



## SCHEME STATUS REPORT



MARCH 2018

Data used in this report was extracted from WorkCover WA databases on 10 July 2018. Data reflects scheme activities that occurred prior to and including March 2018.



Scheme status report: March 2018

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## Scheme status report

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management system in Western Australia (WA).

WA operates a privately underwritten workers' compensation scheme. This means that private insurance agencies are approved by WorkCover WA to provide workers' compensation insurance to WA employers. Additionally WorkCover WA also exempts large employers, who have the material and financial resources to cover their own liabilities from any workplace injuries that may occur, from having to obtain workers' compensation insurance from an approved insurer. Exempt employers are commonly referred to as self-insurers. Currently, there are eight approved insurers and 24 self-insurers operating within the WA workers' compensation scheme.

Data from the Insurance Commission of Western Australia (ICWA) is also included in this report. ICWA manages workers' compensation arrangements for WA government agencies. Although not an approved insurer within the WA workers' compensation scheme, ICWA is considered to be more appropriately 'grouped' with approved than self-insurers.

The scheme status report is produced on a quarterly basis to measure trends and variations in relation to key elements of the WA workers' compensation scheme including:



CLAIM  
NUMBERS



CLAIM  
PAYMENTS



ESTIMATED  
COSTS



CLAIM  
MANAGEMENT



DISPUTES AND  
SETTLEMENTS

The report is presented in two sections:

1. **Key indicators:** a high level overview that summarises long and short term trend changes for key elements within the WA workers' compensation scheme.
2. **Approved insurer and self-insurer comparison:** detailed information for approved insurers and self-insurers in relation to claim numbers, payments, estimated costs, claim management and settlements. This supplements information presented in Section 1.



### Notes for the reader:

#### Different reporting timeframes for two indicators: lost-time and estimated claim costs

- Lost-time claim indicators (p.10) allow for lost-time estimates to mature and therefore are only reported up to the September (Q1) 2017/18 quarter (lag time of two financial quarters).
- Claims data used in the report is derived from data supplied by insurers and exempt employers in accordance with the Q2 specification which can be found on WorkCover WA's website at [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au).



## CLAIM NUMBERS p. 6



Total claims count

**7,051**

-0.4% change from previous quarter



Incidence rate

**0.53**

1.3% change from previous quarter



Active claims

**24,050**

0.04% change from previous quarter

## CLAIM PAYMENTS p. 9



Total payments

**\$217m**

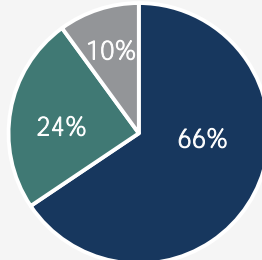
-7.0% change from previous quarter



Average payments

**\$33,279**

-4.5% change from previous quarter



- Direct compensation
- Treatment services
- Legal & other services

## CLAIM MANAGEMENT p. 12



Median claim duration

**6.1 months**

-4.7% change from previous quarter



**91%**

Insurer liability decision made within legislative timeframes

## DISPUTES p. 13



Dispute applications

**494 disputes**

-2.6% change from previous quarter



Disputation rate

**2.1 disputes**

per 100 active claims

## SETTLEMENTS p. 14



Proportion of claims finalised by Memoranda of Agreement

**12.6%**

-4.5% change from previous quarter



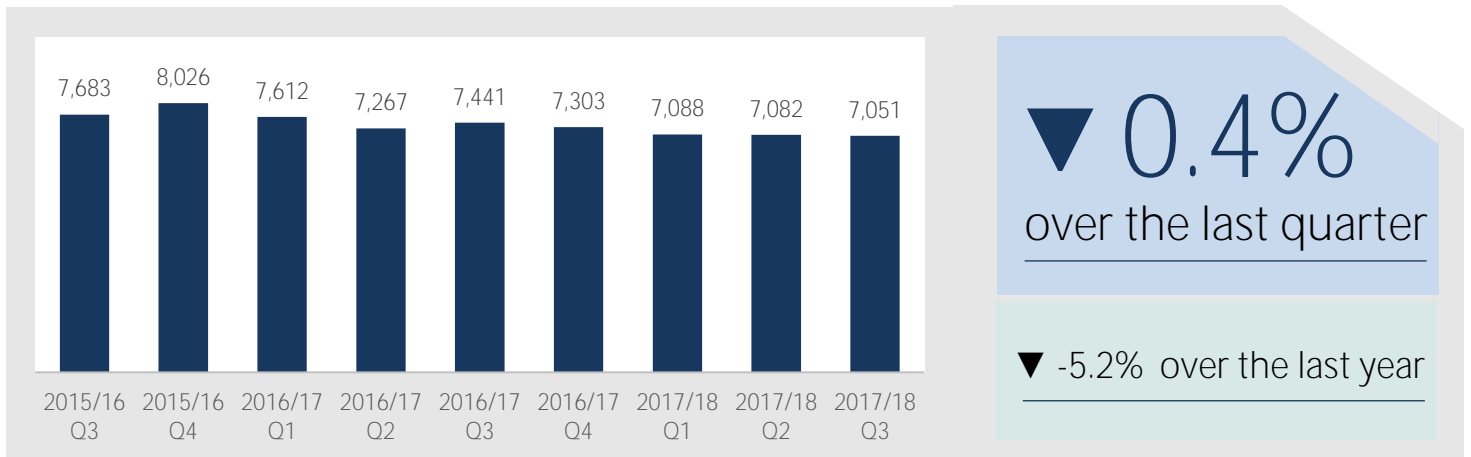
Proportion of claims finalised by 92(f) deeds

**7.5%**

-16.9% change from previous quarter

# Claim Numbers

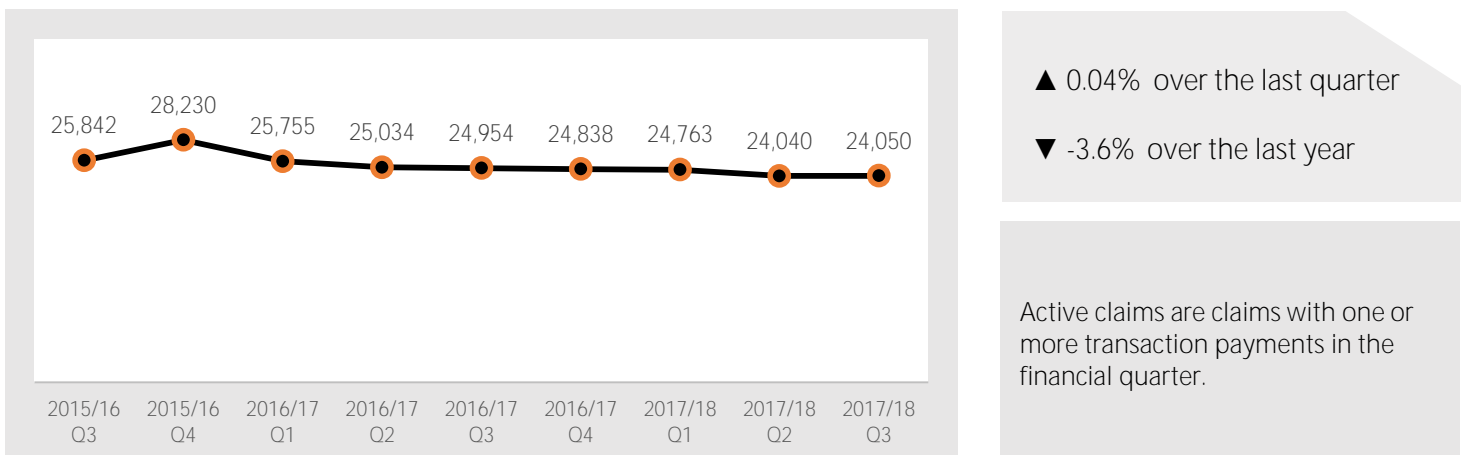
Total number of claims lodged | by insurer received quarter



