

KEY STATISTICS

This report captures some key statistics for the MAI Scheme from the start of the scheme on 1 February 2020 through 31 December 2024 as well as statistics for the most recent quarter.

The MAI Commission’s annual report provides further metrics, including additional applicant statistics.

The data shown is as reported to the MAI Commission by the four MAI licensed insurers (AAMI, APIA, GIO and NRMA) and the Nominal Defendant.

The Nominal Defendant is a statutory authority that manages applications by persons injured by unregistered vehicles without MAI insurance or by unidentified vehicles (e.g. hit and run accidents).

The MAI Commission continues to closely monitor the scheme.

APPLICATIONS LODGED

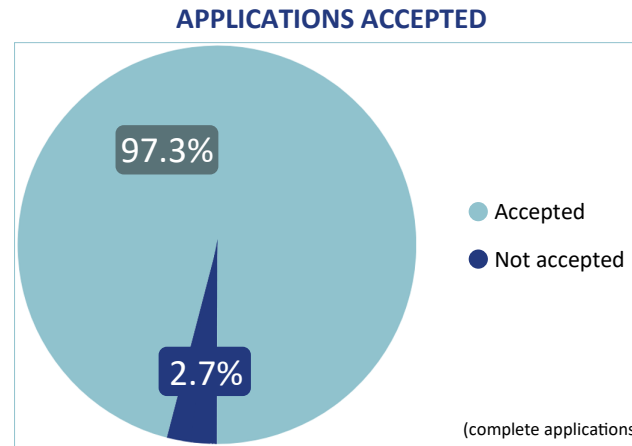
To Date	This Quarter	Status
1856	96	ACT - Complete applications
168	19	ACT - Incomplete applications
247	12	Interstate applications

An application is complete when all information is provided. Incomplete applications are recorded to indicate applications for benefits where additional information is required and has been requested. Interstate applications refer to accidents outside the ACT for which an ACT insurer is liable.

ACT applications are generally to be lodged within 13 weeks of a motor accident. Late applications can only be accepted with a full and satisfactory explanation for up to two years after the accident. The number of applications received to date is likely to have been affected by lower traffic volumes following the COVID-19 restrictions. It is expected to take some time for application numbers to reach maturity and for the community to fully engage with the new scheme.

APPLICATIONS ACCEPTED

Anyone injured in a motor accident in the ACT on or after 1 February 2020 can make an application for personal injury benefits. If someone dies from injuries sustained in an accident a relevant person can make an application for funeral expenses and death benefits to support dependants.



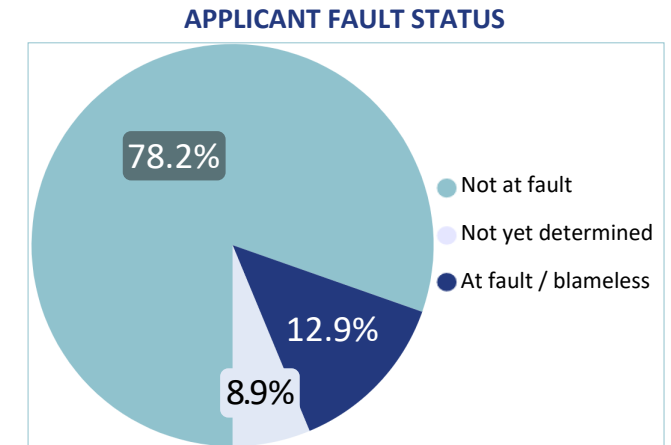
APPLICATIONS NOT ACCEPTED BY REASON

To Date	This Quarter	Reason
28	0	Claiming benefits through Workers Compensation
7	0	Not a motor vehicle accident
4	0	Multiple or serious driving offences
4	0	Injury not a result of this motor vehicle accident
3	1	False or misleading claim
1	0	More than two years after accident

A person cannot receive benefits for an accident if it is also a workplace accident where the injured person has chosen to claim benefits from Workers Compensation. A defined benefit application may be declined where the insurer does not agree there was a motor accident or the injuries are not from a motor accident.

APPLICANT FAULT STATUS

A benefit of the MAI Scheme being a no-fault scheme is that everyone injured in a motor vehicle accident can receive defined benefits. There is no longer a need to show that someone else was at fault for the accident.



This determination does not affect the defined benefits available to an injured person. The categorisations are assigned by a MAI insurer initially on the information provided in an application. Insurers determine who was at fault in order to decide which insurer is liable for the defined benefits application.

Not at fault – where the person or vehicle was not responsible for the accident.

At fault/blameless – at fault is where the person or vehicle was responsible for the accident. A blameless accident is not caused by the fault of any person (e.g. medical incident) but is included with the at fault category as the driver is deemed at fault for the purpose of an application.

Not yet determined – inquiries are still being made as to the person or vehicle responsible for the accident.

