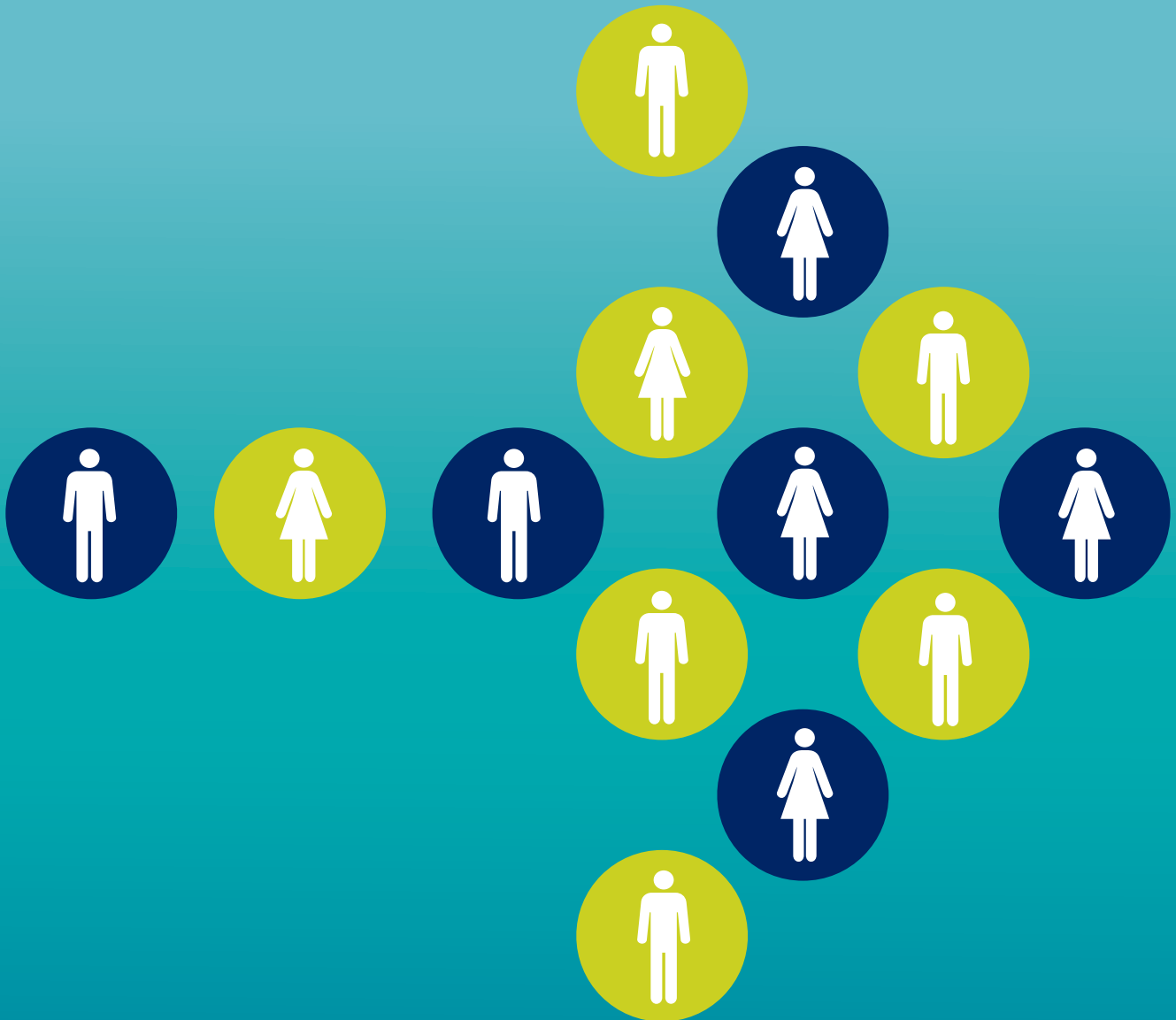




Personal Injuries Assessment Board Strategic Plan 2014-2019



Contact Information

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In July 2008, as part of a new brand identity project, the working name of the Board was changed from the Personal Injuries Assessment Board or PIAB to InjuriesBoard.ie. As a consequence, throughout this Report the organisation is referred to as InjuriesBoard.ie or the Injuries Board.



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Foreword

This is the third Strategic Plan prepared by the Board under the Personal Injuries Assessment Board Act 2003.

The Personal Injuries Assessment Board ('PIAB' or the 'Injuries Board') was established to address spiralling insurance costs for consumers and businesses. Prior to establishment the prevailing claims environment was damaging competitiveness and employment prospects, adding to the frustration and stress of claimants and resulting in delays in the Courts. Today motor car insurance premiums are 40% lower in real terms than at the end of 2002, a reduction to which the Injuries Board has contributed significantly. Liability insurance is no longer the serious concern for business that it was previously.

Since its establishment the Board has developed a robust, non-adversarial, consumer-focused model that is delivering significant savings. Claims are assessed five times faster than the time taken to pursue a claim through the Courts and at a fraction of the processing costs. From a consumer perspective, the Board delivers compensation for personal injury awards at the same level as the Courts but without the stress of a court appearance for claimants.

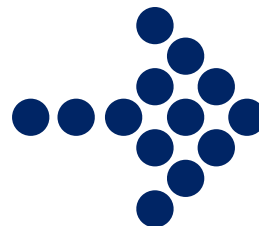
The Injuries Board is now an established fixture on the personal injuries landscape. The Board now handles over 31,000 cases per annum, a 30% increase since 2007 when claim volumes reached full flow. Claim numbers are projected to continue to rise marginally over the initial years of this strategic plan period. From a high of 75, staff numbers have reduced by 10% since 2008. This provides a major challenge for the next five years for the Board, to build on its successes and seek to improve its key performance indicators through even more efficient and effective processes.

All of what has been achieved to date is as a result of the hard work, enthusiasm and commitment of the staff and Members of the Board, both past and present. Delivering on this strategic plan will require equal or greater efforts.

This plan has been compiled following on-going consultation with our main stakeholders, to whom we are grateful for their contributions. Our governing Board has had a key role in finalising the plan and its implementation will be driven by the Board's Executive and staff. We look forward to building on our success and to continue working with Government and other stakeholders to deliver on the commitments outlined in the plan.

John Lynch
Vice Chairperson

Patricia Byron
Chief Executive





Chapter 1



Review of Performance 2004-2013

Following the enactment of the Personal Injuries Assessment Board Act 2003, the Board (now operating as the Injuries Board) was established on 13 April 2004. This chapter reviews the key features of the Board's work in the period 2004 to date under a range of key indicators.

The Personal Injuries Assessment Board ('PIAB') was established to address a significant societal and economic need arising from successive insurance hikes due to costly and lengthy litigation for personal injury claims. Through the work of the Motor Insurance Advisory Board (MIAB) – a precursor to PIAB – it became clear that the claims environment was damaging competitiveness and employment prospects, adding to the frustration and stress of claimants and resulting in delays in the Courts.

