

Annual Report 2014

“Trust and Innovation...”

Trust and Innovation (Preamble)

Before you lies the 2014 Annual Report: Trust and Innovation. This was a year in which the (new) proposed bill on care and affection damage roused strong emotions. In the first chapter you can read about this development and the PIV's contribution. We are also pleased to reveal what pilots and studies we carried out in 2014 and their results. In 2014 we also focussed on expediting the claims reporting process, the slogan being: the sooner the better. And in our capacity as knowledge centre we want to share with you what subjects were discussed at our annual conference, during the heavily frequented Current Developments Lectures and in our PIV-Bulletins.

The PIV is an innovative and trustworthy knowledge centre in all social and political developments in the realm of personal injury, both for liability insurers as for the industry as a whole. In our pro-active role, we work on the one hand on optimizing opportunities for insurers and on the other hand on victim's requirements. Also in 2015 we will continue to take up this central role adequately and enthusiastically.

Theo Kremer, Director PIV

1. Affection and Care damage: an (im)possible couple?

The PIV, too, was (unpleasantly) surprised when after years of 'soap opera' discussion, a majority of Dutch Upper House voted against a legalised compensation for bereavement damages. The most striking argument in all of this was that within the conservative camp the fear had risen that it would lead to a claims culture. The PIV, on the contrary, was of the opinion that through a standardised system of affection damage – and not via the link of shock damage – many discussions could be prevented. It could even regulate the claims culture.

For this reason alone it is laudable if there is once again the prospect of compensation of affection damages. The Ministry of Security and Justice presented a draft proposed bill in the form of a consultation paper in the spring of 2014.

The legislator combines the compensation of affection damage and care damages in one bill.

The PIV admits that both items of compensation can be brought under the heading of losses of third party claimants. But with the choice to position the compensation of Care damages under article 6.96 of the civil code, it becomes in essence a personal claim of the victim itself. Consequentially a situation has arisen where insurers – with the exception of some minor points – embrace one part of the legislative proposal, but have serious objections against the other part (the compensation of the care claim).

The PIV has always been opposed to the desire, (occasionally) expressed by personal injury lawyers for a financial 'bandwidth', because this carries the risk of discussion in each individual case. Apart from the emotional burden of discussions about the exact affectionate relationship (if this can be 'measured' at all), it would also be socially irresponsible to waste transaction costs on what is in essence a symbolic amount of compensation.

Compensation of affection damage

With the introduction of a compensation for affection damage for the survivors of a deceased or for relatives of a severely and permanently injured person, the Netherlands is in line with most of the surrounding countries.

Insurers have always made a compensation of bereavement damage dependent on two conditions: a defined group of beneficiaries and standardised amounts. The number of different categories is irrelevant here, as long as there is a fixed amount of compensation per category. The new draft proposed bill (justly) meets with both criteria for the compensation of affection damage.

Noteworthy:

- It is striking, however, that the circle of beneficiaries has been considerably extended. Whereas, in the past, only an affectionate relationship between parents and children still living at home was considered, the prerequisite of living at home has been relinquished. All parents are entitled to claim affection damages with regard to their children (and vice versa), although a slight differentiation in the compensation amount has been opted for. This redefinition can however be questioned: does it not go a step too far? In everyday life it is not uncommon that parents and older children grow apart and that sometimes there is no longer an affectionate relationship at all (sometimes quite the opposite). That said, it is also a fact that the criterion of living at home or not, is rather arbitrary.

This is the reason why insurers do not resist this extension. Especially because otherwise the harshness clause which the previous proposal contained, would possibly be invoked more often. The claims burden will increase of course with this new bill.

- The PIV expects discussion about the definition 'severe and permanent injuries'. Insurers have always pleaded for a clear definition of this criterion. The PIV applauds the fact that two defining elements have been included in the bill's explanatory memorandum. Firstly, there must in principle be more than 70% functional disability; secondly, the injuries must be objectifiable.

Compensation of care claim

It goes without saying that if a partner or parent chooses to care for a relative in a home environment, financial hurdles should not be an obstacle. This is in line with the policy objective introduced by the current government to reduce the number of people in institutions. It is debatable, however, if the system to compensate a care claim as outlined by the legislator in the draft bill, is fitting.

Is the double reasonableness criterion appropriate?

For a severely injured victim, the legislator has chosen to designate the care claim as a personal item of claim on the basis of article 6:96 BW, to which the double reasonableness standard must be applied. The manner in which the victim wants to provide for his actual care needs must be reasonable, as must the actual costs involved.