Incidence rate | number of claims per 100 employed persons

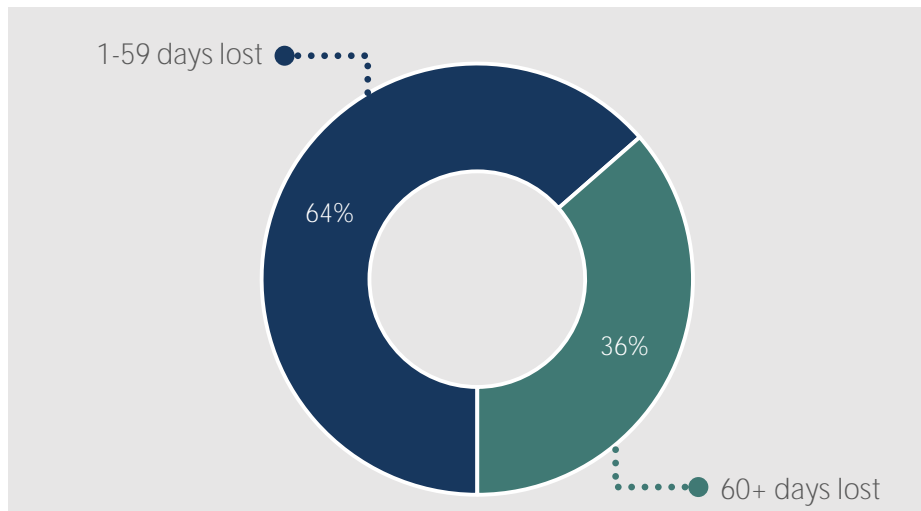


Active claims | by transaction quarter



# Claim Numbers

## 2017/18 Q1 | proportion of lost-time claims



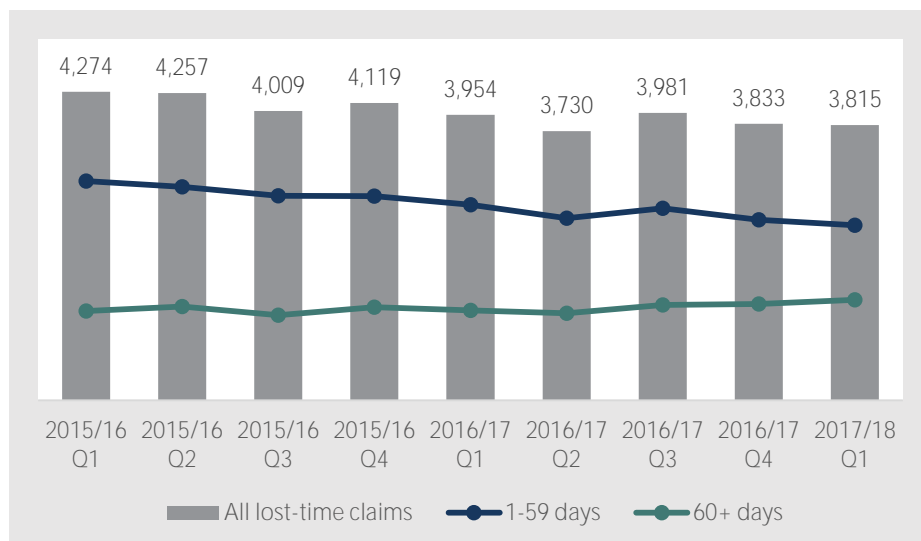
There were **3,815** lost-time claims lodged in September (Q1) 2017/18. Short duration

claims account for **64%** of lost-time claims and account for **36%** of long duration claims.

Short duration lost-time claims decreased by **10%** and long duration claims increased by **11%** between September (Q1) 2016/17 and September (Q1) 2017/18.

It should be noted that data for the last two quarters is subject to significant development over time, therefore there is a six month time lag (two quarters).

## Claims lodged | short vs long duration



### 1-59 days lost

- ▼ -3.0% over the last quarter
- ▼ -10.4% over the last year

### 60+ days lost

- ▲ 4.3% over the last quarter
- ▲ 11.5% over the last year



Long duration lost-time claims increased from **29%** to **36%** from September (Q1) 2015/16 to September (Q1) 2017/18. Short duration lost-time claims decreased from **71%** to **64%** between September (Q1) 2015/16 and September (Q1) 2017/18.

# Claim Payments

2017/18 Q3 | AT A GLANCE



TOTAL PAYMENT TRANSACTIONS

**\$217m**

▼ -7.0% over the last quarter

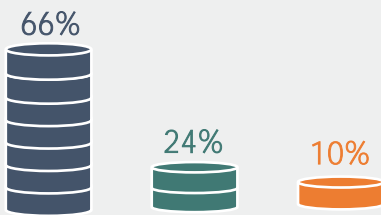


AVERAGE PAYMENT PER CLAIM

**\$33,279** per finalised claim

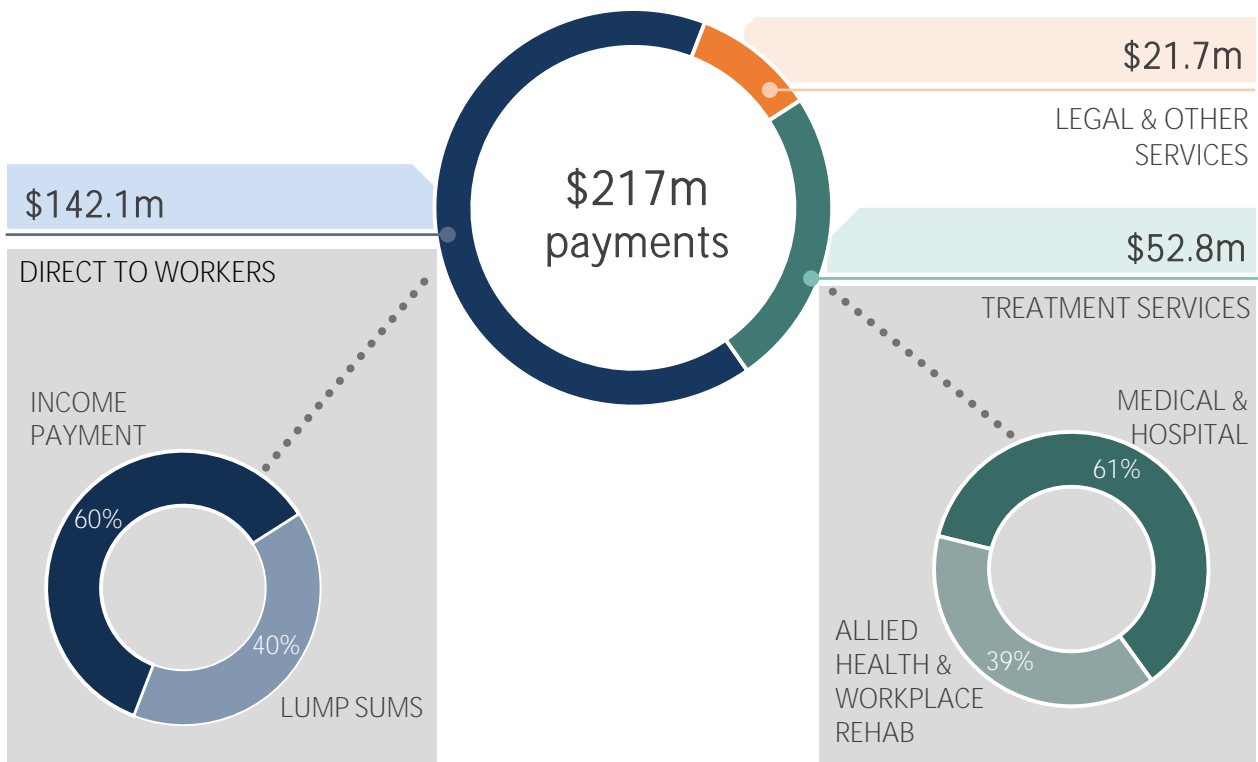
■ 0.0% over the last year

## TRANSACTION TYPES



DIRECT TO WORKERS	<b>\$142.1m</b>
TREATMENT SERVICES	<b>\$52.8m</b>
LEGAL & OTHER SERVICES	<b>\$21.7m</b>

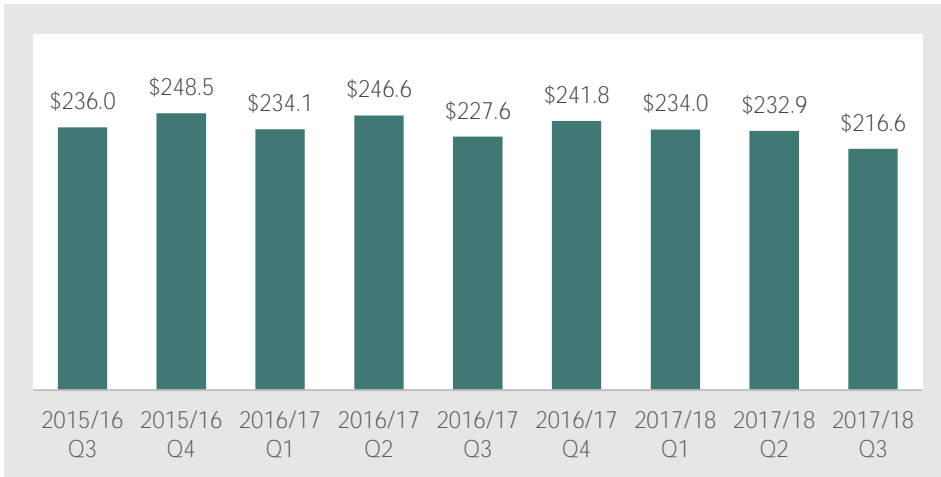
## TRANSACTION TYPES BREAKDOWN





# Claim Payments

Total claim payments | \$million

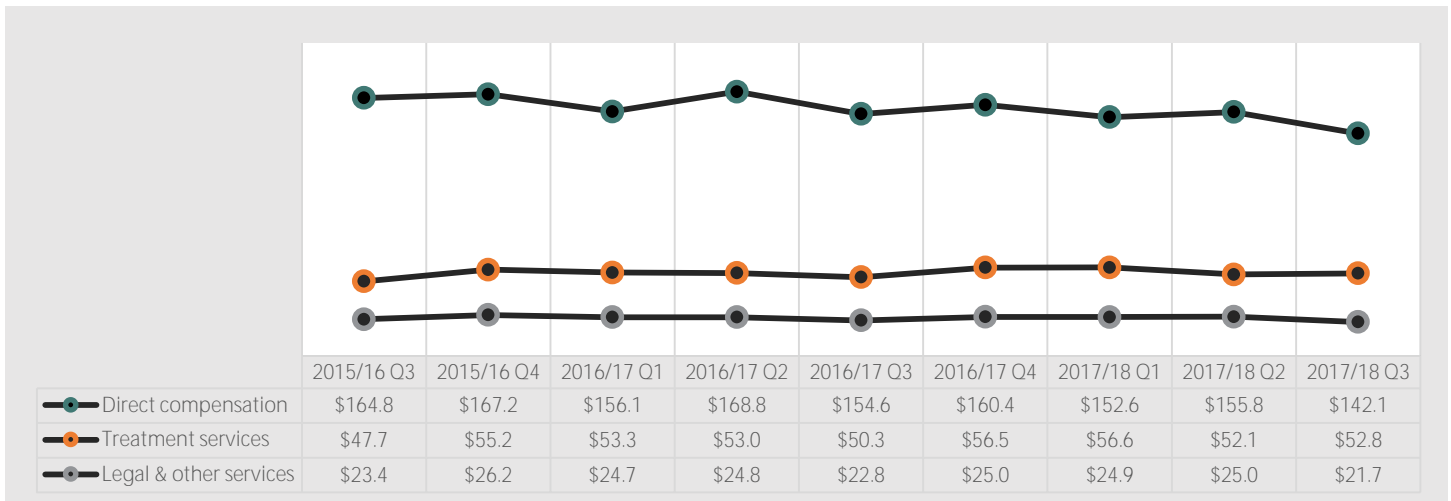


Payments are adjusted for inflation to allow meaningful comparisons over time.