A multi-faceted response emerged that saw policy makers react on a number of fronts:

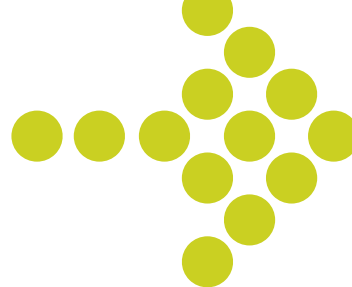
- ▶ a non-adversarial claims assessment process was established to mitigate the costs associated with personal injury claims where liability was not in dispute yet millions of euro were being wasted in costly, adversarial litigation that contributed to increasing claims and insurance premiums,
- ▶ enactment of the Civil Liability and Courts Act 2004 to deal with false and exaggerated claims,
- ▶ the insurance industry promoted greater consumer awareness of the cost to society, and on all of us as consumers, when false or exaggerated claims are made,
- ▶ new health and safety legislation was introduced and enforcement practices were enhanced,
- ▶ employers took greater responsibility for, and increased investment in, health and safety,
- ▶ the Road Safety Authority (RSA) was established to promote safer driving,
- ▶ drink driving limits were reduced dramatically, and
- ▶ the Gardai were tasked with implementing a series of enforcement sanctions and initiatives including random breath testing and penalty points.

Notwithstanding these measures, claims volumes and associated costs would have been expected to increase sharply with the emergence of the Celtic Tiger and year-on-year increases in employment and car ownership. Vested interests heralded the coming of the apocalypse in personal injury terms, predicting a substantial increase in claims, in litigation and in associated costs. Ten years later the Board has delivered a significant return on investment but also a societal return in terms of rehabilitation without the stress associated with Court proceedings.

The Board's Role in Practice

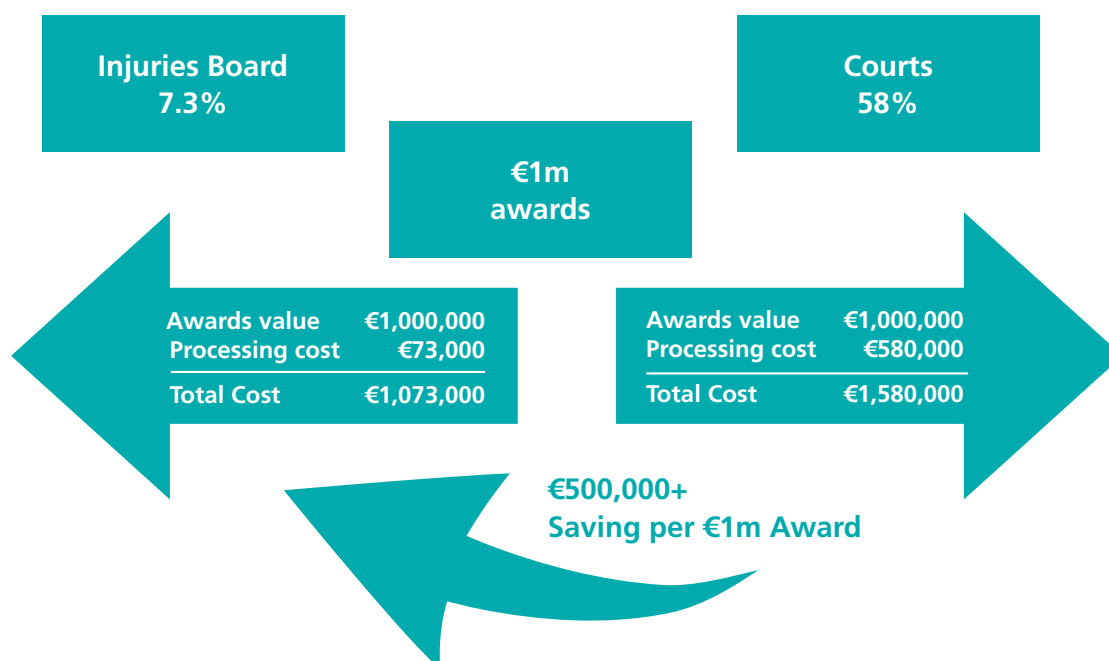
The Board is an independent statutory body that assesses the amount of compensation due to a person who has suffered a personal injury on our roads, in the workplace or in a public space. The establishment by Government of the Personal Injuries Assessment Board was a recognition that accidents can and do happen and its mission is to process personal injury claims in an efficient, fair and transparent manner.

Since its establishment the Board has developed a robust, non-adversarial, consumer-focused model that is delivering significant savings. The Injuries Board delivers awards generally within a maximum nine month timeframe, averaging 7.4 months over the past decade, i.e. claims are assessed five times faster than the time taken to pursue a claim through the Courts (three years) and at a fraction of the processing costs.



The Injuries Board's administration costs stand at 7.3% of total awards. This compares with average processing costs under the prior adversarial model that have increased from 46% in 2004 to 58% today. Simply put, an average award of circa €23,000 in 2013 would cost €13,340 to process via litigation compared to €1,679 through the Injuries Board non-adversarial model. This equates to a very significant saving of over €500,000 per €1 million of personal injury awards.

Processing Cost Comparison



Evolution of the Board Model since 2004

Funding

InjuriesBoard.ie has, effectively, operated on a fully self-financing basis since its establishment in 2004 (in 2012 its initial €7 million establishment costs were refunded to the Exchequer). Today, claimants pay a modest application fee of €45 whilst respondents pay a €600 fee. These fees are at the lowest level since the Board's establishment.

Consumer Interface and Protection

Personal injury claims can be made direct to the Injuries Board via:

- ▶ Phone: Lo-Call helpline on 1890 829 121 between 8am and 8pm from Monday to Friday,
 - ▼ Deals with over 50,000 phone calls per annum,
- ▶ Online at www.injuriesboard.ie, 24 hours per day, every day,
- ▶ Webchat and call back facilities, and
- ▶ By Post to: InjuriesBoard.ie, P.O. Box 8, Clonakilty, County Cork.





Since 2013, information on the claim process is also available via our new smartphone app.

The Board consistently achieves high customer satisfaction ratings reflecting ease of accessibility but also other customer service enhancing activities including:

- ▶ Customer Charter & Complaints procedure in place,
- ▶ E-services – on-line application capability, electronic correspondence, electronic funds transfer,
- ▶ Easy to access information published through website and easy to understand leaflets,
- ▶ Multilingual services,
- ▶ Assistance for special needs, and
- ▶ Arranging of medical appointments.

By availing of the support of an outsourced service centre facility the Board has been able to provide extended opening hours and other supports, not traditionally available from a State Agency. Through tight management and close collaboration with the service provider the Board has been able to focus on its core role – assessment of awards – whilst drawing on its service partner for more administrative functions.

In support of consumer interests the Board made representations to the Central Bank for changes to its Consumer Protection Code as a result of which, insurance companies are obliged (since January 2012) to inform potential claimants about the Injuries Board as soon as the possibility of a personal injury claim emerges. This very welcome development has seen an increased number of claims being resolved through the Board's lower cost model thereby facilitating direct consumer engagement with the Board without the need to avail of costly intermediary services.

From a consumer perspective, the Board continues to deliver compensation for personal injury awards at the same level as the Courts but without the stress of a court appearance for claimants. In calculating the compensation due to a claimant, the Board takes full consideration of the injuries sustained and the impact on their lives, the pain and suffering, the lost earnings and whether any other special damages apply e.g. medical treatment costs.

At the heart of the work of the Injuries Board are the people who have suffered an injury as a result of an accident. Today a claimant can submit his or her application to InjuriesBoard.ie (by post or online) at a cost of €45. If the person against whom the claim is made agrees, the Injuries Board proceeds to make a fair and independent assessment of the appropriate compensation within nine months.

e.g. Maria is a retired woman who was involved in a serious road traffic accident. Maria sustained serious spinal injuries and fractures to her ribs and skull. She spent a prolonged period in hospital and had intensive treatment including physiotherapy and pain management. Maria submitted her claim directly to InjuriesBoard.ie. The Board retained professional actuaries to assist with the independent assessment of compensation relating to future care. Maria was awarded a total of €229,000. Her claim was processed within nine months and the administration cost of handling this claim amounted to just €1,100.