In everyday practice, the double reasonableness standard has not been very successful in the generally one-dimensional problem area of legal expenses. What are its chances with care costs, which are generally of a multi-dimensional nature? It must also be considered that severe injuries do not automatically lead to intensive care needs (the reverse is also possible). Limitations – in terms of duration or finance – would certainly be a sensible addition. This would prevent endless discussions at a moment in time when they are least wanted.

The PIV agrees with the legislator that the decision whether or not care costs are reimbursed, must be made at an early stage, and that this must be a well-considered decision, based on clearly defined criteria.

Other issues

There are also various practical problems to be considered, such as the question of whether the loss must be compensated via periodic payments or as a lump sum payment. A further issue is what happens if the carer becomes disabled or is unable to find employment after he has ended his caring task? These uncertainties and imponderables create a somewhat hybrid triangular relationship between the victim, the carer and the liable party.

In summary, insurers have major objections to the proposed way of compensating care costs. This is not only because of the expected (and often emotionally charged) discussions and the transaction costs it will entail, but also because it is entirely unpredictable to what extent it will be availed of.

Splitting the proposed bill

It is good that the item 'compensation of affection damage' features once more on the legislator's agenda. There have been mainly positive reactions from both the personal injury practice (and hence also from the insurers) and from the 'academia'. The opposite is the case with regard to the care claim: insurers are very critical of the proposals. They are not so much against the concept as such, but rather against its tenor. The legislator admits in the bill's explanatory notes that the number of cases will be limited. The question therefore arises if a legislative framework – with open ended standards – is the best choice here. Perhaps it would be possible for the insurance industry to come up with a solution, for example through a Guideline of the Personal Injury Board. It would be regrettable if the compensation of affection damage would again be delayed for years, because there are going to be many discussions – possibly also in the parliamentary debates – about the other part of the bill, namely the compensation of care costs. Splitting the bill would appear to be the solution here. As the legislator has thus far only submitted the affection part to the Council of State, this would appear to be a viable option.

The PIV is wholeheartedly in favour.

2. New computational model dependency compensation

In November 2014 the think tank Dependency Compensation presented the new calculation model at a festive symposium. Under the chair of Jessica Laumen (Laumen expertise), this think tank developed a new calculation model, based on the reduced expenditure after the death of a family member and expressed in a percentage. The traditional computation model is based on the fixed and variable expenses, which are divided over the various surviving family members. The new calculation model has already been incorporated in the Personal Injury Guideline Dependency Compensation

Broad platform

The first two copies of the paper were presented to the State Secretary for Security and Justice, Fred Teeven, and the chairman of the Personal Injury Board, Aleid Wolfsen.

In developing the new calculation model, the think tank has availed of input gained from various consultations and meetings of experts. Consequentially, the new model has a broad platform. The PIV was closely involved in this process. In mutual consultation, it was convened to commission the independent institute Nibud to objectively determine the reduced expenditures. Nibud has succeeded in doing so and the new calculation method is based on these objectively quantified savings.

The PIV embraces the new calculation model and the Guideline Dependency Compensation, which is simpler and more transparent. A fatality claim can now be settled more expediently and it is easier for the surviving relatives to understand how their compensation has been calculated.

3. Apologies to victims of road traffic accidents

The PIV is carrying out the research 'Apologies to victims of road traffic accidents' in collaboration with the Vrije Universiteit Amsterdam.

Results of first pilot scheme

It transpired from the first -completed- pilot scheme that it is absolutely worthwhile for insurers to deploy initiatives to encourage their insured to contact the victim. Personal contact between parties is (almost) always beneficial to the emotional aftermath for both sides and can be helpful in the healing process. Furthermore, there are indications that a successful contact eases the claims settlement process.

Follow-up pilot

A second pilot scheme for the project is currently underway. This follow-up study centres on two research-driven questions:

1. How often does spontaneous contact between the perpetrators and road traffic accidents take place?
2. How can contact between perpetrators and road traffic victims be encouraged?

In 2014, a legal representative and two insurers partook in the follow-up pilot scheme. A third insurer will join in 2015.

Question 1: Spontaneous contact.

For the first research question, the claims handlers of the partaking firms of legal representatives ask the client (road traffic victim) in a new claim file if there has been contact with the 'perpetrator'. By means of a questionnaire, they gain information about the (possible) contact, how this was perceived, the accident and the process.

