policy has actually been carried out. For a number of companies, the Quality Certification has proven to be a good incentive to carry out a PIV Satisfaction Survey among victims. As a consequence, interest is shown in the victim, while simultaneously the company is given insight into the appreciation of the person who really matters.

Positive developments
The Audits demonstrate that many things go well. Insurers, for example, invest in training and professional development for their staff, in spite of the austerity measures that are in force in many companies. All insurers score "good" for training standards.
As a rule, most insurers submit the reports of the claims adjusters for approval to the victim and/or the legal representative. This enhances transparency, because the interview and mutual agreements are documented. Through the audits, the PIV encourages this practice. The scores of the Satisfaction Survey are excellent. The norm for a good assessment has been set at seven and the average score is even higher. So from the viewpoint of the victim, the insurers generally perform very well. In order to keep improving the quality level, it will be determined in 2012 which norms will be increased. Thus the insurers will continue to make advancements.

4. The PIV as dynamic Knowledge Centre

PIV Annual Conference
The eleventh PIV annual conference was a resounding success. In excess of four hundred participants attended the conference on the last Friday of March 2011. The theme was "New players on the field".
After the kick-off, Ton Hartlief of Maastricht University dealt in depth with the relativity requirement, the scope of article 6:174 of the Dutch civil code, the principle of dissemination, the bill's parliamentary history and the consequences for the insurability, with notable examples such as 'De Groot/lo Vivat', 'Hammock', and 'Dog bites owner'. He concluded with a somewhat ironic qualification of the Dutch Supreme Court, whose rulings would appear to be in direct contrast to political endeavours to reduce social security.
Geertruid van Wassenaer of Beer advocaten gave the interim score with regard to Partial Dispute proceedings by means of an overview of possibilities, impossibilities, financial consequences and alternatives. She canvassed alternatives such as mediation.
Vanessa van der Does of Delta Lloyd Groep played a strong match for victim support in kind, in order to alleviate the initial difficulties in the immediate aftermath of an accident. Delta Lloyd provides this service

through Practical Aid after Accidents (PHBO). One should think of simple things, such as domestic help, childcare and meal preparation. Van der Does argued that the PHBO is in keeping with the Code of Conduct for Handling Personal Injury Claims (GBL), speeds up the claims settlement process and enhances the image of the industry. She emphasised the additional advantage that the new approach gave a lot of positive energy to the claims handlers. The reaction from most victims is extremely positive.
Under the guidance of referee Tom van 't Hek, the 'linesmen' Van der Does, Van Wassenaer and Dr. Joachim Lok of Delta Lloyd Group debated the 'four-eyes principle' that is called upon when negotiations hit a stalemate. In keeping with the Code of Conduct, they recommended conferring about claim files with (senior) colleagues at crucial moments and to integrate these internal brain storming sessions in the various training modules.
After the first half, attendees discussed in smaller groups a case in which everything went wrong that possibly could go wrong.
Thereafter, futurologist Arjen Kamphuis and Martijn van Driel of Q-Consult threw some light on the 'new playing methods', better known as the social media: Hyves, Twitter, Facebook, LinkedIn, Flickr, YouTube and the weblog.
Olympic golden medallist Elsemieke Havenga advised the audience 'during injury time' on how to deal with the media.
The 2011 PIV Injury Claims Award, also known as the PIV Giraffe, was awarded to Mark van Dijk, managing director of Korevaar van Dijk Letselschade, for his contributions to a multitude of innovative projects, such as the Association Quality Certification Injury Claims, Pandora, the study of the Vrije Universiteit Amsterdam into empowerment of injury victims and the online claims file in injury cases.

PIV Injury Plaza
On 10th May and 22th November 2011, a PIV Injury Plaza took place in De Roskam restaurant in Houten. Since 2008, the PIV organizes these events twice yearly. The objective of these meetings is to give delegates from both legal representatives and insurers an opportunity to meet informally and – if they so wish – to discuss claim files. Both meetings were attended by approximately seventy delegates and in a considerable number of cases, agreement was reached. In other claims, steps were made towards a final settlement. Participants are very positive about these meetings, which goes to prove that it is very efficient to have talks with various legal representatives or insurers during one afternoon.
It is remarkable that the same people generally attend the PIV Injury Plaza. If more use was made of this facility, more good relationships could be forged and even more cases could be resolved in a cordial manner.
Some insurers and legal representatives have indicated that they already meet each other on a regular basis and that this constitutes the reason why they no longer avail of the Injury Plaza. But especially for those who only communicate with one another by phone, e-mail or letter, the PIV Injury Plaza is an ideal meeting venue. Personal contact has proven to be more efficient and often more agreeable; there is also less reluctance to pick up the phone the next time, once people have met in person.