Notwithstanding its focus on costs the Board continuously reviews the appropriateness of its policies in the context of consumer impact and the Board extended the circumstances in which vulnerable personal injury claimants may be allowed additional fees and expenses e.g. minor cases, cases involving fatalities or cases involving respondent identity issues.

Legislative and Regulatory Changes

Since its establishment the Board has had to contend with numerous challenges to its non-adversarial model as well as the promotion of claims services by intermediaries that had the potential to re-ignite the claims culture evident in the late 1990's. In support of consumer interests, the Board has pursued a number of proactive and reactive initiatives including: proposals to amend legislation, advocacy, successfully defending Judicial Reviews and publishing research and data analysis to highlight emerging trends, that, if left unchecked could impact on future claims costs and ultimately insurance premiums. These initiatives are outlined in more detail in the following chapter.

Key Outputs

Claims Volumes

Prior to the establishment of the Board in mid 2004 a significant volume of pre-existing claims were rushed into the litigation system to avoid the new process. Consequently, it took some years for new claims to start working through the new model and as a result application volumes rose rapidly until normalised levels resumed in or around 2007.

The volume of claims received by the Board in the interim has continued to increase year-on-year, with an increase of over 30% since 2007, some element of which may reflect an increased proportion of claims being processed through the Board's low cost model and not settled directly before the Board's involvement. Comprehensive data on the total number of all claims made annually is not available but it is a very welcome and notable feature that the number of accidents appears to have remained relatively constant, which, taken together with more efficient processing of claims has substantially mitigated the cost push factors that drove the insurance price hikes at the turn of the millennium. Comprehensive data on the overall number of accidents annually is not available but indications from the Road Safety Authority, the Health & Safety Authority, and the Department of Social Protection (Occupational Injury Benefit Claims) indicate a downward trend over the last number of years.

In general terms, the mix and split of applications between motor liability (ML), employer liability (EL) and public liability (PL) has remained relatively constant, with ML dominating. Recent years have seen a relative increase in motor claims, which are typically of lower value. The recession years have also seen some reductions in EL – consistent with lower numbers at work – and a slight increase in PL perhaps arising from the pursuit of lower value claims that might not have been made in more buoyant times.





The chart below shows the numbers of claims received under each of the categories of applications from 2006 to 2013 inclusive.

Table 1 Personal Injury Applications Received by the Board 2006-2013

| | Total | ML | PL | EL |
|-------------|---------------|---------------|--------------|--------------|
| 2006 | 20,926 | 11,590 | 5,554 | 3,782 |
| 2007 | 23,345 | 13,060 | 6,050 | 4,235 |
| 2008 | 24,722 | 14,012 | 6,320 | 4,390 |
| 2009 | 25,919 | 15,079 | 6,721 | 4,119 |
| 2010 | 26,964 | 15,971 | 7,251 | 3,742 |
| 2011 | 27,669 | 16,351 | 7,452 | 3,866 |
| 2012 | 29,603 | 17,443 | 8,332 | 3,828 |
| 2013 | 31,311 | 18,877 | 8,394 | 4,040 |

ML – Motor Liability PL – Public Liability EL – Employer’s Liability

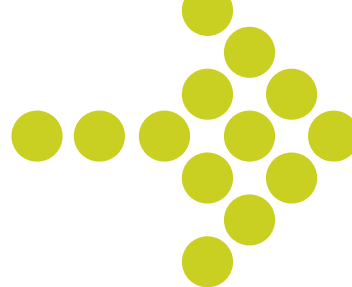
An additional factor impacting claims during the recessionary years was the rise in specialist claims-farming firms and increased promotion by claims intermediaries. The Board was concerned that such activities could reawaken the claims culture evident in the late 1990’s and result in higher insurance premiums for consumers and business and a decline in competitiveness. The Board has highlighted lessons from the UK market, where claims handling services are promoted heavily and where whiplash claims have increased by 60% since 2006.

Whereas some professional advisers may have associations with these firms the Board’s overriding concern was that a regulatory gap had emerged whereby solicitors are restricted from promoting their services yet claims handling firms can do so with impunity. The Board’s concerns have been communicated to all key stakeholders including the Central Bank and the Department of Justice & Equality which has been progressing a range of law reform initiatives, including the Legal Services Regulation Bill. One proposed solution would be to extend restrictions on advertising to claims handling firms and to introduce strict powers of enforcement and sanctions for non-compliance by all intermediaries. The Board will continue to informally monitor developments in this area.

Award Volumes

An award is the value of compensation payable to an injured party where liability is not disputed. It includes General Damages for pain and suffering caused by the injury both to date and into the future. An award may also include Special Damages for financial loss both to date and into the future e.g. loss of wages, cost of medical care etc. Awards data in this document relates to the total value of an award and does not differentiate between General and Special Damages.

Damages are assessed using The Book of Quantum which is a guide to compensation levels in Ireland (available at www.injuriesboard.ie). Under the terms of the Civil Liability & Courts Act 2004 the law also requires the Judiciary to have regard to the Book of Quantum. This means that where some cases are released by the Board to the Courts, the same level of awards apply to similar injuries even if it is necessary for disputes about legal issues such as liability to be addressed in an adversarial oral hearing. As anticipated,



approximately one-third of personal injury cases are released to litigation either because they fall outside of the Board’s remit or liability is disputed. The very positive outcome for all stakeholders is that the Board’s administration process has succeeded in removing two-thirds of all other motor, workplace and public liability cases from the unnecessarily lengthy litigation process with its attendant costs for all parties involved.

The first awards were made by the Board in 2005. Consistent with the normalisation of claims volumes, award volumes rose significantly before leveling off in 2007/2008. Since then award numbers have increased by circa 4% per annum over the past five years.

During the first five years of the Board’s operation, it was estimated that for every case resolved through a formal assessment award, a further case was settled directly between the parties as a result of the Board bringing parties together at the outset. The past five years have seen an increasing number of personal injury claims being resolved directly by the Board.

The overall effect is that the initial aim of removing a significant number of cases from litigation has been achieved, reducing from approximately 35,000 per annum in the five years prior to the establishment of the Board to approximately 15,000 in recent years. Of the remaining cases where litigation is still initiated less than 10% proceed to a full oral hearing. It is hoped when settlement data becomes available from the insurance industry that some clarity will be brought to this situation.

Table 2 Awards Volumes and Values by Year

| | IB Awards | Value* | High Court Awards | Value* | Circuit Court Awards | Value* |
|--------------|---------------|-----------------|-------------------|---------------|----------------------|--------------|
| 2006 | 5,573 | €115ml | 173 | €23ml | 1,102 | €15ml |
| 2007 | 8,208 | €181ml | 133 | €22ml | 968 | €14ml |
| 2008 | 8,845 | €217ml | 124 | €51ml | 966 | €13ml |
| 2009 | 8,643 | €200ml | 408 | €73ml | 931 | €12ml |
| 2010 | 8,380 | €187ml | 392 | €86ml | 980 | €12ml |
| 2011 | 9,833 | €210ml | 343 | €74ml | 1,213 | €15ml |
| 2012 | 10,136 | €218ml | 375 | €95ml | 1,485 | €17ml |
| Total | 59,618 | €1,328ml | 1,948 | €424ml | 7,645 | €98ml |

* figures rounded. 2007 was the period when normalised volumes occurred following the initial establishment period.

