



SCHEME STATUS REPORT



JUNE 2018

Data used in this report was extracted from WorkCover WA databases on 8 October 2018. Data reflects scheme activities that occurred prior to and including June 2018.



Scheme status report: June 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 December (Q2) 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.



CLAIM NUMBERS p. 6



Total claims count

7,091

0.5% change from previous quarter



Incidence rate

0.53

1.4% change from previous quarter



Active claims

24,061

0.03% change from previous quarter

CLAIM PAYMENTS p. 9



Total payments

\$234m

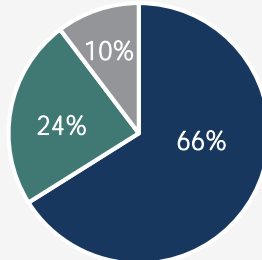
7.9% change from previous quarter



Average payments

\$33,401

2.4% change from previous quarter



- Direct compensation
- Treatment services
- Legal & other services

CLAIM MANAGEMENT p. 12



Median claim duration

6.2 months

1.6% change from previous quarter



92%

Insurer liability decision made within legislative timeframes

DISPUTES p. 13



Dispute applications

530 disputes

7.3% change from previous quarter



Disputation rate

2.2 disputes

per 100 active claims

SETTLEMENTS p. 14



Proportion of claims finalised by Memoranda of Agreement

12.6%

0.5% change from previous quarter

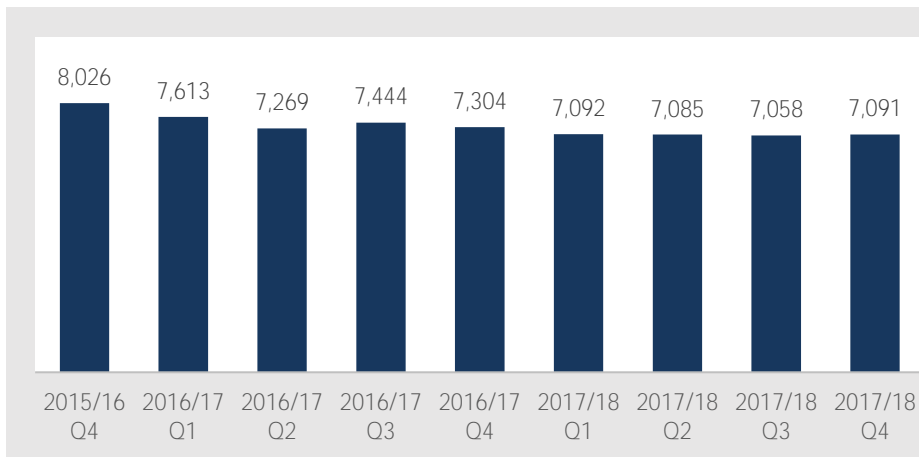


Proportion of claims finalised by 92(f) deeds

8.7%

16.4% change from previous quarter

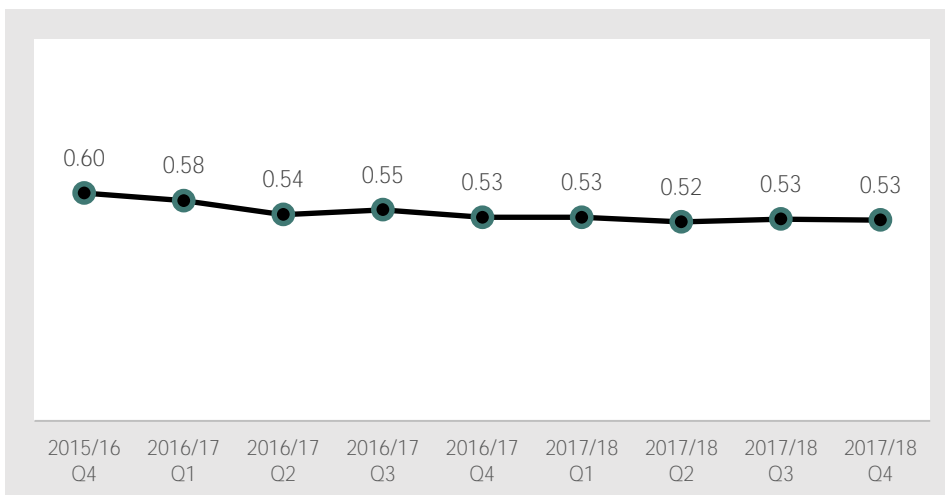
Total number of claims lodged | by insurer received quarter