Topics that may be addressed in the course of this conversation, is that parties have not had contact, but that the victim feels the need for contact to be established. On these occasions the legal representatives will send an information bulletin to the insurance company, who can forward this mail directly to the insured. The folder sets out why it is important that contact is sought. It also states explicitly that offering apologies or saying sorry will not have any legal consequences. The folder contains an action plan and a number of sample texts, which the insured can use in an e-mail or letter to the victim.

Question 2: Stimulating contact

For the second research question, the Vrije Universiteit Amsterdam –together with the PIV and other participants- has developed the aforementioned information bulletin in order to stimulate the contact between both parties. One of the participating insurers measures the effect of the folder, which is sent out in alternate new claim files. Trainees attached to the Vrije Universiteit telephone with the respective insured after two weeks. The trainees use extensive questionnaires, containing questions such as:

- 'What were your considerations to contact the other party?'

- 'Can you tell why you did not seek contact?'

With this questionnaire we measure both the spontaneous contact, as well as the effect of the information brochure. A similar study was carried out by a participating insurer who routinely sends a 'contact letter' to the insured. By means of this letter the insured is informed that it is generally appreciated by the victim if interest is shown. Contact also has a positive effect on the healing process.

First results

- The request to partake in this study is generally favourably received. Nearly all clients of the legal representatives cooperate. The response rate is also high on the partaking insurers' side.
- The first findings from the legal representative show that approximately one third of clients has already been in contact with the other party. This generally takes place by phone, but personal meetings also take place: occasionally the visit takes place unannounced. Sometimes flowers or other gifts are sent. Less frequently the insured uses the 'new' social media to make contact, such as SMS, Facebook or Twitter.
- Most clients appreciate these contact moments. Some quotations:
 - Good, nice that they asked how I was doing and that they found it 'rotten' for me.
 - Nice, the present was not necessary, but nevertheless appreciated.
 - Good, positive, other party felt very guilty. Apologised immediately after the accident and gave flowers.
 - The third party is an ok guy.
- In cases where no contact has been made, some of the victims are disappointed, but not everyone has an emotional attachment or feels the need for contact.

Continuation

Parties will continue to monitor results in 2015. Additional questionnaires are required for a more in-depth analysis. It is expected that the findings will be analysed in September 2015.

The Vrije Universiteit Amsterdam and the PIV are grateful for the efforts rendered by the participating insurers and legal representatives to this project.

4. Using police records for a swifter reporting of claims

It is a point of concern for the PIV that, in the case of accidents that involve personal injury, (motor) insurers are often informed at a late stage. It can take weeks before the insurer's claims department is aware of the fact that an insured is possibly liable in a personal injury case. The PIV gladly lends its support to shortening this time span. By swifter claims reporting, the victim can be offered (practical) help sooner. This, in turn, can increase the victim's satisfaction score.

Different procedure

Together with the stichting Processen Verbaal (PV: Official (traffic) Report) and the stichting Efficiëntere Processen Schadeverzekeraars (EPS: Process Efficiency Non-life insurers), the PIV started a project to evaluate if the claims reporting process can be accelerated by using police records. The police are involved in the majority of traffic accidents involving personal injuries. It then sends its reports to the SPV, where they can be applied for by the insurers. The SPV receives some 90,000 reports per annum, of which 23,000 relate to personal injury accidents. If the SPV as soon as it receives a report -and that is sometimes even on the actual day of the accident- were to send this pro-actively to the insurer(s) involved, the latter have knowledge of an accident at a much earlier stage. This could speed up the process considerably. For the insurers this implies that they must change their processes. But if it means that a personal injury claim can be handled sooner, it is certainly worthwhile to implement this revised procedure.

5. Research and Statistics

A. Third in-depth analysis Code of Conduct for Handling Personal Injury Claims

Code of Conduct for Handling Personal Injury Claims (GBL)

The settlement of a personal injury claim can be experienced as taxing by the victim, especially if the claim settlement process is a prolonged one. The goal of the GBL is for a dynamic and harmonious claim settlement process. This has a positive influence on, among others, the running time of the average injury claim. The GBL's target is to settle a personal injury claim within two years.

Purpose

The PIV and the Dutch Association of Insurers commissioned a third in-depth GBL analysis. With this analysis, we determine how many cases are actually concluded with the victim within this two-year target date.