The table above shows the number of awards made in the period from 2006 to 2012 together with the corresponding amounts of compensation awarded totalling over €1.328 billion. By comparison, awards by the Courts in those years (2013 awards not yet available) totalled €522 million. Compared to the cumulative total of 59,618 awards by the Injuries Board the number of awards by the Courts (excluding 2013) was 1,948 in the High Court and 7,645 in the Circuit Court. The number of awards made has increased in both Courts from 2009 and 2011 respectively. It is the Board’s view that this is as a result of an earlier drop off in cases as the Injuries Board system bedded down with award volumes returning to pre-2006 levels.





Award Breakdown by Value

An analysis of awards by value band shows that the vast majority of cases are under €38,000 in value. This is consistent with cases heard in the Courts where the vast majority are in the Circuit Court (where the jurisdictional limit was €38,000 until early 2014). This is indicative of the fact that the greatest volumes of claims are low to medium in value with maximum severity injuries being, thankfully, an infrequent occurrence. This is also consistent with historical patterns as evidenced in the Courts Service's Annual Report, for example in 2012 there was a total of 1,860 court awards of which 1,485 were made in the Circuit Court and 375 made in the High Court. Of the High Court cases 60 were under €38,000 – the total number of awards over €38,000 was therefore only 315 cases of a total of 1,860 cases or 17%.

The following table gives a breakdown of awards made in 2013 by value band and claim category. 61% of Injuries Board awards are under €20,000 and 90% are under €38,000.

Injuries sustained were and continue to be predominantly soft tissue or fractures, or a combination of both. The predictability this data offers to those involved in risk management, medical treatment and rehabilitation, should not be under-valued.

Table 3 Breakdown of Total No. of Awards in 2013 (by Value and Claim Category)

| Average Value Category (€'s) | Motor Liability | Employer's Liability | Public Liability | Total |
|------------------------------|-----------------|----------------------|------------------|---------------|
| <20k | 5,278 | 356 | 862 | 6,496 |
| 20-38k | 2,113 | 311 | 639 | 3,063 |
| 38-100k | 601 | 143 | 249 | 993 |
| >100k | 70 | 16 | 18 | 104 |
| All | 8,062 | 826 | 1,768 | 10,656 |

Award Acceptances

The following table sets out the volume of accepted awards for the years 2007-2013. The acceptance rate has been reasonably consistent during that time with an average of approximately 5,600 accepted awards each year (ranging from 60-64% of awards made each year). The table also sets out the overall value of the accepted awards – averaging approximately €120m each year. The value of compensation is affected by the mix of claims (motor liability, public liability, or employer's liability) and also by the severity of injuries within each of these categories.



Table 4 Total Number and Value of InjuriesBoard.ie Accepted Award

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--------------------------------|-------|----------|---------|----------|----------|----------|----------|
| No. of Accepted Awards | 5,000 | 5,670 | 5,387 | 5,038 | 5,875 | 6,124 | 6,476 |
| Total Value of Accepted Awards | €102m | €131.34m | €118.2m | €108.24m | €122.71m | €127.62m | €142.57m |

Award Range to Date



The figure above shows the range of award levels made by the Board since its establishment. The Board deals with a very significant range of cases in terms of severity as reflected in award levels. Table 3 shows the breakdown of awards made by the Board by value band.

Delivery Costs/Savings

Prior to the establishment of the Board the overhead cost of delivering compensation to an accident victim via litigation was estimated at 46%.

When the Board was established it reduced the costs to approximately 8% and in 2013 this further reduced to 7.3% following a 42% reduction in respondent fees since 2011. In the interim, the comparable processing costs through litigation have increased to 58%. Based on these updated numbers the cumulative total direct and indirect savings, relative to litigation, are approximately €1bn. This has been achieved without impacting the value of awards to claimants and without recourse to the exchequer. These savings are a significant factor in maintaining competitive insurance premiums.





Table 5 Litigation/Injuries Board Cost Comparison 2013

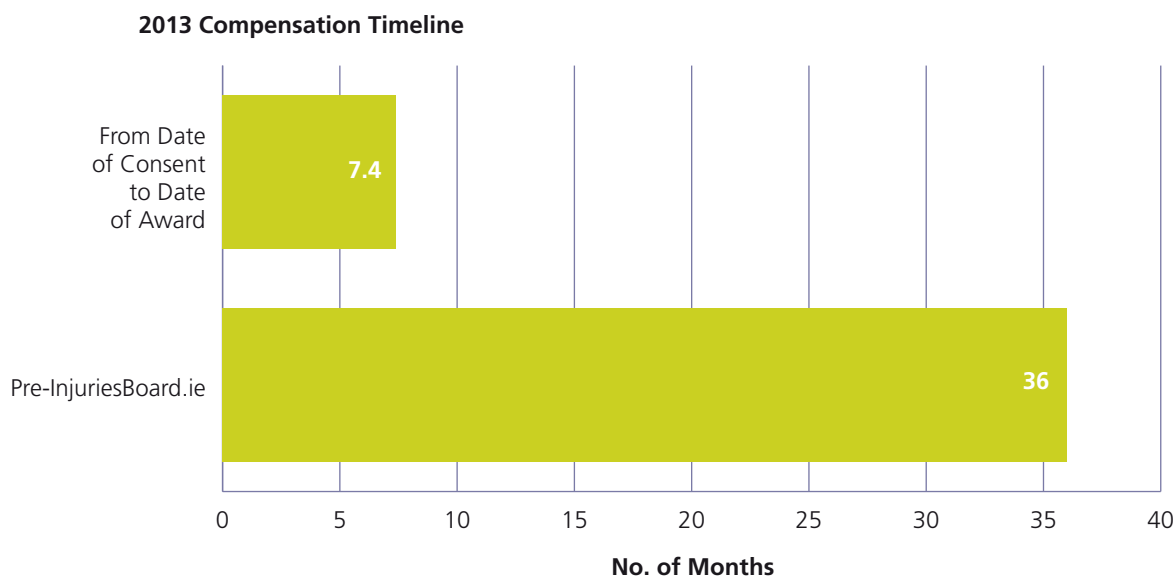
| | Total Awards 2013 | Processing Cost based on 2013 overhead | Total Annual Cost | Resolution Timeframe |
|-----------------------|-------------------|--|-------------------|----------------------------|
| Litigation | €243.50m | €141.23m | €384.73m | 3 years |
| Injuries Board | €243.50m | €17.78m | €261.28m | 7.4 months |
| Annual Savings | | | €123.45m | 2 years, 4.6 months |

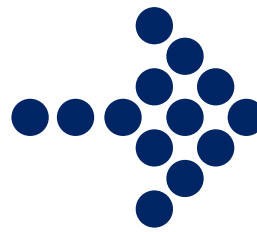
Timelines

Board awards are typically processed in less than nine months, a saving of over two years on litigation which typically takes three years.

The Personal Injuries Assessment Board Act 2003 requires the Board to complete its assessment of damages within nine months of the respondent consenting to the claim, with some exceptions. Over the entire period of its operations, the Board has consistently met and exceeded this requirement. The average time from consent to award has been approximately seven months as reflected in the graph below. For comparative purposes, the time it would have taken through the old litigation system prior to the Board's establishment is also shown.

Table 6 Compensation Timeline





Improved Outcomes

The Injuries Board was established to address the cost drivers of spiralling insurance costs for consumers and businesses. Prior to establishment the costs associated with delivering personal injury compensation were estimated by the Motor Insurance Advisory Board to be an additional 46% on top of the compensation itself. The insurance industry was of a view that the cost of personal injury claims was a key driver in the cost of insurance premiums. Today, the administrative costs associated with processing claims through the Injuries Board model is less than 8%. Motor car insurance premiums are 40% lower in real terms than at the end of 2002, a reduction to which the Injuries Board has contributed significantly.