▲ 0.5%
over the last quarter

▼ -2.9% over the last year

Incidence rate | number of claims per 100 employed persons



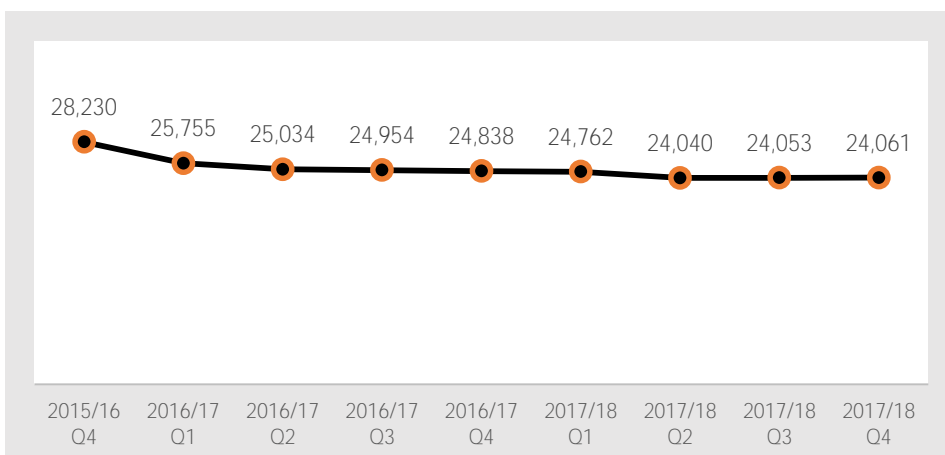
▼ -0.4% over the last quarter

▼ -1.4% over the last year

Incidence rate measures the number of lost-time claims per 100 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 6202.0).

Active claims | by transaction quarter

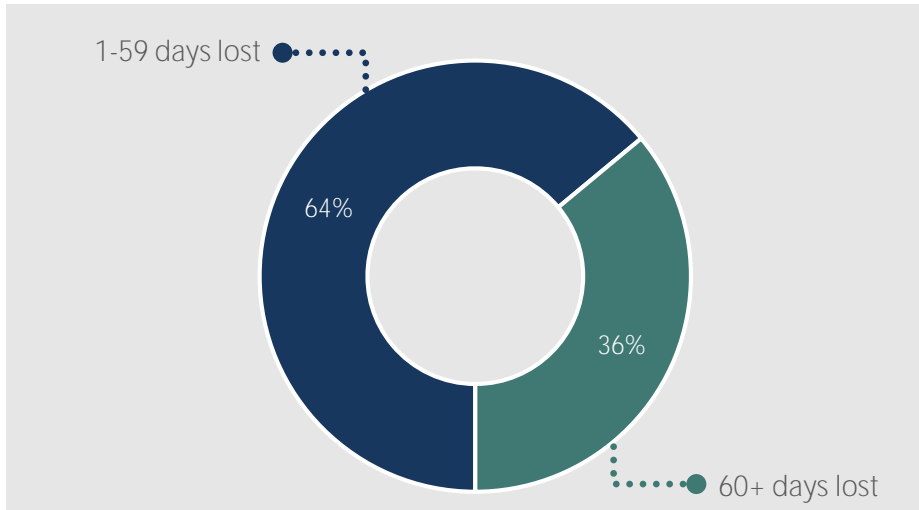


▲ 0.03% over the last quarter

▼ -3.1% over the last year

Active claims are claims with one or more transaction payments in the financial quarter.