Files that are still open after two years are evaluated by means of an extensive online questionnaire. This enables us to establish why a file runs longer than the limit. The results thus obtained give us a good insight of *best practices* and potential improvements in order to arrive at a more expedient claims settlement.

Participants of in-depth GBL analysis 2014

19 insurers partook in the 2014 analysis. Apart from road accidents, this involved for the first time, personal and public liability files, excepting medical negligence cases.

Settlement percentage after 2 years

In the first quarter of 2012, the 19 participating insurers received in total 19,194 personal injury cases that met with the required criteria (approximately 86% motor, 5% personal liability and 9% public liability). 90.5% of these cases were finalized within two years:

Motor:	90.9%
Personal liability:	89.4%
Public liability:	88.2%

The average percentage of open motor cases has increased slightly from 8.4% to 9.1% compared to the 2012 in-depth analysis.

Claim burden up to and in excess of € 10,000

We have this year also incorporated the total amount of personal losses in the in-depth analysis: what is the expected claim burden (including advance payments) per case?

In approximately two thirds of the unresolved claims the personal loss exceeds € 10,000, regardless of the insurance type. In the claims not exceeding € 10,000 nearly 39% relate to whiplash/neck injuries.

The medical trajectory as a delaying factor

The medical trajectory is most frequently named as reason why the file has not been resolved within two years. The diagram shows that in motor cases, medical causality discussions have decreased somewhat compared to the 2012-analysis.

Improvement potential

- Files running longer than two years are reviewed by a colleague (the “four eyes” principle). The colleague is asked if, on hindsight, the case could have been settled within the two-year GBL time frame. According to the participating insurers, this could have been possible in 19% of the open cases if a different approach had been opted for. Taking into account this revised approach, the companies report that 92.4% of all cases could, in retrospect, have been settled within two years.
- There is, however, also a limit to this improvement potential. Certain files need not be settled within two years if this is not in the interest of the victim. For example, if there are minors involved (waiting for maturity), or if no medical status quo has been reached within two years due to the severity of the injuries. Adjusted for these reasons, it is estimated that 96% of all injury claims can be concluded within two years.

Best practices

Based on the fact that 90.5% of claims are settled within two years, the PIV sees room for improvement. From the aforementioned analysis, we have formulated the following best practices to arrive at a swifter claims settlement.

- Policy geared at pro-active claims handling, in which the wishes, interests and needs of the victim are given central position from the very start.
- Short reaction times and setting time limits to other players in the claim settlement process, and guarding these time restraints.
- Action plans with a clear problem analysis should be drawn up. They should contain a resolute approach and a time plan. Action plans must be assessed on set points via the “four eyes” principle.
- The two-yearly review must be brought forward, so that measures can be taken to prevent the case from exceeding the two year time limit.
- A clear whiplash policy needs to be introduced. This should be aimed at reintegration, recovery and conclusion of the case. By also putting the emphasis on the victim’s residual capabilities and a more pragmatic approach to medical questions regarding causality, the running time of the claim is reduced.
- More specific use must be made of medical examinations. If need be – particularly with orthopaedic injuries – the medical trajectory should be set in motion earlier because of its duration.

B. PIV Satisfaction Survey

Participation in the PIV Satisfaction Survey

The number of participants that take part in the PIV Satisfaction Survey continues to grow. Twenty companies partook in the survey in 2014. The Keurmerk Klantgericht Verzekeren (KKV: Certification Customer orientated Insurance) has a positive influence on this number.

By partaking in the PIV Satisfaction Survey, the companies not only gain insight into what they do well and what they can do better still, but they can also compare these results against the benchmark of 20 insurers.

New system

In order to assist the companies even further, we have developed and implemented a new system for the satisfaction survey in 2014. The system is user friendly. It allows the insurers to make various analyses themselves by applying filters. It is, for example, easy to gather from the system how high the satisfaction rating is in cases involving neck complaints. This result can then be narrowed down by the filter 'recovery period' and refined even further by the filter 'legal representative yes or no' (see below). The system offsets the participating company's results against the benchmark.

Other advantages of the new system are:

- It provides insight into the satisfaction scores at file or claims handler level;
- It makes it possible to make trend analyses over numerous years/periods;
- Results of individual questions become available;
- Links to results per stream/team are visible;
- An analysis of feedback to open questions is provided. An example is: "What especially should insurer x improve in his claims settlement, so that you could further recommend insurer x and give him a higher score?"

Response

Use of the new system also has a positive influence on the response rate. When the e-mail address of the victim is known, the system automatically sends the questionnaire, which the injured party can then complete online. After two weeks the system autonomously sends a reminder, respectively a thank-you mail.