Table 7 Monthly CPI for Motor Car Insurance (2003-2013)

Consumer Price Index (CPI) by Motor Car Insurance Sub Index
 (selected months January 2003 - December 2013 – source www.cso.ie)

| | 2003 M01 | 2003 M12 | 2004 M12 | 2005 M12 | 2006 M12 | 2007 M12 | 2008 M12 | 2009 M12 | 2010 M12 | 2011 M12 | 2012 M12 | 2013 M12 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Motor car insurance | | | | | | | | | | | | |
| CPI (Base Dec 2011=100) | 135.9 | 121.3 | 110.9 | 102.4 | 91.4 | 82.7 | 84.7 | 93.3 | 99.2 | 100.0 | 105.1 | 95.3 |
| Percentage Change over 12 months for CPI (%) | 6.2 | -11.0 | -8.6 | -7.6 | -10.8 | -9.5 | 2.4 | 10.1 | 6.4 | 0.7 | 5.1 | -9.3 |

In addition to mitigating insurance premiums, the Board's non-adversarial model has delivered a more far reaching range of benefits than anticipated at the outset. Non financial benefits include: reduced stress for claimants and respondents and a freeing up of the Courts to focus on more pressing cases, as the number of personal injury litigation cases through the Courts has reduced from a high of 35,000 to approximately 15,000, a reduction of 57%.

It has also spawned a series of innovative processes that may have more broad based application across the public and private sectors. Advances in outsourcing, early intervention and facilitation processes – leading to early settlements – provide a useful template for lower cost dispute resolution.

The Board is encouraged that mediation has gained real traction as a more cost effective and efficient means of dispute resolution. Mindful of the potential consumer benefits arising, the Board will also continue to demonstrate the advantages of its model to other areas which might benefit from its non-adversarial resolution model.

Finally, the Board has taken a proactive approach to interagency engagement in complementary areas including: health and safety (Health and Safety Authority), consumer protection (Central Bank) and motor (Road Safety Authority). Through collaboration and sharing of data it is hoped to enhance the information available to policy makers so as to support injury prevention, expedite recovery post-injury and mitigate the financial and societal costs arising.





Chapter 2



The Current Environment – Challenges and Opportunities

Increasing Claims Volumes

A look back at total claims received by the Board shows an increase of over 30% since 2007, with motor claims increasing by over one third in that period.

This steady but consistent increase in claims volumes is at odds with the broader claims environment; the fact that no more accidents are occurring and that the contributory risk factors, impacting motor volumes in particular, should be abating rather than increasing. The underlying causes are varied, but likely include the following:

Claims Handling Promotion

Some of the increases have coincided with a significant increase in promotion and advertising of personal injury claims, a practice that led to a dramatic increase in personal injury volumes in the UK. The Board has flagged its concerns in this regard with a range of stakeholders and has highlighted the Legal Services Regulation Bill as presenting an opportunity to address advertising of legal services by not just solicitors (as is currently the case) but to extend to all claims handling firms/intermediaries. It is the potential interactions between such groups, as actually occurred in the UK, which raises concern.

Diversion of Upfront Claims Resolution Volumes from Insurers

The increase in claims received by the Board over recent years is also likely to be partly due to the behaviour of respondents who are opting in greater numbers to avail of the Injuries Board's assessment process at the reduced fee of €600. The full picture in relation to overall claims volumes cannot be definitively confirmed without having access to respondents/insurance company data on the volume of all personal injury claims made including those that settle outside the Board's process. This data has been regularly sought from the Insurance sector and has not been forthcoming. While the data might be obtained in terms of statutory returns made by the industry to the Central Bank in the interest of transparency, it would be preferable if the insurance Industry voluntarily published the information.

Higher Award Values

Average award values are mainly impacted by the split of awards between motor, employer and public liability. The volume of cases in each category can vary year to year reflecting changes in the economic environment and the flow of new claims. This, in turn, causes variations in the overall average award from year to year.

A recent increase in average awards is explained by the Board being required to assess an increasing number of higher value cases (over €100,000) coupled with a reduction in the number of lower value cases requiring to be assessed (less than €20,000). In this context we note a developing pattern, where more respondents (mostly insurers responding to claims on behalf of their policyholders) are consenting to the Board assessing a higher percentage of more complex cases.

In this context and in the context of increased claims volumes, it is important to note that these are positive increases arising from the diversion of an increasing proportion of claims from more costly resolution mechanisms, which should ultimately mitigate costs. For this reason we see no basis for insurance price hikes arising from volume increases that are more apparent than real.



Reform & Advocacy

Understanding the dynamics of the claims market is key to protecting consumer interests. Over the past ten years the Board has gained a unique insight in to the nature, causes and resolution of claims and into the factors and stakeholders that impact them. This in turn has enabled the Board to proactively address and advocate changes in the public interest including the following:

Amending Legislation

To counter an emerging trend whereby Awards were rejected without sound cause – often resulting in respondents having to pay additional legal costs – the Board sought amending legislation, introduced in 2007. Under the Personal Injuries Assessment Board (Amendment) Act 2007 claimants who reject an award but subsequently fail to secure a higher award in Court cannot recover their own legal costs, and risk becoming liable for the other parties legal costs.

Regulatory Guidance

In 2008, the Board's advocacy efforts saw the Law Society publish a Practice Note for solicitors which highlighted the obligations on their clients to attend medical assessments for all personal injury claims. The availability of full and detailed information in relation to the injuries suffered by a claimant is essential to ensuring that the correct amount of compensation is awarded.

Defending Judicial Reviews

Notwithstanding these regulatory and legislative enhancements, vested interests also argued that legal advice was necessary for claimants when processing an application with the Board. A substantial number of Judicial Reviews followed, two of which were heard by the Courts and 19 of which were subsequently dismissed by the High Court in 2011.

In one judgment (Grzegorz Plewa and Krzysztof Giniewicz v Personal Injuries Assessment Board (2008/1128JR and 1385JR)) Justice Ryan ruled that *"a person does not need to have detailed information about the legal system in order to make a claim to the Board"* and that the claims were *"straightforward and were the kind of claims intended to be dealt with by the Board and thereby diverted from the courts' burgeoning caseloads"*.

Informing Public Policy

The Board's data enables it to comment objectively on matters in the public interest. For example, insurers from time to time articulate reasons why premiums should increase in circumstances where Injuries Board data may show no material increase in claims volumes. Acting in the public interest, the Board continues to openly challenge those advocating premium increases, where available data indicates no basis for increases.

Similarly, where the Board identifies emerging trends, that unchecked might increase upward pressure on insurance premiums for consumers and businesses, the Board raises these issues with the appropriate stakeholders.





In addition to the foregoing, current and future Board initiatives include the following reform initiatives, delivered through cross functional engagement as follows:

Reimbursement of Accident Related Social Welfare Benefits to the State

Where an injured party is out of work following an accident they are often entitled to social welfare benefits. These benefits are a cost to the State and in some circumstances can lead to a double payment to the injured party where they also recover their loss of earnings in full as part of their claim. The Board proposed that the Department of Social Protection address recoupment of these benefits as part of any injury claim successfully pursued by the recipient of the State benefits. This proposal was addressed in the introduction of the Social Welfare and Pensions Act 2013. The change which provides for the reimbursement of accident related welfare benefits, where a claim is successfully pursued by the injured party, is expected to deliver savings in the region of €20m to the State.

Reimbursement of State Salaries

When a State employee is out of work following an accident due to the fault of another party, there was no onus on them to seek reimbursement, in any injury claim successfully pursued, of any State salary they received when out of work. The Board proposed to the Department of Public Expenditure and Reform that any State employee who is out of work due to the fault of a third party and who successfully pursues a claim will now recover and reimburse to State the salary they received when out of work.