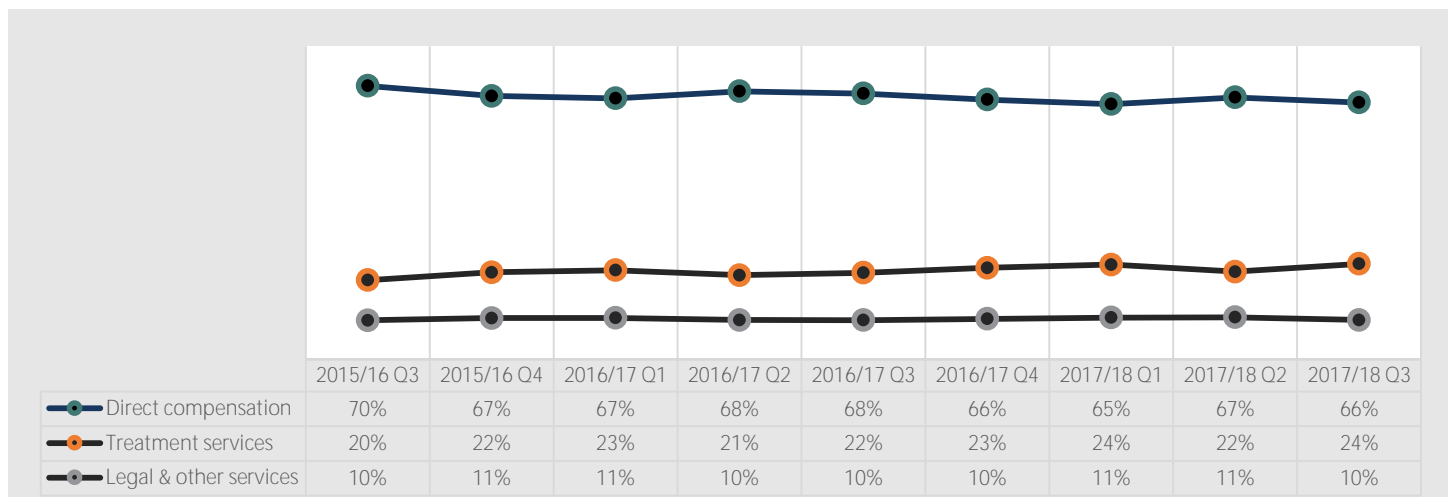
Total claim payments decreased by **8%** between March (Q3) 2015/16 and March (Q3) 2017/18.

- ▼ -7.0% over the last quarter
- ▼ -4.8% over the last year

Claim payments by payment type | \$million

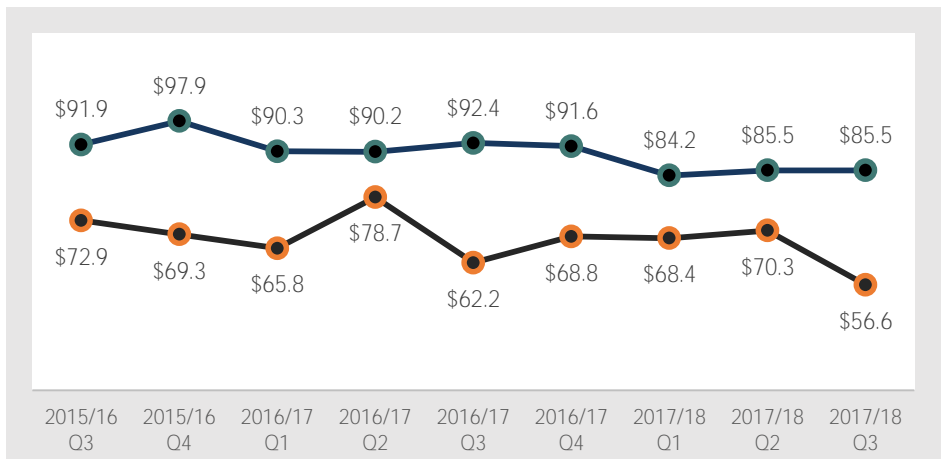


Claim payments | proportion of payment types



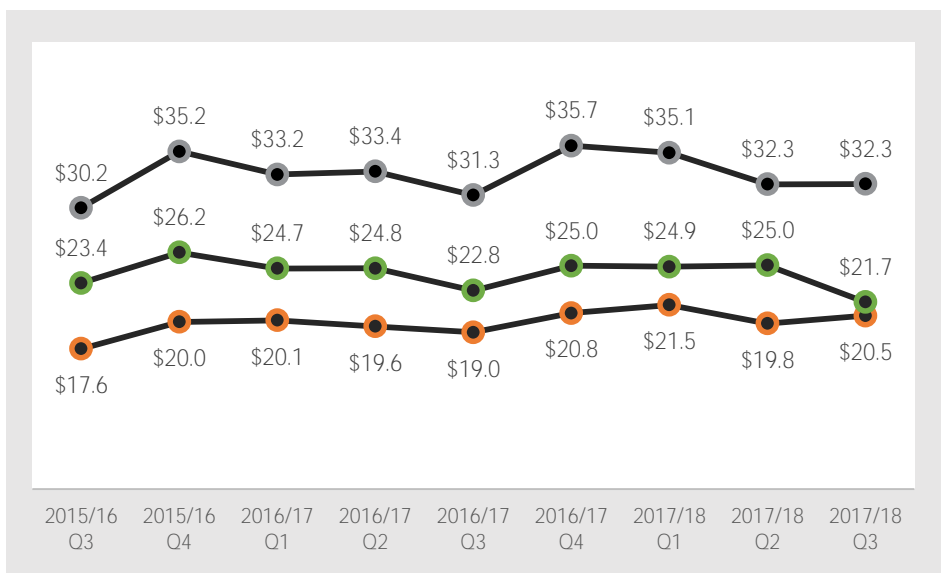
# Claim Payments

## Payments direct to workers | \$million



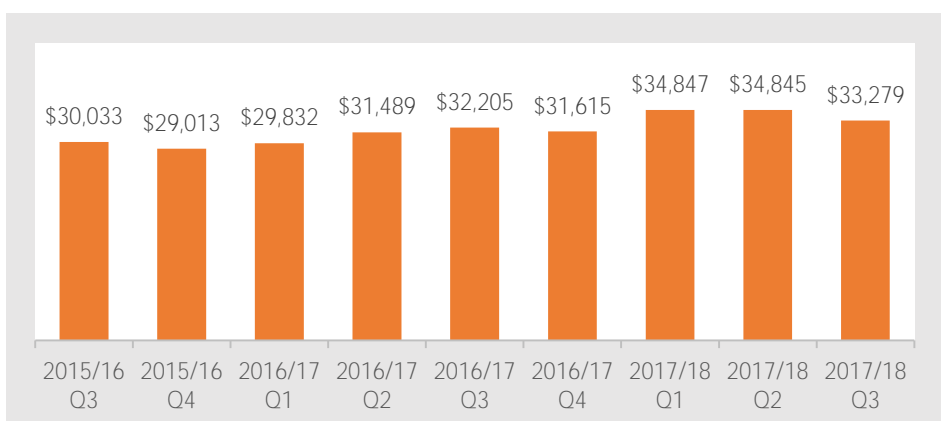
- Income payments
  - ▼ 0.0% over the last quarter
  - ▼ -7.5% over the last year
- Lump sums
  - ▼ -19.5% over the last quarter
  - ▼ -9.0% over the last year

## Treatment services and legal & other services payments | \$million



- Medical & hospital
  - ▲ 0.1% over the last quarter
  - ▲ 3.2% over the last year
- Legal & other services
  - ▼ -13.2% over the last quarter
  - ▼ -4.5% over the last year
- Allied health & workplace rehab
  - ▲ 3.6% over the last quarter
  - ▲ 7.9% over the last year

## Average claim payments | per finalised claim



Average claim payments **decreased** over the last quarter and currently stands at **\$33,279** per finalised claim.

- ▲ 3.3% over the last year

Payments are adjusted for inflation to allow meaningful comparisons over time.

# Claim Management

2017/18 Q3 | AT A GLANCE



## CLAIM DURATION

MEDIAN **6.1 months**

▼ -4.7% over the last quarter

▼ -1.6% over the last year



EMPLOYER LODGEMENT PERIOD



INSURER LODGEMENT PERIOD  
within 5 days



INITIAL LIABILITY DECISION  
made within  
legislative timeframe

injury claims: 15 days  
disease claims: 40 days

Employer lodgement period, refers to the number of days between occurrence of a work-related injury or diagnosis of a work-related disease and lodgement of a worker's compensation claim with the employer.

The average number of days between the occurrence of an injury and lodgement of a workers' compensation claim with an employer was 18 days for all claims.

average days: 3.4 days

After receiving a worker's compensation claim, an employer (whose worker is covered by the *Workers' compensation and Injury Management Act 1981*) is required to lodge the received claim with their insurer within five working days. This is referred to as the insurer lodgement period.