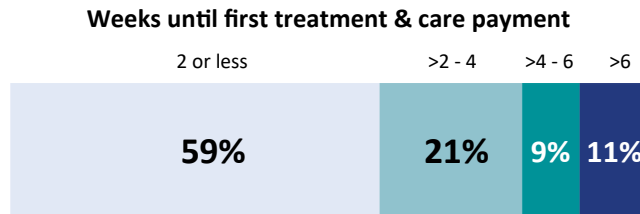


TREATMENT & CARE

The scheme pays for some early treatment and care expenses incurred by an injured person (pre-application and allowable expenses) while their application is being assessed, even if an insurer does not accept liability for an application. These expenses can be reimbursed to the applicant from when the insurer receives a complete application. For a late application, the insurer will make payments after the insurer accepts liability for the application. Other treatment and care expenses, including those directly billed by providers, are paid after liability for an application is accepted.

FIRST TREATMENT & CARE PAYMENT

The chart below illustrates the number of weeks after the date an insurer receives a complete application that the first treatment and care payment is made (by percentage of eligible applications).



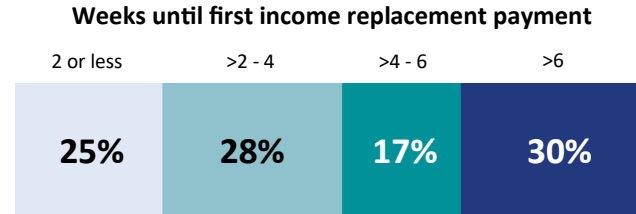
The timing of payments is affected by when an insurer receives a reimbursement request from an injured person or when an invoice is received directly from a provider.

INCOME REPLACEMENT

An injured person is entitled to income replacement payments, subject to certain limitations and exclusions, if they are at least 15 years old, and either in paid work, or capable of being in paid work on the date of the motor accident. Income replacement can be paid once an insurer accepts liability for an application. Insurers have up to 28 days to accept liability from the receipt of a complete application. In some cases, a request may not be made immediately as an injured person may take some time to provide information about their pay and work arrangements. Some may not need any days off work.

FIRST INCOME REPLACEMENT PAYMENT

The chart below illustrates the number of weeks after the date an insurer receives a complete application that the first income replacement payment is made (by percentage of eligible applications).



Requested payments can be made only after liability has been accepted by the insurer.

WHOLE PERSON IMPAIRMENT

To obtain a Whole Person Impairment (WPI), a medical assessment of a person who has an injury or injuries of a permanent nature, a Quality of Life application is made to an insurer. A person with WPI of 5% or greater is entitled to receive a Quality of Life defined benefit payment. A person with WPI of 10% or greater who was injured by someone else's fault in the accident may apply for common law compensation. To obtain a WPI, injured people may apply for an assessment from 26 weeks after their motor accident if their injuries have stabilised and are likely to be permanent.

APPLICANTS WITH WPI ASSESSMENTS

WPI Assessments	To Date	This Quarter
Applicants with WPI completed	140	9
Applicants with WPI 5% or greater	86	8
Applicants with Quality of Life payments finalised	38	4

QOL applicants have 26 weeks from a completed assessment to decide to accept the benefit, or if eligible, proceed to common law.

DEFINED BENEFITS INFORMATION SERVICE

The Defined Benefits Information Service (DBIS) is delivered by CARE Inc and funded by the MAI Commission. The DBIS provides free information and advice to people on accessing the defined benefits available under the MAI Scheme and referral to other services. The DBIS can be contacted on 1300 209 642.

DBIS SERVICES PROVIDED

To Date	This Quarter	DBIS
1001	95	Number of services provided*

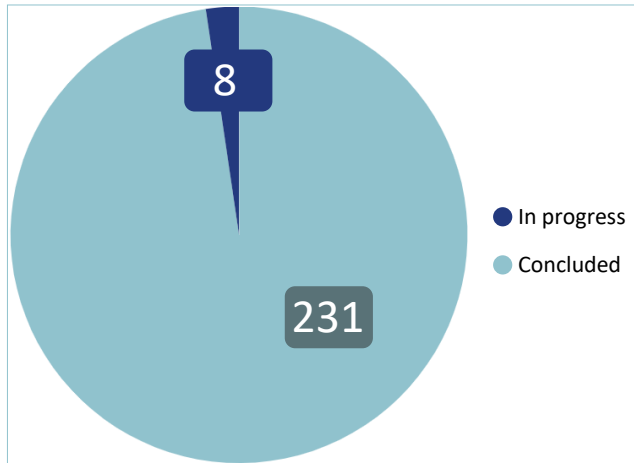
*If required, individuals may access repeat services from the DBIS.



INTERNAL REVIEWS

An injured person can dispute certain types of insurer decisions listed in the MAI Act schedule by asking for an internal review. An internal review of a decision is conducted by a person employed by the insurer not involved in making the original decision.