2017/18 Q2 | proportion of lost-time claims



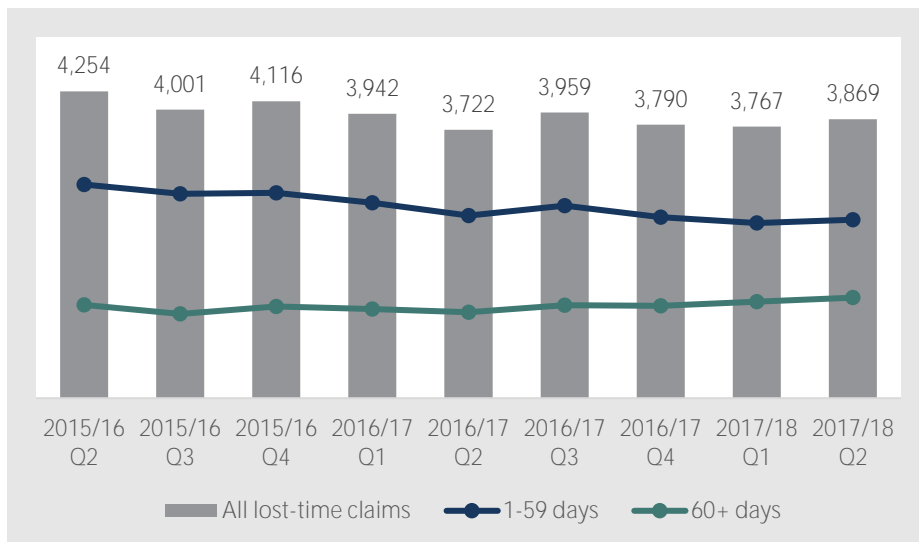
There were **3,869** lost-time claims lodged in December (Q2) 2017/18. Short duration

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

Short duration lost-time claims decreased by **2%** and long duration claims increased by **17%** between December (Q2) 2016/17 and December (Q2) 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

- ▲ 1.9% over the last quarter
- ▼ -2.2% over the last year

60+ days lost

- ▲ 4.1% over the last quarter
- ▲ 17.0% over the last year



Long duration lost-time claims increased from **30%** to **36%** from December (Q2) 2015/16 to December (Q2) 2017/18. Short duration lost-time claims decreased from **70%** to **64%** between December (Q2) 2015/16 and December (Q2) 2017/18.