Recoupment of Accident Related Hospital Charges

The Board includes in any assessment recoverable hospital charges incurred by a claimant for the treatment of their injuries. On payment of the claim the hospital charges are paid to the claimant. The hospital is then left to follow up the claimant for reimbursement of their costs. The Board has proposed to the Department of Health and Children that on the settlement of any claim hospital charges should be paid directly to the hospital rather than the claimant which would result in earlier receipt of funds for the health service and savings on finance, administration and debt recovery fees. The Board will continue to work with the Department of Health and Children in this regard.

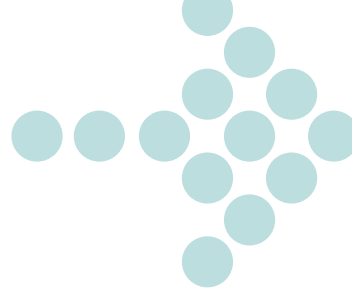
Assessing Wider Applications of the Board's Non-adversarial Model

The Board has a valuable role to play in advocating the application of the non-adversarial model where to do so would result in improved outcomes and/or more efficient delivery. Part of our focus in this regard is to ensure that policymakers are aware of the benefits which the Board's model can bring to existing areas outside the Board's remit or to new redress schemes the Government may approve in the future.

Legal Developments

Court Limits

A key pillar underpinning the Board's non-adversarial process is the fact that awards are made at the same levels in the Courts and by the Board as both are based on the Book of Quantum. The Courts and Civil Law (Miscellaneous Provisions) Act 2013 raised the limits from €6,350 to €15,000 for District Court cases and €38,000 to €60,000 for Circuit Court cases to share case loads more evenly between the Courts. It remains to be seen whether the Courts will continue to apply awards at the same levels as heretofore or whether the raising of the limits will lead to a gradual increase in the level of damages, inevitably resulting in higher insurance premiums. The Board will monitor with interest developments in this area, which could have an impact on the personal injury claims landscape in Ireland.



Legal Services Regulation Bill

Experience in other jurisdictions has shown that unregulated advertising particularly by claims handling companies and the payment of referral fees have greatly increased the volume of claims with a corresponding increase in the cost of Insurance. The Board has made representations to the Department of Justice and Equality to have these issues addressed in the forthcoming Legal Services Regulation Bill in order that the progress made in reducing the cost of insurance to date is not undermined.

Periodic Payments

The Minister for Justice and Equality recently announced that the Government had approved his proposals to prepare legislation to give the Courts new powers to make periodic payment orders for the benefit of persons catastrophically injured through the negligence of others. The Board has made a submission to the Department of Justice and Equality confirming the requirement for provisions in the legislation for the making of periodic payments by the Board and will continue to work with the Department in this regard.

Balancing Efficiency and Improved Outcomes

Arising from the Board's commercial focus aimed at minimising claims processing costs, it has maintained tight staffing levels since establishment and complemented in-house resources with scalable support from an outsourced provider. As a result, when the public sector employment moratorium commenced it proved a blunt tool for the Board's lean operations which had no excess capacity to draw on to manage the normal ebb and flow of staff departures, maternity cover or unpaid leave. This reduced capacity coincided with a gradual but consistent increase in claims volumes, requiring greater flexibility and productivity from Board staff. Recognising that these constraints were not sustainable over the medium term – given the risks to the Board's statutory timelines and to assessment outcomes, it was necessary for the Board to seek and implement additional external support from the outsourced provider to deal with these particular circumstances.

External delivery models, such as the Service Centre model adopted by the Board, allow greater flexibility in terms of opening hours and variations in work volumes. They allow organisations to continuously innovate and avail of back office workflow solutions which otherwise would not have been available. Generic activities such as routine call servicing, document management, data entry and debt management can be availed of. These models were seen as offering a potentially cost effective and efficient solution for the Board but also for other organs of the State for activities such as Licensing, Registrations, Certification, where a shared solution and single point customer access could bridge into the formal statutory/core work in each unique area. Such an approach can lower the cost of delivery of services whilst providing high quality services to the citizen. Accordingly the Board is actively engaging with Government, Civil Servants, and other Agencies in relation to potential cross functional reform opportunities in this regard. Following agreement with the Department of Public Expenditure & Reform we commenced a process of procuring service providers for Business Process Support Services under an innovative Framework Agreement where other Agencies/Organisations will also have the opportunity to avail of these services.





Chapter 3



Vision, Mission, Strategic Objectives

InjuriesBoard.ie is now an established fixture on the personal injuries landscape. The earlier chapters demonstrate the success of the Board in providing an alternative, and on the international front, unique, non-adversarial model for resolving personal injury claims while awarding the existing level of compensation.

Since its inception, the Board's underpinning legislation has proven to be robust. The success of the model is evident in the reduction in the numbers of cases now requiring litigation. As envisaged approximately two thirds of cases have been taken out of the litigation system. According to a Central Bank analysis of personal injury cases resolved only 30% approximately entered litigation with the remaining 70% either assessed by the Board or settled directly between parties. [Source: Central Bank Themed Inspection of Personal Injury Cases October 2011.] The reduction in costs achieved by the Board is evident in reduced insurance premiums for motorists and business owners.

Since the Board reached its full flow activity in 2007, the Board has delivered a consistent output either directly through awards made or indirectly through facilitating early direct resolution of claims. By continuously evolving, seeking greater efficiencies and improving our processes we have delivered a cost effective and efficient service. Maintaining the delivery of this service must remain at the centre of Board activity over the next five years.

In simple terms, the need for the services provided by the Board is as great now as it was when the Board was first contemplated.

A major challenge for the next five years is for the Board to build on its successes and seek to improve its key performance indicators through even more efficient and effective processes. In addition, as the Board has matured as an organisation, as its systems have been developed and as its capacity to deliver a non-adversarial outcome to personal injury claims is widely acknowledged and recognised, opportunities may arise to broaden the remit of the Board to include claims which are currently still subject to costly litigation and involve unnecessary delays for innocent injured parties.

These drivers are reflected in the new Vision, Mission and Strategic Objectives set out in the following pages.

Vision

The Vision provides an overarching framework to guide InjuriesBoard.ie's actions, values and culture, and individual behaviours. It reflects the potential to develop the Board's mandate.

InjuriesBoard.ie will continue to promote a positive claims culture in Ireland through advancing a fair and non-adversarial approach in the resolution of personal injury cases.

Mission

The Mission Statement represents the long-term vision of what the organisation is seeking to achieve.

To facilitate the delivery of compensation in a fair, prompt and transparent manner for the benefit of society overall.

Strategic Objectives

Strategic Objective 1

To assess fairly and accurately the amount of compensation entitlement in personal injury claims within the remit of InjuriesBoard.ie in a timely manner.

Strategic Objective 2

To promote the lowest possible administration costs associated with the resolution of personal injury claims.

Strategic Objective 3

To promote a culture of innovation and excellence, fostering an efficient, flexible organisation with motivated and skilled staff and maximising the positive impact of technology.

Strategic Objective No 4

To promote and advance a superior customer service, focussed on making information about our service accessible to all, supported by a transparent and accessible claims assessment process and a cost effective organisation.

Strategic Objective 5

To continue to contribute positively to the changing personal injury claims resolution environment in Ireland through greater use of the Board's non-adversarial model.





Actions to Achieve Strategic Objectives

Arising from these Strategic Objectives, a number of actions will be implemented by the Board. The following pages provide a detailed rationale for the specified actions to be followed.

Objective 1

To assess fairly and accurately the amount of compensation entitlement in personal injury claims within the remit of InjuriesBoard.ie in a timely manner.