The average number of days for employers lodging the received claims with their insurer was 3.4 days.

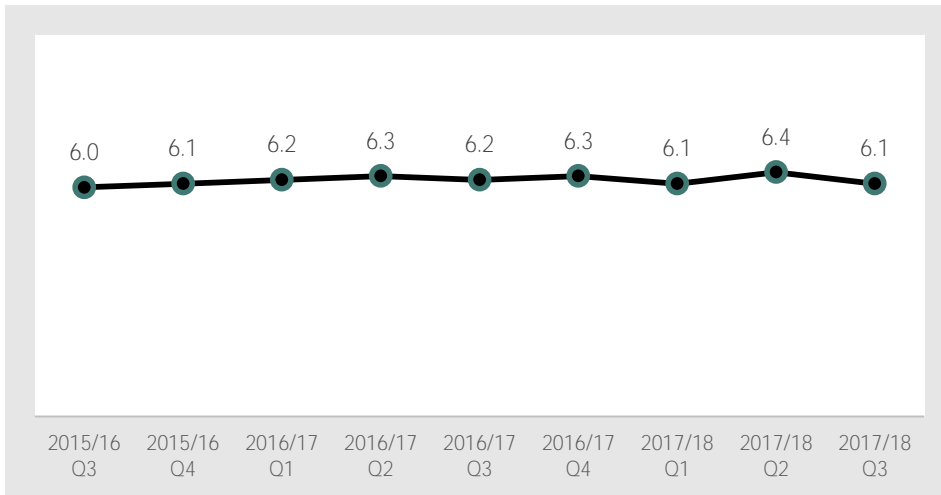
insurer: 92 %  
self-insurer: 85 %

Initial liability decision made within legislative timeframe, refers to the period of time where approved insurers and self-insurers are required to make an initial decision as to whether to accept or decline liability for the compensation claim.

For approved insurers the time frame is within 14 days. For self-insurers, the timeframe is within 17 days.

# Claim Management

## Median lost-time claim duration | months



▼ -4.7% over the last quarter

▼ -1.6% over the last year

Between March (Q3) 2015/16 and March (Q3) 2017/18, the median lost-time claim duration fluctuates between **6.0** to **6.4** months.

## Proportion of income claims lodgement by insurers | within 5 days

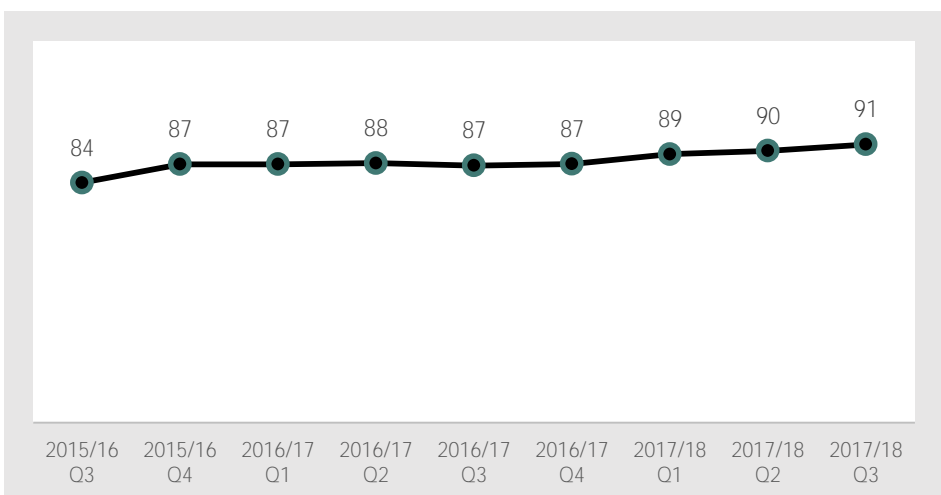


▲ 3.8% over the last quarter

▲ 3.2% over the last year

After receiving a worker's compensation claim, an employer (whose worker is covered by the *Workers' Compensation and Injury Management Act 1981*) is required to lodge the received claim with their insurer within **five** working days. This is referred to as the **insurer lodgement period**.

## Proportion of income claims with initial liability decision made | within legislative timeframes



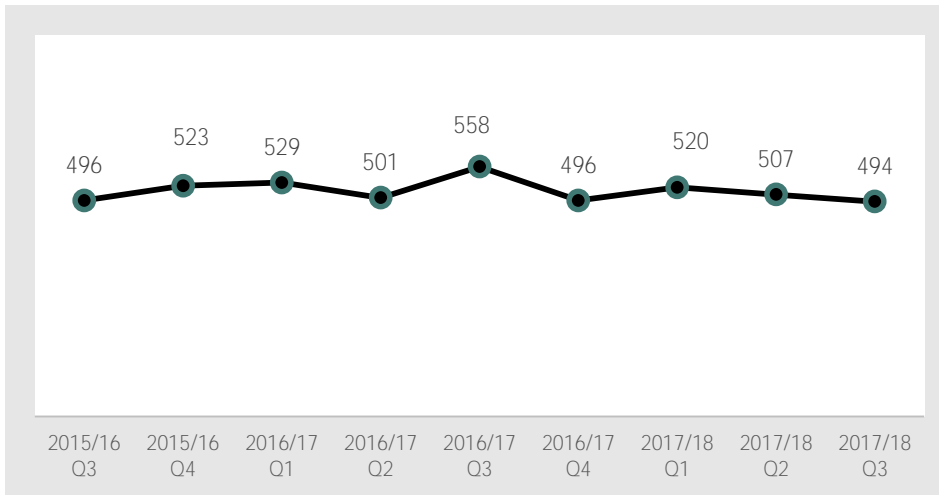
▲ 1.3% over the last quarter

▲ 4.4% over the last year

Approved insurers are required to make an initial decision as to whether to accept or decline liability for claims within **14 days**. For self-insurers an initial decision should be made within **17 days**.

# Claim Disputes

## Number of Dispute Applications | by acceptance quarter



▼ -2.6% over the last quarter

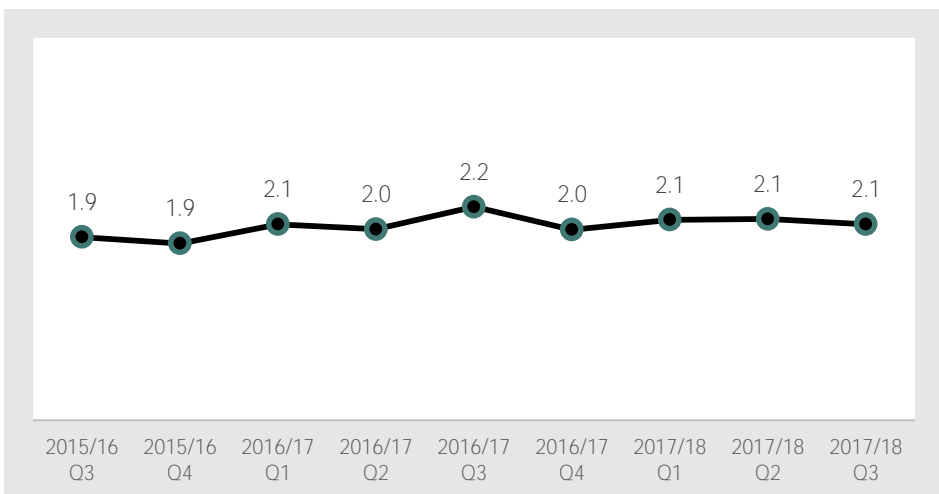
▼ -11.5% over the last year

For March (Q3) 2017/18, the number of dispute applications was **494**.



Between March (Q3) 2015/16 and March (Q3) 2017/18 the dispute rate remained **stable**.

## Disputation Rate | by acceptance quarter \*



▼ -2.6% over the last quarter

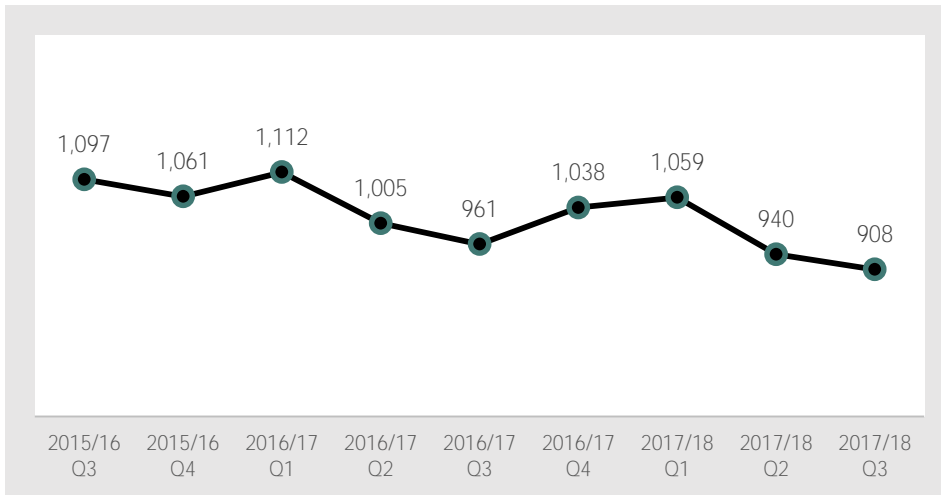
▼ -8.1% over the last year

For March (Q3) 2017/18, the disputation rate was **2.1** disputes per 100 active claims.