At the beginning of 2014, the response was 25.2%. After implementation of the system in May 2014, this percentage increased to 27%.

Improvement curve

Insurers use the satisfaction survey to continuously improve their performance.

Some initiatives deployed by insurers are:

- claims handlers carry out a self-evaluation in claim files with a high and low score by means of a self-reflection form;
- phoning a number of positive and critical respondents for additional feedback;
- Interim satisfaction assessments for possible adjustments, for example after the visit by a claims adjuster;
- organizing a 'customer arena', in which victims can tell the claims handlers how they experienced the claims settlement;
- Periodically sharing/discussing the average scores of the satisfaction survey.

Partly as a result of the new system, insurers can now get more valuable data from the satisfaction survey. In view of the advantages of the system and because it is easy to use, the PIV wants to develop a similar system for the PIV Personal Injury Statistics. It is the PIV's ultimate goal to link the results of both surveys and to ensure ease of analysis.

C. PIV Personal Injury Statistics

With the PIV Personal Injury Statistics, data is supplied as soon as the personal injury claim has been concluded, even if the claim is still open for a – possible – recovery claim. The participating insurers register only the paid personal losses. Of relevance for the PIV Personal Injury Statistics are the following heads of claim:

- General damages
- Household assistance
- Loss of earning capacity
- DIY compensation
- Legal costs

In addition to these heads of claim, a number of insurers also register the 'total personal claim' in the system. This comprises the aggregate of these five items of claim, augmented with claim positions such as house adaptations, the victim's care costs (nursing), transferred damages, personal belongings, medical costs etc. (bicycle and vehicle damage is not included).

Registration of additional information

In order to gain insight into, for example, the effects of market or process agreements, legal developments and changes in law and regulations, insurers additionally list the following information:

- the nature of injuries
- the type of legal representative
- the type of claim
- the running time

Eleven insurers take part in the PIV Personal Injury Statistics. The database of the PIV Personal Injuries statistics are very valuable for the PIV for the following reasons:

- The data has, for example, allowed for insight into the effect of current developments, such as interest rates or the influence on the total claim burden of higher compensation amounts for general damages in more serious cases.
- By means of the PIV Personal Injury Statistics, companies gain insight into how they perform in relation to the benchmark.
- On the basis of the PIV Personal Injury Statistics, a company can research how a change in general policy affects the average running time and the claims burden.

As already mentioned, the PIV will develop a new system similar to the renewed PIV Satisfaction Survey system, in order to more effectively analyse the data from PIV Personal Injury Statistics.

D. PIV Audit

KKV and the handling of personal injury claims

The Stichting toetsing verzekeraars (Stv: Verification insurers) has contracted out to the PIV the appraisal of the subsection personal injury settlement of the Keurmerk Klantgericht Verzekeren (KKV) [Certification Customer orientated Insurance]. The Stv and the PIV together determine the claim handling standards.

In order to improve quality, the Stv annually tightens the norms. The PIV considers this continuous improvement process important. For the 2014 changes, the PIV established which aspects positively influence the quality of the personal injury claims handling process. In doing so, due consideration was given to signals from the Personal Injury Board, lessons learnt from the PIV audit and wishes from the Stv.

Main topics tightened norms 2014

1. **Responsibility for intermediary parties (external adjusters and mandated brokers)**
The starting point for the first topic is that it should not matter for a prejudiced party whether or not insurers use their own claims adjuster or external ones.
Moreover, payments via mandated brokers are regularly delayed, as a result of which the client has to wait a long time for an agreed interim or final payment. The PIV wants to increase the influence on brokers by including them in the regulations.
2. **Quality guarantee and improvements through a permanent improvement programme**
In order to safeguard and to improve a quality standard, it is imperative that the company applies a permanent quality improvement programme. Via among others the satisfaction survey and the audit, **signals are received about what works well in the personal injury claims process and what can be improved upon**. By analysing these signals, devising points of improvement and subsequently monitoring the implementation and compliance with these schemes, the quality can really be ameliorated.

Participants 2014

In 2014 the PIV audited eight companies. One company passed the audit outright. The other companies had to carry out one or more improvement actions before obtaining the PIV Accreditation.