Assessing compensation in a fair and accurate manner is one of the key aspects of the work of the Board. In order to do this, the Board must continually examine the various procedures involved to ensure they support the achievement of this objective. The following specific strategic actions arise:

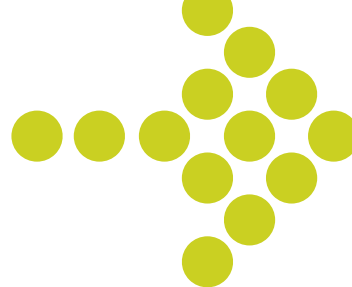
- ▶ Continually improve and document the assessment processes and procedures to ensure fair and accurate assessment of compensation,
- ▶ Pursue measures which identify and categorise claims thus supporting the assessment process,
- ▶ Promote and implement Quality Assurance Programme improvements which support fair and accurate assessment in a timely manner,
- ▶ Develop processes and systems to facilitate the re-imburement to the State of recoverable accident related State benefits/charges e.g. welfare benefits and hospital charges, and
- ▶ Commence a review of the Book of Quantum within 12 months.

To achieve this key objective the Board is reliant on highly specialised trained staff, supported by an outsourced Service Centre, efficient technological systems and various panels of independent experts all contributing to the assessment process. The following specific strategic actions arise:

- ▶ Through appropriate training and development, ensure the technical competence of expert assessment staff,
- ▶ Through KPIs and regular monitoring, ensure that the Service Centre is delivering a quality service to all end users and adding value to the process,
- ▶ Utilise technology to support the assessment process, and
- ▶ Review the panels of experts used to support the assessment process.

Currently the Board assesses cases within its remit where a respondent has consented to this process. In addition, many cases are settled directly between parties as a result of the Board's process, bringing claimant and respondent together at an early stage. The potential for assessing further cases within the Board's remit arises and in this regard a number of specific strategic actions can be identified.

- ▶ Examine cases within the Board's remit which do not proceed through the full assessment process and which could be better serviced by the Board subject to the availability of resources, and
- ▶ Collect and analyse available data e.g. Court/settlement awards or data in relation to cases that are not consented to/accepted.



Objective 2

To promote the lowest possible administration costs associated with the resolution of personal injury claims.

The advent of the Board has led to a very significant reduction in the overhead costs associated with processing personal injuries claims. To maintain its self-funding status, the Board's fees reflect the overall cost of running the organisation. While a claimant pays a modest fee of €45*, the main source of the Board's fee income arises from those responding to a claim, predominantly insurers, who currently pay a fee of €600* on consenting to the Board's assessment process. In order to keep the administrative costs competitive, the Board will undertake a number of Strategic Actions as follows:

- ▶ Review of all services provided in terms of value for money and deliverables for stakeholders,
- ▶ Effectively manage all third party service providers focusing on financial management and customer service aspects,
- ▶ Further develop internal efficiencies in systems and processes which contribute to reductions in administration costs,
- ▶ Examine the potential for further outsourcing of non-core activities – concentrating on areas where returns are of greatest value,
- ▶ In view of the current recruitment moratorium, review the Board's policy in relation to resourcing which had included a combination of employing permanent and pensionable staff, employing fixed term contractors and temporary staff, occasionally outsourcing of non-core high volume activities, and restricted use of consultants for specific projects. Any new model should allow the Board to manage fluctuating work volumes while maintaining low costs,
- ▶ Liaise with appropriate parties to secure settlement data which will facilitate the carrying out a cost benefit analysis of the Board's model,
- ▶ Concentrate resources on those areas where the returns, relative to expenditure, are of greatest value, and
- ▶ Use procurement to seek better value for money in goods and services provided.

* Fees applicable as at 1/1/2014





Objective 3

To promote a culture of innovation and excellence, fostering an efficient, flexible organisation with motivated and skilled staff and maximising the positive impact of technology.

The Board will continue to apply best practice across the organisation with a view to delivering an efficient and effective service to all customers and ultimate beneficiaries, which encompasses society in general. Specifically, we will undertake a number of Strategic Actions in terms of Human Resources, Technology, Financial Management, Corporate Governance, and Risk & Control:

- ▶ Comply with the Code of Practice for the Governance of State Bodies and be a compliant organisation,
- ▶ Continue to review organisational structures on an ongoing basis,
- ▶ Embed a Performance Management System that enables more effective employee performance and includes a framework for managing underperformance,
- ▶ Promote employee well-being through a safe and healthy working environment,
- ▶ Through Training & Development, including e-learning, maintain the competence of staff to ensure they deliver high levels of service,
- ▶ Co-operate and share our experience/expertise in the development of in-house and out-house Shared Services with Government Departments and other Agencies,
- ▶ Implement best practice procurement policies and utilise centrally procured services where appropriate,
- ▶ Ensure through the internal communications framework that key information is shared thus enabling more effective performance,
- ▶ Utilise technology to develop efficiencies e.g. claims management system, online efficiencies through the website, financial/payments systems,
- ▶ Ensure continuation of a strong sustainable financial model,
- ▶ Ensure that appropriate audit structures are always in place and follow up recommendations arising from audit reviews,
- ▶ Ensure systems and processes are in place to identify and manage risk,
- ▶ Conclude Annual Service Level Agreements with our parent Department in a timely manner,
- ▶ Implement government policies, including those in the area of e-government and public sector reform, and
- ▶ Deliver cost savings and environmental benefits through energy efficiency programmes.

Objective 4

To promote and advance a superior customer service, focussed on making information about our service accessible to all, supported by a transparent and accessible claims assessment process and a cost effective organisation.

As an organisation, the Board seeks to deliver a high level of customer service to all our customers. We aim to make the customers interaction with us simpler, faster and more satisfying. In this regard, we will implement a number of specific Strategic Actions as follows:

- ▶ We will review and streamline all our processes to make them more accessible,
- ▶ We will develop and implement public awareness campaigns with measurable goals, focusing on informing customers that they have a choice to deal directly with the Board, and encouraging and assisting them to do so,
- ▶ We will communicate effectively and appropriately by:
 - ▼ Presenting information in an accessible format,
 - ▼ Optimising technology including our website,
 - ▼ Making information clear, concise, and more easily understood by the public,
 - ▼ Making our correspondence, forms and leaflets more appropriate and easily understood and maximising the use of plain language,
 - ▼ Seeking feedback from customers on quality of information,
- ▶ We will develop/refine our customer complaints procedure,
- ▶ We will prepare for the introduction of Freedom of Information legislation in 2014 including making certain categories of information accessible to the public,
- ▶ We will engage and interact with key stakeholders with a view to improving services provided,
- ▶ We will carry out Research including customer surveys, and
- ▶ We will review, implement and audit performance against our published Customer Charter.

We recognise that the needs of our customers are many and varied. In this regard:

- ▶ We will make the best use of technology and we will provide web based options for interacting with the organisation. We will prioritise the use of the digital channel by making it straightforward and efficient. We will focus on developing user trends such as a movement to mobile technology such as smartphones,
- ▶ We will ensure our policies, and the reasons for the decisions we make, are transparent, and
- ▶ We will ensure all personal data is securely protected and maintained, particularly sensitive personal data.





Objective 5

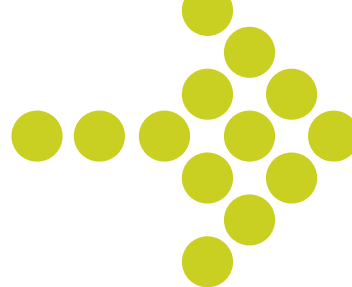
To continue to contribute positively to the changing personal injury claims resolution environment in Ireland through greater use of the Board's non-adversarial model.