\* The disputation rate is the number of dispute applications per 100 active claims by dispute acceptance quarter. The number of active claims tends to revise upwards over time as more payment data is received. Therefore, the disputation rate is preliminary for the most recent quarter.

# Claim Settlements

## Number of Memoranda of Agreement | by settlement recorded quarter



▼ -3.4% over the last quarter

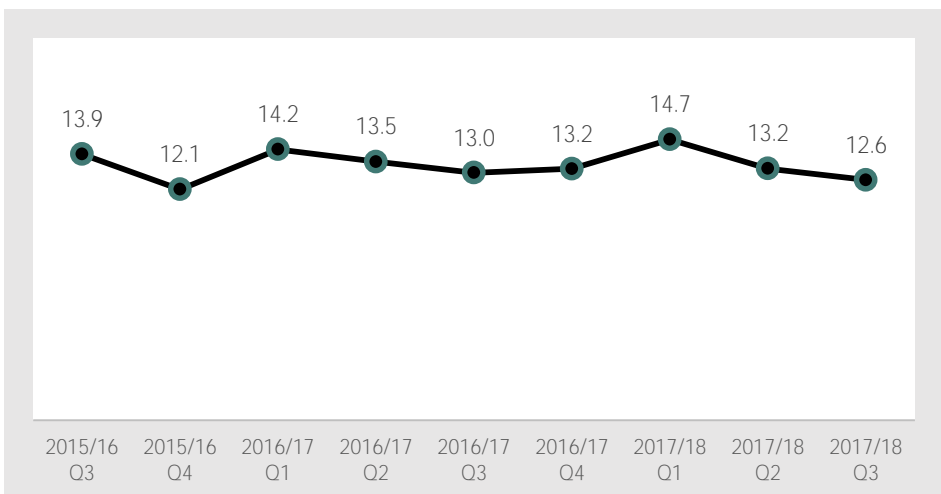
▼ -5.5% over the last year

For March (Q3) 2017/18, the number of Memoranda of Agreement was **908**.



Between March (Q3) 2015/16 and March (Q3) 2017/18 the number of MoAs decreased.

## Memoranda of Agreement | as proportion of finalised claims



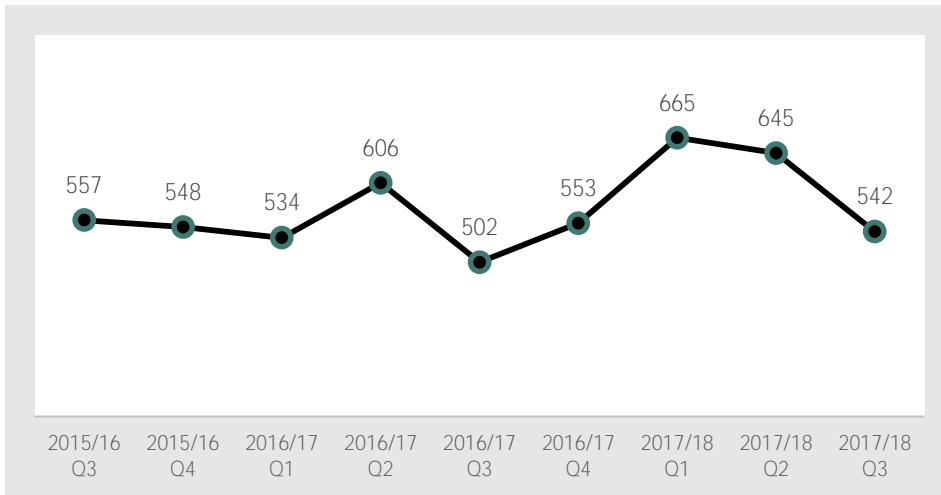
▼ -4.5% over the last quarter

▼ -2.9% over the last year

For March (Q3) 2017/18, the proportion of claims finalised by Memoranda of Agreement was **12.6%**.

# Claim Settlements

## Number of section 92(f) deeds | by settlement recorded quarter



▼ -16.0% over the last quarter

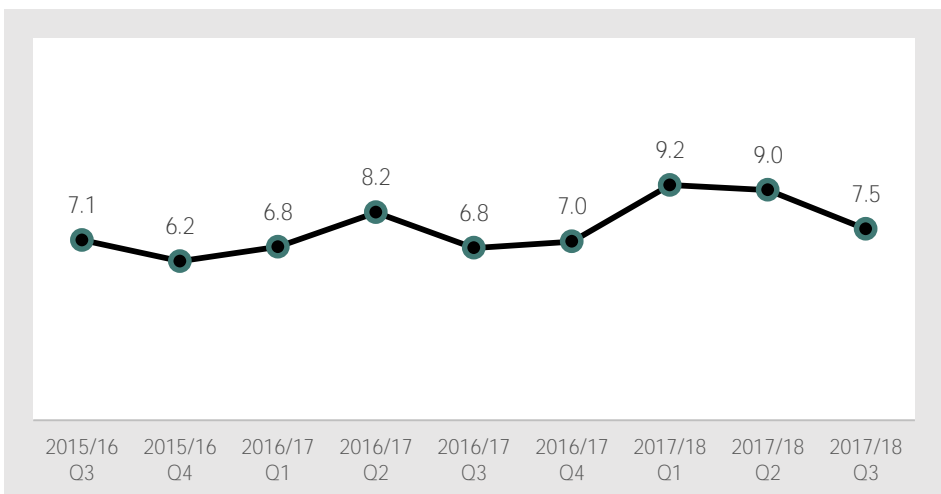
▲ 8.0% over the last year

For March (Q3) 2017/18, the number of section 92(f) deeds was **542**.



Between June (Q1) 2017/18 and March (Q3) 2017/18 the number of S.92(f) deeds **decreased**.

## Section 92(f) deeds | as proportion of finalised claims



▼ -16.9% over the last

▲ 10.9% over the last year

For March (Q3) 2017/18, the proportion of claims finalised through Section 92(f) deeds was **7.5%**.

# Approved Insurer & Self-Insurer Comparison

2017/18 Q3 | AT A GLANCE

## Approved Insurer

6,252 claims  
89%

\$200 million  
92%

\$34,444  
per finalised claim

6 months

91.7%

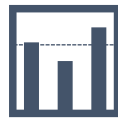
20.7%



Claim Count



Claim Payment



Average Payment  
Per Finalised Claim



Median Claim Duration



Initial Liability Decision Within  
Legislative Timeframe



Settlement Rate

## Self-Insurer

799 claims  
11%

\$16.5 million  
8%

\$23,590  
per finalised claim

7.1 months

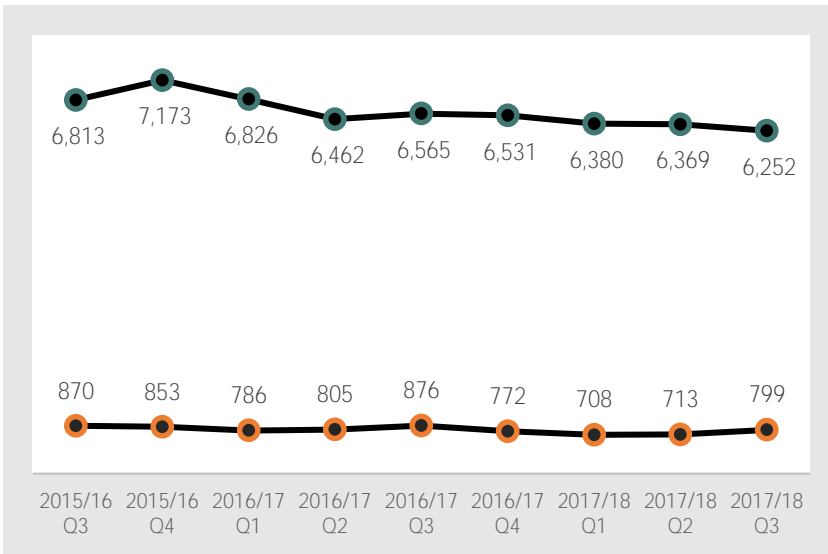
84.7%

15.1%



# Approved Insurer & Self-Insurer Comparison

## Total number of claims



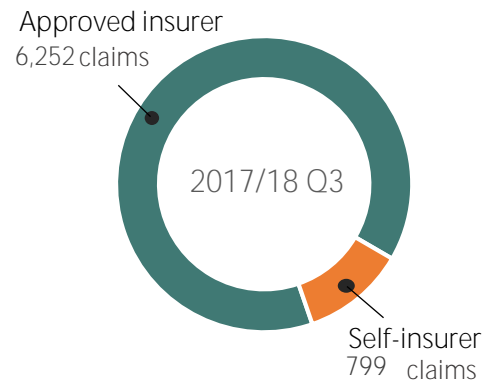
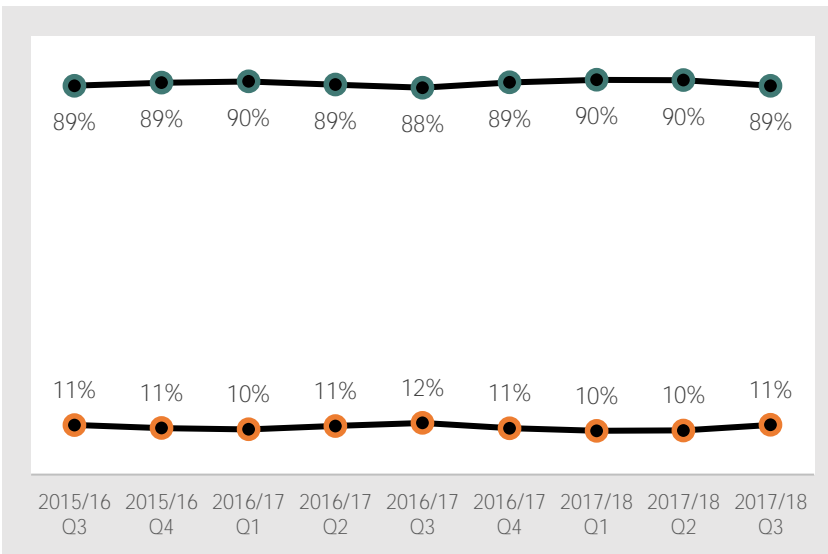
Over the reporting period, the long term trend shows a **decrease** in the number of claims

lodged for approved insurers (-8%) and self-insurers (-8%).