2017/18 Q4 | AT A GLANCE



TOTAL PAYMENT TRANSACTIONS

\$234m

▲ 7.9% over the last quarter

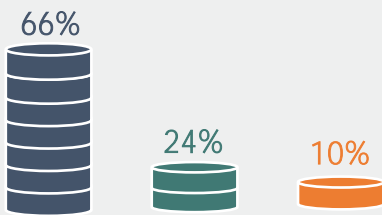


AVERAGE PAYMENT PER CLAIM

\$33,401 per finalised claim

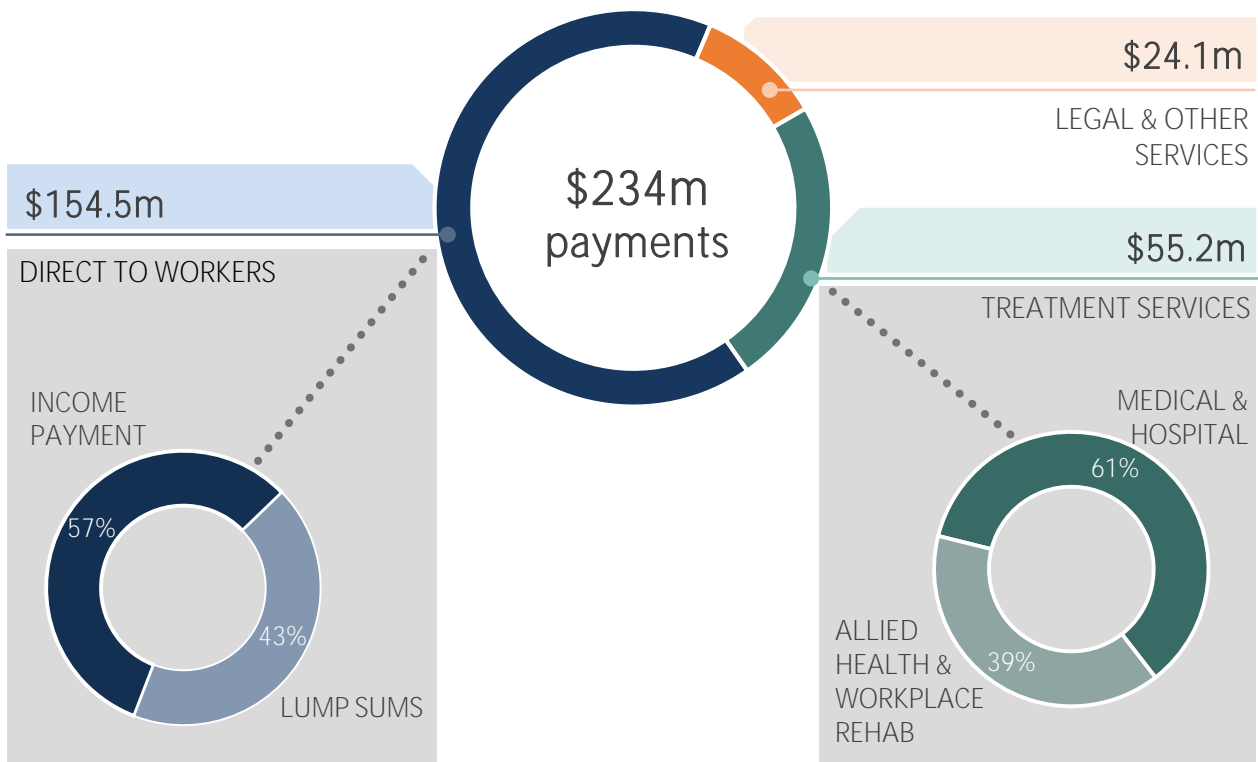
▲ 5.4% over the last year

TRANSACTION TYPES



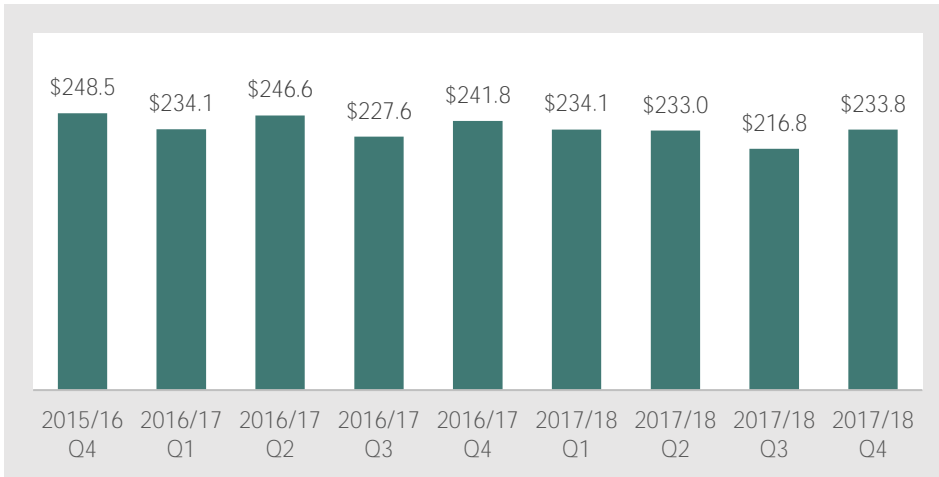
| | |
|------------------------|-----------------|
| DIRECT TO WORKERS | \$154.5m |
| TREATMENT SERVICES | \$55.2m |
| LEGAL & OTHER SERVICES | \$24.1m |