INTERNAL REVIEWS TO DATE



INTERNAL REVIEWS BY CATEGORY AND OUTCOME

Category	In progress	Decision affirmed	Decision amended	Decision substituted
Treatment & Care	5	92	11	54
Income Replacement	1	33	12	13
Liability	2	15	0	0
Other Review Types	0	0	0	1

Affirmed means no change to the insurer's decision.
Amended means a change (i.e. a payment calculation).
Substituted means an insurer made a different decision.

ACAT EXTERNAL REVIEWS AND DECISIONS

An injured person can also dispute certain types of insurer decisions, usually after an internal review has occurred, by asking for an external review. An external review of a decision is conducted by the ACT Civil and Administrative Tribunal (ACAT). Types of decisions that are externally reviewable are listed in the MAI Act schedule of decisions. An ACAT review can also occur on a report by a Significant Occupational Impact assessor.

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External Reviews and ACAT decisions

EXTERNAL REVIEWS BY CATEGORY AND OUTCOME

Category	In progress	Decision affirmed	Decision set aside	Dismissed
Treatment & Care	5	2	6	4
Income Replacement	0	1	3	0
Liability	0	0	9	2
WPI Final Offer / SOI	3	0	0	4
Other Review Types	1	0	0	1

Figures above reflect most current data from ACAT and the insurers.

Dismissed may include matters where an applicant no longer pursues their applications for external review, either by request or by not undertaking further steps, in addition to being dismissed by the ACAT.

WPI—Whole Person Impairment
SOI —Significant Occupational Impact

ACAT DECISIONS

The ACAT makes the decision in relation to payments for death benefits and future medical treatment. To date ACAT has considered seven death benefit applications.

COMMON LAW

Common law compensation under the MAI Scheme is available for people who were injured by someone else's fault in the accident and meet at least one threshold category:

- have a Whole Person Impairment (WPI) of at least 10 per cent, or
- is a child still receiving treatment and care benefits four years and six months after the accident, or
- is an adult still receiving income replacement benefits four years and six months after the accident and is assessed with a significant occupational impact (SOI).

The entitlement to defined benefits exists for five years, or until a common law claim is finalised (whichever occurs first). A common law claim must be made before the five years expires. To obtain a WPI, an injured person may apply for a WPI assessment from 26 weeks after their motor accident if their injuries have stabilised and are likely to be permanent (and they are not subject to an exception/exclusion).

The figures below enumerate the number of common law claims lodged and reported by an MAI insurer to date, and the number of those claims which have been finalised with payment made:

39

Claims lodged

14

Claims finalised



PAYMENTS

Defined benefits available to injured people include treatment and care, income replacement and Quality of Life. If someone dies from injuries sustained in an accident funeral expenses and death benefits to support dependants are available. Anyone whose injury was caused by someone else’s fault and who is more seriously injured can access additional common law damages. Various other payments are also made by insurers under the Scheme, including claims management, GST and Nominal Defendant levies.

Payment data is reported by ACT MAI insurers and the Nominal Defendant. Adjustments by insurers in payments previously reported has resulted in a gross increase of \$22,159 to payments made in previous quarters. This amount is reflected in the payments to date. Payments classified as “Other Insurer Payback” are reported within the category of the most relevant Payment Type.

PAYMENTS BY TYPE

Payment Type	To Date	This Quarter
Treatment & Care Benefits <i>(includes allowable expenses)</i>	\$29,927,476	\$2,178,609
Income Replacement Benefits	\$22,616,934	\$2,237,008
Quality of Life Benefits	\$696,562	\$108,890
Funeral Benefits	\$299,503	\$29,072
Death Benefits	\$1,199,141	\$0
Applicant External Review Legal Costs Awarded	\$18,332	\$0
Common Law: Treatment & Care Damages	\$959,054	\$82,102
Economic Damages	\$2,250,324	\$632,000
Quality of Life Damages	\$970,810	\$94,690
Plaintiff Legal Costs	\$515,915	\$136,328
Insurer Investigation	\$1,764,875	\$142,020
Insurer Legal	\$1,207,445	\$233,678
Insurer Medico Legal <i>(includes the cost of WPI assessments)</i>	\$1,607,630	\$252,542
Recoveries	-\$1,175,887	-\$312,187
Interstate Accidents* : NSW	\$13,275,603	\$3,782,056
NT	\$13,173	\$0
QLD	\$2,090,841	\$162,644
SA	\$71,309	\$4,957
TAS	\$2,993	\$0
VIC	\$102,288	\$33,788
WA	\$73,060	\$2,203
Total	\$78,487,381	\$9,800,400

* Interstate Accidents payments include amounts an ACT MAI insurer pays where they are the on-risk insurer for an interstate accident claim.

PAYMENTS TO DATE BY TYPE – ACT ACCIDENTS