Over the last two quarters, the number of claims lodged by approved insurers decreased and self-insurers has increased.

- Approved insurer
  - ▼ -1.8% over the last quarter
  - ▼ -4.8% over the last year
- Self-insurer
  - ▲ 12.1% over the last quarter
  - ▼ -8.8% over the last year

## Proportion of claims

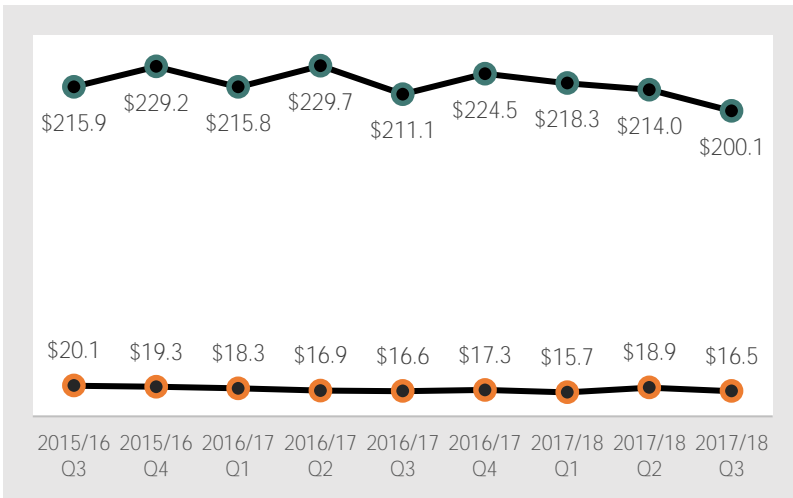


Between March (Q3) 2016/17 and March (Q3) 2017/18, the proportion of claims for approved insurers and self-insurers remained **stable**.

- Approved insurer
  - ▼ -1.4% over the last quarter
  - ▲ 0.5% over the last year
- Self-insurer
  - ▲ 12.6% over the last quarter
  - ▼ -3.7% over the last year

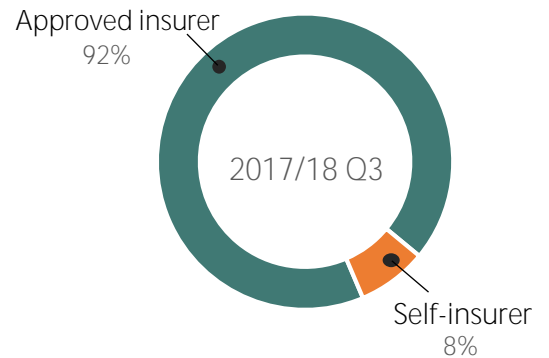
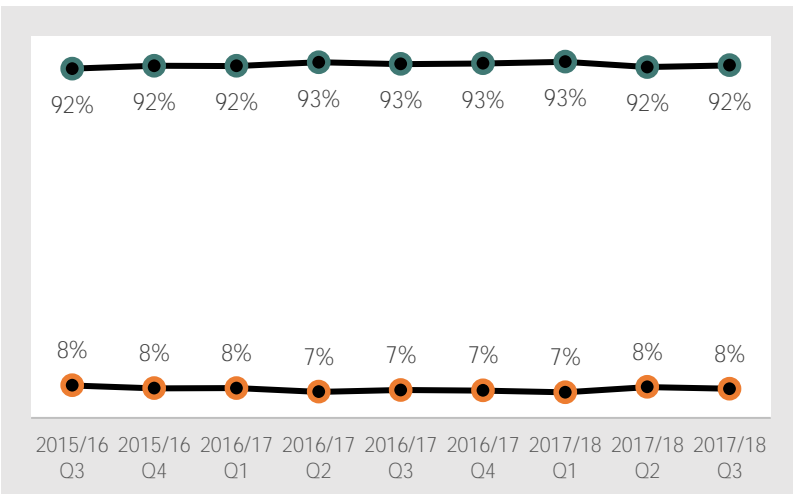
# Approved Insurer & Self-Insurer Comparison

## Total payments | \$million

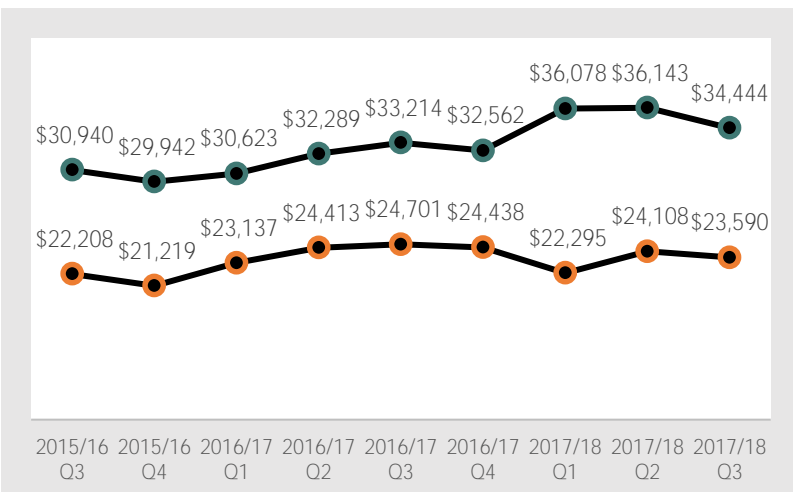


- Approved insurer
  - ▼ -6.5% over the last quarter
  - ▼ -5.2% over the last year
- Self-insurer
  - ▼ -12.5% over the last quarter
  - ▼ -0.4% over the last year

## Proportion of payments



## Average claim payments | per finalised claim



- Approved insurer
  - ▼ -4.7% over the last quarter
  - ▲ 3.7% over the last year
- Self-insurer
  - ▼ -2.1% over the last quarter
  - ▼ -4.5% over the last year

# Approved Insurer & Self-Insurer Comparison

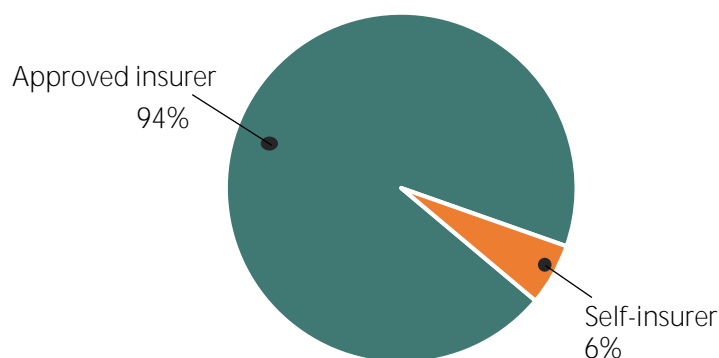
## Current claim costs for open claims | Approved Insurer

Insurer received year	Open claims	Total estimated \$	Actual paid \$	Outstanding estimated \$	% outstanding estimate for all open claims
All earlier years	70	10,914,100	8,245,612	2,668,488	24.4
2008/09	22	4,796,890	3,553,565	1,243,325	25.9
2009/10	32	6,252,172	3,954,382	2,297,790	36.8
2010/11	44	9,261,725	6,783,032	2,478,692	26.8
2011/12	65	14,535,622	9,204,374	5,331,249	36.7
2012/13	136	31,287,179	21,571,037	9,716,141	31.1
2013/14	269	71,264,117	41,907,980	29,356,137	41.2
2014/15	494	122,041,786	65,790,919	56,250,867	46.1
2015/16	1,242	244,244,559	142,705,857	101,538,703	41.6
2016/17	3,453	469,098,753	250,567,789	218,530,963	46.6
<b>Total</b>	<b>5,827</b>	<b>983,696,904</b>	<b>554,284,548</b>	<b>429,412,356</b>	<b>43.7</b>

## Current claim costs for open claims | Self-insurer

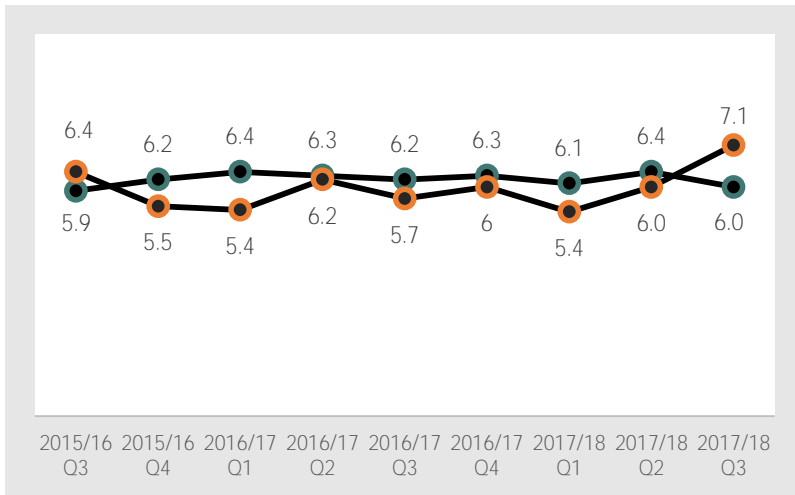
Insurer received year	Open claims	Total estimated \$	Actual paid \$	Outstanding estimated \$	% outstanding estimate for all open claims
All earlier years	10	820,311	534,523	285,788	34.8
2008/09	<5	-	-	-	-
2009/10	-	-	-	-	-
2010/11	<5	967,942	677,217	290,725	30.0
2011/12	5	927,178	671,007	256,171	27.6
2012/13	<5	1,331,492	782,269	549,223	41.2
2013/14	15	4,403,590	2,622,521	1,781,069	40.4
2014/15	30	5,980,755	3,885,716	2,095,039	35.0
2015/16	90	12,615,211	7,825,105	4,790,106	38.0
2016/17	334	32,670,697	17,676,337	14,994,360	45.9
<b>Total</b>	<b>491</b>	<b>59,717,175</b>	<b>34,674,694</b>	<b>25,042,481</b>	<b>41.9</b>

Proportion of total estimated claim costs for all open claims for approved insurers and self-insurers within the WA workers' compensation scheme to 30 June 2017.