PIV-Bulletin
In 2011, eight editions of the PIV-Bulletin were published, with articles on a broad scope of topics. Increasingly more (especially female) authors find the way to our editors. As a result, we are able to highlight topics from different perspectives.
In June 2011 the 100th Bulletin appeared. It contained an overview of present and past members of the Editorial Board since 1998. The circulation has gone up to 2,700 copies, as the number of subscription increases.

Current Developments Lecture
On 27th and 29th September 2011, 108 people attended lectures given by Chris van Dijk of Kennedy Van der Laan Solicitors on jurisprudence in the period October 2010 – October 2011 and topics that had been given extended (media) coverage.
Laurien Dufour of WIJ Solicitors dealt with employers' liability, based on the articles 7:658 sub 4 and 6:171 of the Dutch Civil Code, of a principal who hires a self-employed contractor and how the latter's loss must be calculated.
Finally Van Dijk dealt in depth with the topics of loss assessment in fatality cases and household assistance.
The participants consisted of a mix of employees from insurance companies, adjusters and firms of legal representatives. Afterwards, there was the opportunity to chat and to network whilst enjoying a Greek buffet.
The Current Developments Lecture is first and foremost intended as a refresher and enhancement course for graduates of the former PIV Training for advanced injury claims handlers and adjusters and its predecessors, the Moderate Injuries Course (Mzl) of OSR Juridische Opleidingen and the Severe Injuries Course (Zwl) by NIBE-SVV. If there are places left, other employees from insurers and claims adjusters can subscribe to the lecture.

A new look: www.stichtingpiv.nl
Our website underwent a radical transformation and now has a fresh, modern look. The homepage features all current developments on liability issues and the handling of injury claims. In addition, there is easy access to existing regulations, collective market agreements and codes of conduct. With the equally new search and navigation tool, case law and other information can be easily accessed.

5. PIV Personal Injury Statistics

"*In 70% of all injury cases, personal claims do not exceed € 5,000.*
In 37% of private motor vehicle claims there are whiplash and neck complaints"
We can make these statements due to the PIV Personal Injury Statistics. The strength of our Injury Statistics lies in the rapid growth of our database and hence the possibility to underpin these statements. Data is supplied once the personal loss claim has been settled. Only the paid compensation is registered.
Many insurers participate: in 2011 the group of participating insurers consisted of eleven companies. Three of these supply data online. Other insurers are presently looking into the possibilities of digital data delivery. The number of files in the database thus increases even more rapidly. In June 2011 the database consisted of some 42,500 claim files.
For the purpose of the further development of the PIV Personal Injury Statistics, a meeting of the users' group is held twice yearly. At these meetings, benchmark figures are communicated, requests from individual companies are inventoried and action plans are determined. At the participants' request, a study into the possibilities and consequences to register the 'total personal claim' was started in 2011. Based on the results of this study, a decision as to whether or not this head of claim is to be registered, will be made in 2012.
A lot of attention was given in 2011 to determine the accuracy of the input, which is of eminent importance to both the PIV Personal Injury Statistics and the PIV Satisfaction Survey.
Three companies have provided figures on the fall-out percentage of new claims. They consist of SVI (Passenger Insurance Claims), fatalities, and the so-named 0-claims, claims where policy cover is denied or where liability is not admitted. It is not easy to retrieve this data from IT-systems. But reliable data is the key to a workable benchmark.

Insight and overview through the PIV Personal Injury Statistics!
By means of the PIV Personal Injury Statistics, a company can monitor the effects of a change in general policy. An insurer can gain insight into the influence his approach of whiplash claims has on the running time and the claims burden.
These results can subsequently be compared with the benchmark average. The system allows for data export for the purpose of own analyses. In addition, the PIV Personal Injury Statistics gives insight into the achievements of individual claims handlers, and is hence a useful tool for them and for coaching managers.
The PIV Personal Injury Statistics is a useful and multi-purpose source of information for the insurance industry. The data is, for example, used for the two yearly in-depth study on the application of the Code of Conduct for Handling Personal Injury Claims (GBL). The statistical information also gives insight into the number of cases that can be considered for the project `Process and Procedure Minor Injuries'. Data on the percentage of legal assistance cases, in which the victim's personal injury claim does not exceed € 5,000 and therefore qualify for the BGK-L (Market Agreement on remuneration for legal assistance insurers in injury cases), can easily be obtained from the system. We will, therefore, be able to closely monitor the effects of a stricter adherence to the BGK-L scheme. It will also be possible to compare foreign developments on for example legal costs with the remuneration in the Netherlands.

In 2011, the data of the PIV Personal Injury Statistics were for the first time combined with those of the PIV Satisfaction Survey. Two remarkable conclusions:
- extended running times increase the chance of a low satisfaction score.
- prolonged running time impact more on the victim's satisfaction score than the compensation amount.

It is the PIV's intention to create more cross-links between the different projects, thus making optimal use of the data.