Improvements in the claims settlement process

- It was noted in the course of the audits that insurers have pay attention to the intermediary steps in the process. An increasing number of insurers agreed a general mandate with firms of legal representatives. For the extent of this mandate, they often followed the existing 'Procedure severe injuries with legal assistance insurers'. Companies often agree that claim adjusters can inform the claims handler by phone or by mail of a payment he has agreed upon, so that the payment can be effected immediately.
Insurers also request claims adjusters to send their draft reports directly for approval to the prejudiced party or his/her legal representative. This speeds up and improves the transparency of the process.

- The certification norms make it easier to agree terms with mandated brokers to improve the payment process. Insurers, for example, agree specific time limits within which the broker must process a payment request. Compliance is then monitored via random checks. In order to expedite payment in injury cases, some brokers have started to use a separate e-mail box, thereby making payment requests by insurers instantly visible.

6. The PIV as Knowledge centre

A. Topical information via PIV-sites

The PIV's websites (www.stichtingpiv.nl and www.pivkennisnet.nl) feature current developments in the field of liability and the handling of injury claims on a daily basis. These sites contain jurisprudence relevant to the personal injury settlement. In addition, the sites give quick access to existing regulations, market agreements and Codes of Conduct.

B. PIV-Bulletin

In the six editions of the PIV-Bulletin that were published in 2014, extensive coverage was given to the expected consequences of the *Wet maatschappelijke ondersteuning* [Wmo: Social Support Act] and the *Wet Werk en Bijstand* (WWB: Social Assistance Act), which will be effective as of 1st January 2015. In addition to the proposed bills on Care Claims and Affection Damage, the different calculation models for the dependency claim, the disability insurance for independent contractors, the for authors very prolific topic 'no cure, no pay', the consequences of the *Gedragcode Persoonlijk Onderzoek* (GPO: Code of Conduct Personal Investigation), economic vulnerability (Smith vs. Manchester claim), correction for saved costs and the still current ruling *Zwolsche Algemeene vs. de Greef*, were discussed.

C. 14th PIV Annual Conference

The fourteenth PIV Annual Conference '*Who Believes in Privacy, Believes in Fairy Tales!*' was the reason for more than 550 persons to travel to the stylish *Orpheus* in Apeldoorn on 27th March 2014. They listened to inspiring discourses and joined in discussions on topics such as **heavy penalties for fraud** and its consequences, illegally obtained proof, cultural differences, privacy and the medical file versus the future of privacy.

Heated debates were easily assuaged – and sang – away by our PIV Blues Band, which continues to increase in size every year. Josée van de Laar, winner of the PIV Personal Injury Award (the PIV Giraffe) in 2013, handed the 2014 PIV Giraffe to her successor Vanessa van der Does, who was manager of the Personal Injury Service Centre of Delta Lloyd and chairwoman of the PIV Advisory Board. Van der Does was awarded for her efforts, initiatives and support in many activities that accelerate and particularly improve the personal injury process.

d. PIV Current Developments Lecture 2014

Our annual yearly vocational training sessions enjoy an ever-increasing attendance: the two lectures, which were held on 1st and 3rd October 2014, were attended by in total 170 guests. The sessions are intended for past students of the modules Knowledge and/or Aptitude of the former PIV Personal Injury Course, the Moderate Injuries Course (Mzi), respectively the Severe Injuries Course (Zwi) by NIBE-SVV.

Chris van Dijk, of Kennedy Van der Laan Advocaten took those present on a journey through the intriguing world of jurisprudence from October 2013 until the date of the lecture. Interesting outings were made to the reasonableness and fairness of billed 'no cure, no pay' tariffs, medical negligence for leaking mechanical heart valves, group liability for violence against the police during the *Dance Festival Veronica Sunset Grooves* in Hook of Holland, duty of care, recourse prohibitions for hired in independent freelancers, the proposed bill for general damages, affection damage and gender discrimination.

Mathijs Vermaat of Van der Woude de Graaf Advocaten, dealt extensively with the *Wet langdurige zorg* (Wlz: Long-term care Act), the *Zorgverzekeringswet 2015* (Zvw: Healthcare Insurance Act), the disappearance of the Exceptional Medical Expenses Act (AWBZ) and the expected drastic consequences of the *Wet Maatschappelijke ondersteuning 2015* [Wmo: Social Support Act]. The latter act, in particular, will cause difficulties with respect to recourse claims in personal injury files. Although it will remain, for the time being, a labyrinth with many unknown nooks and crannies and dead ends, Mathijs Vermaat was able to give the 'students' an – albeit thin and very frail – Ariadne's thread.