# Approved Insurer & Self-Insurer Comparison

## Median Lost-Time Claims Duration by initial finalisation | Months

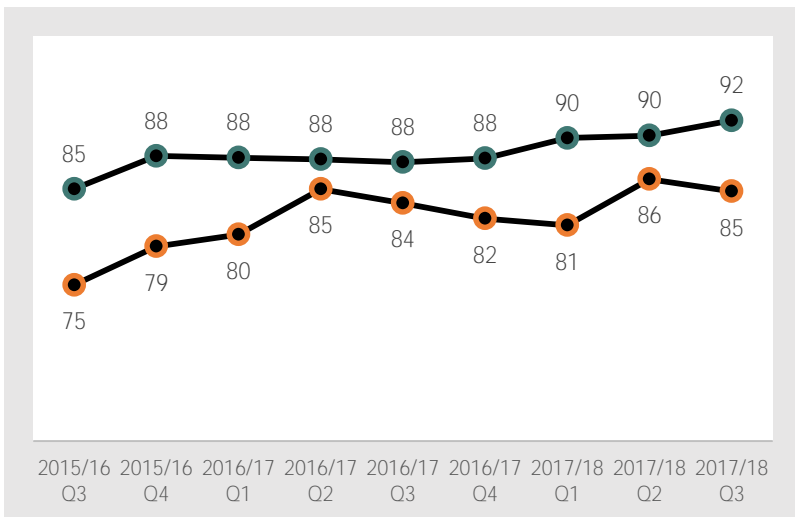


Over the reporting period, the median lost-time claim duration for **approved insurers** shows an **decreasing** trend from **6.2 months** in March (Q3) 2016/17 to **6.0 months** in the current quarter.

The median lost-time claim duration for **self-insurers** fluctuates between **5.4 months** to **7.1 months** over the reporting period.

- Approved insurer
  - ▼ -6.3% over the last quarter
  - ▼ -3.2% over the last year
- Self-insurer
  - ▲ 18.3% over the last quarter
  - ▲ 24.6% over the last year

## Proportion of income claim initial liability decisions made within legislative timeframe



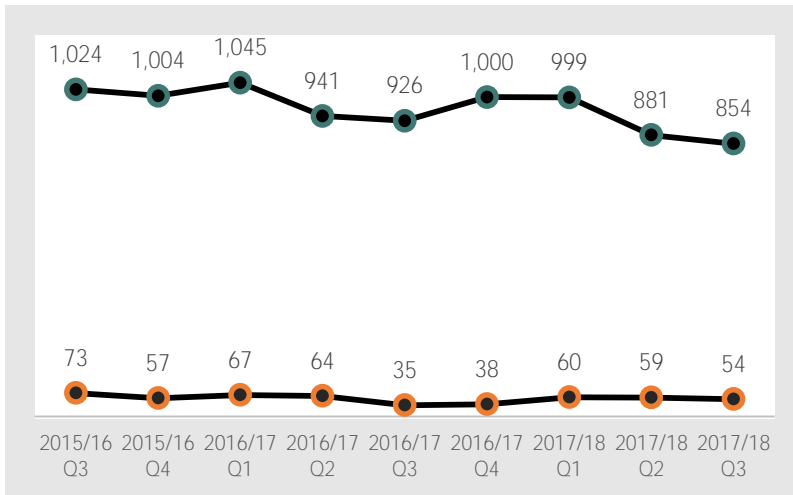
The proportion of income claims where an approved insurer/self-insurer makes an initial liability decision within the specified legislative time requirement **improved** over the reference period.

Between **March (Q3) 2015/16** and **March (Q3) 2017/18**, income claims with liability decision made within the required time for **approved insurers** improved from **85%** to **92%** and **self-insurers** improved from **75%** to **85%**.

- Approved insurer
  - ▲ 1.7% over the last quarter
  - ▲ 4.7% over the last year
- Self-insurer
  - ▼ -1.4% over the last quarter
  - ▲ 1.4% over the last year

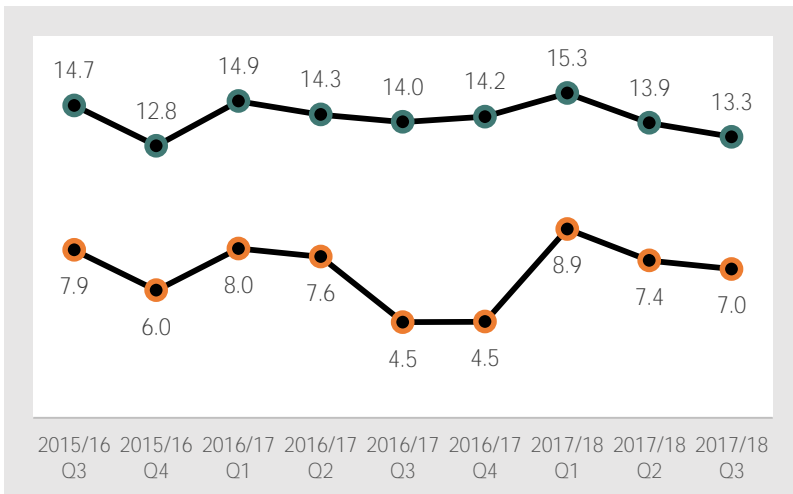
# Approved Insurer & Self-Insurer Comparison

## Number of Memoranda of Agreement



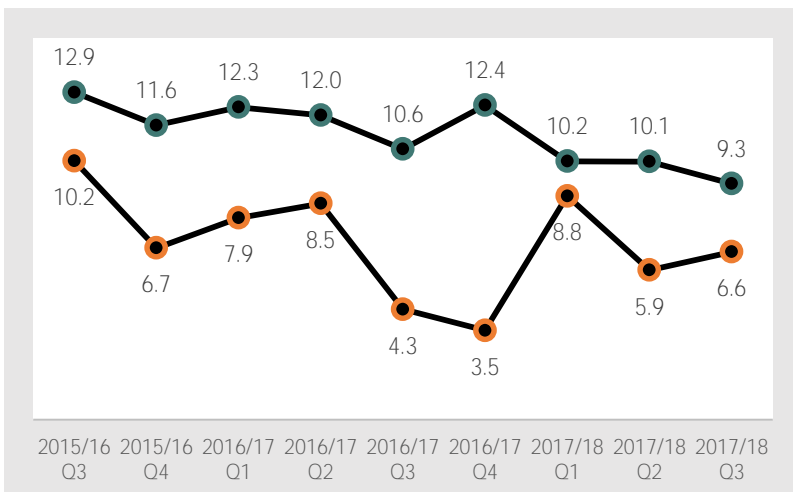
- Approved insurer
  - ▼ -3.1% over the last quarter
  - ▼ -7.8% over the last year
- Self-insurer
  - ▼ -8.5% over the last quarter
  - ▲ 54.3% over the last year

## Memoranda of Agreement | as proportion of finalised claims



- Approved insurer
  - ▼ -4.7% over the last quarter
  - ▼ -5.0% over the last year
- Self-insurer
  - ▼ -5.4% over the last quarter
  - ▲ 55.7% over the last year

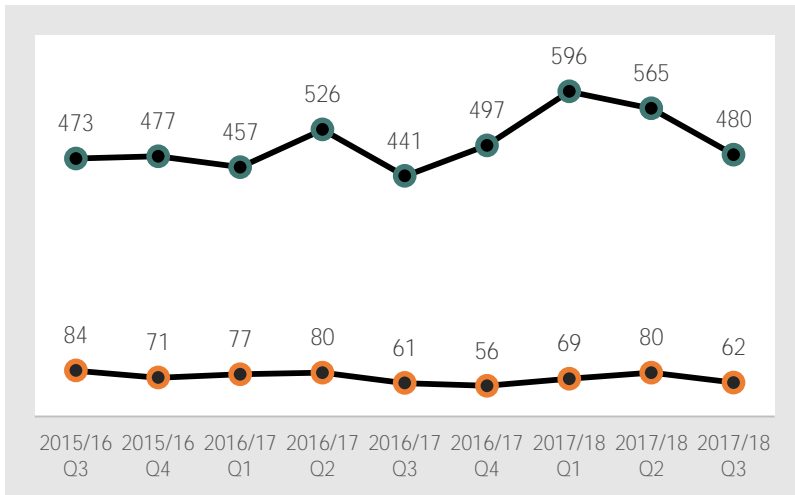
## Memoranda of Agreement Payments | as proportion of finalised claim payments