The advent of the Board's non-adversarial model has led to a fundamental change in how personal injuries claims are handled in Ireland. In addition to the compensation directly awarded by the Board, there is a significant change in culture with many cases settling directly between parties without the need for either an InjuriesBoard.ie assessment or a protracted litigation system engagement.

The Board has a valuable role to play in advocating these beneficial changes. In this regard, it will pursue a number of specific strategic actions which will place us in a position to assist policy makers and Government as they make informed decisions. These Strategic Actions are as follows:

- ▶ Consult & engage with existing and new stakeholders/new user groups,
- ▶ Carry out research into areas where the opportunities to use a non-adversarial model might arise to the benefit of all parties,
- ▶ Gather and produce relevant data relating to the assessment of personal injury compensation,
- ▶ Present the business case to policy makers detailing the benefits of applying the Board's non-adversarial model in a number of areas across the State for the benefits of the State and society,
- ▶ Ensure policymakers are aware of the benefits which the Board's model can bring to existing areas outside the Board's remit or to new redress schemes the Government may approve in the future. In the current environment, to highlight the significant cost savings achievable for the State,
- ▶ Co-operate, and share data with other agencies and bodies who have a role in accident/injury prevention and claims related resolution systems, and
- ▶ Examine areas which would benefit from the Board's non-adversarial resolution model, subject to the availability of resources.





Outcomes/Key Performance Indicators

The achievement of the Board's core objectives and related Strategic Actions is measured both through operational and strategic Key Performance Indicators (KPI's). These performance indicators enable the Board to monitor progress in delivering on its strategic objectives. In evaluating its performance in delivering the strategy, the Board will place an emphasis on the following desired outcomes over the period 2014-2019 with the relevant strategic KPI shown beside it:

| Strategic Objective | Outcome | Key Performance Indicators |
|--|---|--|
| To assess fairly and accurately the amount of compensation entitlement in personal injury claims within the remit of InjuriesBoard.ie in a timely manner | Provision of a non-adversarial personal injury resolution model that: <ul style="list-style-type: none"> ▶ is faster than litigation ▶ is more cost effective than litigation ▶ make awards at the same levels as litigation | All claims assessed within statutory timeframes Delivery costs maintained at current levels (i.e. 7.3% or less of compensation amount) while absorbing increasing 3rd party costs Award levels maintained compared to litigation Revised Book of Quantum in place |
| To promote the lowest possible administration costs associated with the resolution of personal injury claims | Introduce processes and procedures which contribute to reductions in administration costs | Delivery costs maintained at current levels (i.e. 9% or less of compensation amount) Value for money initiatives Continued use of the Outsourcing model Complete updated Cost Benefit Analysis by end of 2014 subject to availability of data |
| To promote a culture of Innovation and excellence, fostering an efficient, flexible organisation with motivated and skilled staff and maximising the positive impact of technology | Highly trained and efficient staff with effective employee management systems in place New technology systems delivering more efficient processes for the Board Risk Managed | Training and Development Programme Implemented Performance Management applied actively and fairly Implementation of new technology systems Risk Register reviews |
| To promote and advance a superior customer service, focused on making information about our service accessible to all, supported by a transparent and accessible claims assessment process and a cost effective organisation | Increased access to the services/information provided by the Board | Number of visits to Board website Number of calls to Helpline Greater availability of data to the public and to relevant interest parties Increase in awareness levels Increase in engagement levels with the Board by electronic means Prepared for Freedom of Information by end 2014 |
| To continue to contribute positively to the changing personal injury claims resolution environment in Ireland through greater use of the Board's non-adversarial model | Data model created which will assist other stakeholders and demonstrate the quality of the data captured by the Board and the effectiveness of the Board's non-adversarial model | Extension of the InjuriesBoard.ie model to other areas |





Chapter 4



Organisational Structure

The following section outlines the organisational structure of InjuriesBoard.ie. InjuriesBoard.ie is led by a Board of Directors (detailed below). The Board is appointed by the Minister for Jobs, Enterprise and Innovation and consists of a Chairperson, the Chief Executive and nine ordinary members of which six are nominated by external bodies or designated under legislation. The Board is responsible for formulating InjuriesBoard.ie policies and the execution of other fiduciary duties.

Full List of Board Members as at July 2014

| Name | Position |
|----------------------|---|
| Dermot Devilly | Non-Executive Chairperson effective from July 16th 2014 |
| John Lynch | Vice Chairperson, Ministerial nominee |
| Patricia Byron | Chief Executive |
| Walter Cullen | Irish Congress of Trade Unions (ICTU) nominee |
| VACANT | Insurance Ireland nominee |
| Martin Naughton | ICTU nominee |
| Karen O'Leary | Chief Executive, National Consumer Agency |
| Fionnuala O'Loughlin | Ministerial nominee |
| Breda Power | Assistant Secretary, Department of Jobs, Enterprise & Innovation, Ministerial nominee |
| Margot Slattery | Irish Business & Employers Federation (IBEC) nominee |
| Mick Stewart | Central Bank nominee |

Stephen Watkins, Secretary to the Board



Organisational Structure Diagram

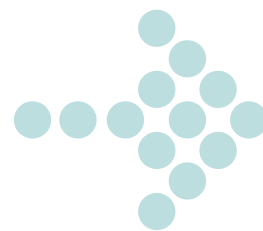
| Board Chief Executive | | | |
|--|--|--|--|
| Operations <i>Director of Operations</i> | Business Support Services <i>Director of Business Support Services</i> | Corporate Services <i>Director of Corporate Services</i> | Finance <i>Director of Finance</i> |

Executive Management Team

Chief Executive Patricia Byron is a member of the Board. She also leads the Executive Management Team which includes:

- ▶ Bernadette King – Director of Finance,
- ▶ Helen Moran – Director of Business Support Services,
- ▶ Maurice Priestley – Director of Operations, and
- ▶ Stephen Watkins – Director of Corporate Services.

The Chief Executive is responsible for the executive functions of InjuriesBoard.ie and is supported by a management team, statutory assessors and expert support staff. At the end of 2013, InjuriesBoard.ie employed 68 staff in Tallaght, Dublin 24. In addition, the Board has an outsourced Service Centre providing ancillary back office support and a helpline from 8am to 8pm weekdays.





Appendix 1

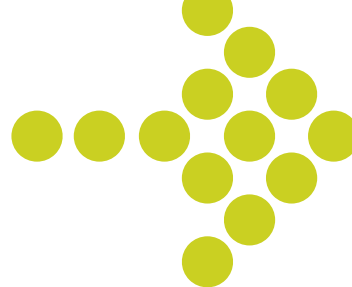


Stakeholders Consulted

The following stakeholders were consulted as part of the development of this new plan:

- ▶ The National Consumer Agency,
- ▶ The Health & Safety Authority,
- ▶ The Law Society of Ireland,
- ▶ Irish Small and Medium Enterprises,
- ▶ Insurance Ireland,
- ▶ Irish College of General Practitioners,
- ▶ The Courts Service,
- ▶ Irish Brokers Association, and
- ▶ Irish Hospital Consultants Association.

In addition, stakeholder consultations take part on an ongoing basis with medical organisations, consumer groups, legal representative bodies, employers, employees, educational institutions, Government Departments and relevant Agencies.



Notes

Service Centre Open:

Monday to Friday, 8am to 8pm

Lo-Call Rol 1890 829 121

From NI and UK 0870 876 8121

P.O. Box 8, Clonakilty, Co. Cork

www.injuriesboard.ie