- Approved insurer
  - ▼ -8.6% over the last quarter
  - ▼ -12.8% over the last year
- Self-insurer
  - ▲ 12.3% over the last quarter
  - ▲ 52.2% over the last year

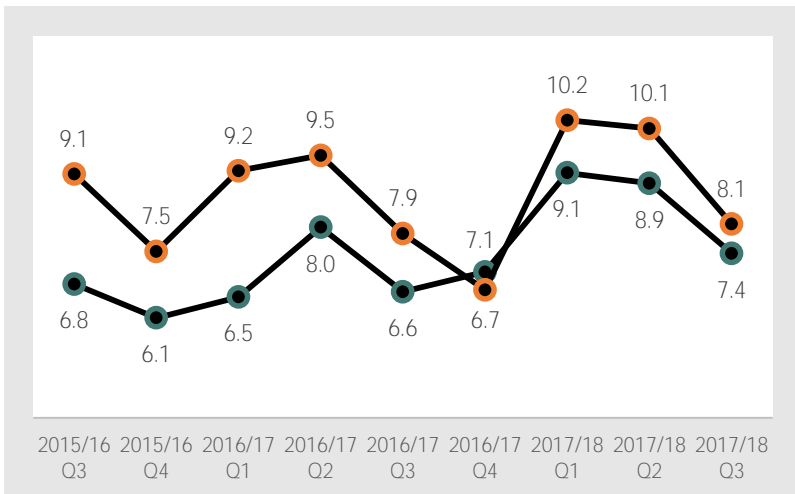
# Approved Insurer & Self-Insurer Comparison

## Number of Section 92(f) deeds



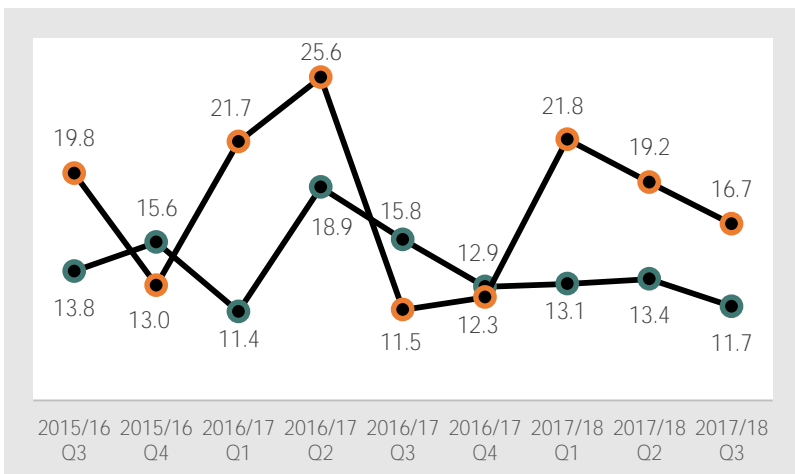
- Approved insurer
  - ▼ -15.0% over the last quarter
  - ▲ 8.8% over the last year
- Self-insurer
  - ▼ -22.5% over the last quarter
  - ▲ 1.6% over the last year

## Section 92(f) deeds | as proportion of finalised claims



- Approved insurer
  - ▼ -16.5% over the last quarter
  - ▲ 12.1% over the last year
- Self-insurer
  - ▼ -19.9% over the last quarter
  - ▲ 2.6% over the last year

## Section 92(f) deeds payments | as proportion of finalised claim payments



- Approved insurer
  - ▼ -12.4% over the last quarter
  - ▼ -25.7% over the last year
- Self-insurer
  - ▼ -13.1% over the last quarter
  - ▲ 45.2% over the last year

## Section 4: Glossary

TERM	DEFINITION / EXPLANATION OF TERM
Active claim	A claim with one or more transaction payments in a financial year/quarter.
Average claim cost	An estimate of costs for unfinalised claims, plus the total cost of finalised claims, divided by the number of claims. Average cost is attributed to the year in which a claim was lodged.
Claim costs	An estimate of costs for unfinalised claims, and the total cost of finalised claims attributed to the year in which a claim was lodged with an insurer.
Claim duration	The number of months between the date the claim was received by the insurer and the date at which the claim was first finalised.
Claim payment types	<p>Payments direct to worker:</p> <ol style="list-style-type: none"> <li>1. income payments (payments made for absences from work).</li> <li>2. lump sum payments (including common law): <ul style="list-style-type: none"> <li>- redemption payments made under Schedule 1</li> <li>- specific injury payments made under Schedule 2</li> <li>- fatal payments including funeral expenses.</li> <li>- common law and other Acts payments.</li> </ul> </li> </ol> <p>Payments for treatment services:</p> <ol style="list-style-type: none"> <li>1. medical and hospital payments: <ul style="list-style-type: none"> <li>- medical practitioner and specialist payments</li> <li>- hospital expenses (hospital accommodation and hospital treatment).</li> </ul> </li> <li>2. allied health and workplace rehabilitation payments: <ul style="list-style-type: none"> <li>- other treatment and appliance payments</li> <li>- workplace rehabilitation payments.</li> </ul> </li> </ol> <p>Payments for legal and other services:</p> <ol style="list-style-type: none"> <li>1. legal expenses</li> <li>2. approved medical specialist service payment and third party referred report</li> <li>3. miscellaneous payments.</li> </ol>
Dispute	A dispute over a worker's compensation claim by parties involved (e.g. insurer, employer, worker). A dispute can occur at any stage of a claim in relation to a number of matters.
Disputation rate	The number of dispute applications as a proportion of all active claims for the reference year. Prior to 2009/10, the disputation rate was calculated slightly differently, with the number of dispute applications represented as a proportion of all new claims lodged in a reference year. The change to the current definition and calculation was made at a national level, across all jurisdictions, to reflect that dispute applications may occur at different stages during a claim cycle, not necessarily in the first year.
Employer lodgement period	The number of days between occurrence of a work-related injury or diagnosis of a work-related disease and lodgement of a worker's compensation claim with an employer.
Estimated claim cost	The total estimated incurred claim costs, exclusive of development estimate and incurred but not reported (IBNR) amounts. Estimated costs are not adjusted for inflation and are attributed to the year in which a claim was lodged with an insurer.

## Section 4: Glossary

TERM	DEFINITION / EXPLANATION OF TERM
Incidence rate	The number of lost-time claims per hundred employees (part-time, full-time, casual, and seasonal) in Western Australia. Employee numbers are based on the Australian Bureau of Statistics Labour Force data (catalogue number: 6202.0).
Insurer lodgement period	After receiving a worker's compensation claim, an employer (whose worker is covered by the <i>Workers' Compensation and Injury Management Act 1981</i> ) is required to lodge the received claim with their insurer within five working days. See S.57A (2) <i>Workers' Compensation and Injury Management Act 1981</i> .
Initial liability decision for approved insurers	After receiving a worker's compensation claim from an employer, an approved insurer within the WA workers' compensation scheme is required to make an initial decision as to whether to accept or decline liability for the claim within 14 days. See S.57A (3) <i>Workers' Compensation and Injury Management Act 1981</i> .
Initial liability decision for self-insurers	After receiving a worker's compensation claim, a self-insurer within the WA workers' compensation scheme is required to make an initial decision as to whether to accept or decline liability for the claim within 17 days. See S.57B (2) <i>Workers' Compensation and Injury Management Act 1981</i> .
Lost-time claims	Claims for which the injury/disease results in an absence from work of at least one day or shift.
Long duration claims	Workers' compensation claims for which the injury/disease results in an absence from work of at least 60 days or shifts.
Memoranda of Agreement	A legal instrument which, if registered with the Conciliation and Arbitration Services of WorkCover WA, records a statutory settlement of a worker's compensation claim. See section 76 of the <i>Workers' Compensation and Injury Management Act 1981</i> .
Number of claims	Claims lodged during a given period. It includes claims where no payment has been recorded at the date of data extract.
Outstanding estimated claim costs	Amount of liability that is yet to be paid for each incurred claim and as estimated by insurers.
Payment year or payment period or payment quarter	The year, period or quarter for when payments were made for workers' compensation claims.
Payments	Also see claim payments. Payments are adjusted for inflation to allow meaningful comparisons over time.
Section 92(f) deeds	A lump sum payment for damages against the employer without proceeding to court; no further claim can be made. See Section 92(f) of the <i>Workers' Compensation and Injury Management Act 1981</i> .
Transaction quarter	The date of when a payment was processed.



- 1 **Due to the dynamic nature of workers' compensation claims, the interpretation of data contained within this report (the data) must be undertaken with some caution.** Data users are cautioned to consider carefully the provisional nature of the data before using it for decisions that concern personal or public safety or the conduct of business that involves substantial monetary or operational consequences.
- 2 The accuracy or reliability of the data is not guaranteed or warranted in any way. WorkCover WA has made a reasonable effort to ensure that the data is up-to-date, accurate, complete, and comprehensive at the time of disclosure. This data reflects data reported to this agency by insurers for the reporting periods indicated. Data users are responsible for ensuring by independent verification its accuracy, currency or completeness.
- 3 Neither WorkCover WA, or its agencies or representatives, are responsible for data that is misinterpreted or altered in any way. Derived conclusions and analysis generated from this data are not to be considered attributable to WorkCover WA.
- 4 This data is provided as is and in no event shall WorkCover WA, its agencies or representatives be liable for any damages, including, without limitation, damages resulting from lost data or lost profits or revenue, the costs of recovering such data, the costs of substitute data, claims by third parties or for other similar costs, or any special, incidental, punitive or consequential damages, arising out of the use of the data.
- 5 **Information concerning the accuracy and appropriate uses of the data or concerning other workers' compensation data may be obtained by contacting WorkCover WA.**