TRANSACTION TYPES BREAKDOWN



Claim Payments

Total claim payments | \$million



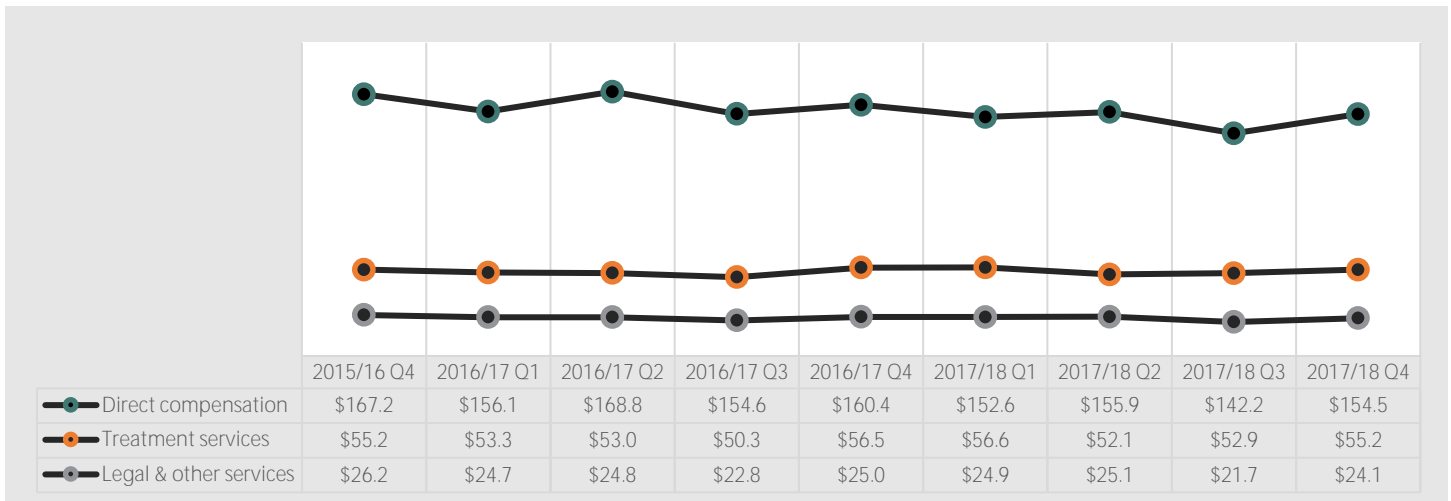
Payments are adjusted for inflation to allow meaningful comparisons over time.

Total claim payments decreased by **6%** between June (Q4) 2015/16 and June (Q4) 2017/18.

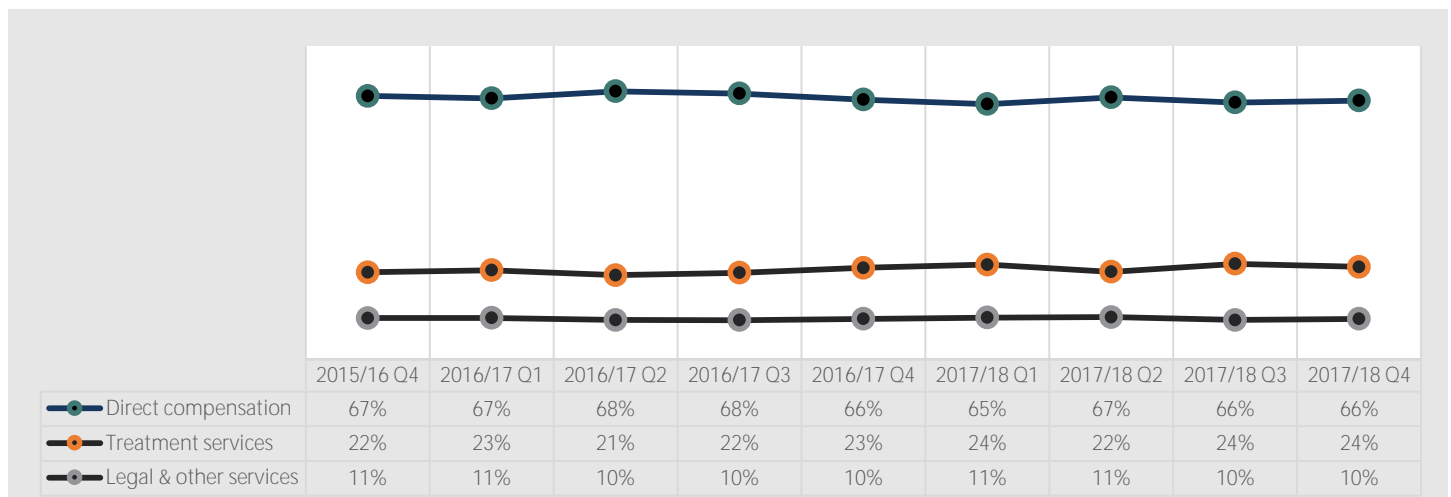
▲ 7.9% over the last quarter

▼ -3.3% over the last year

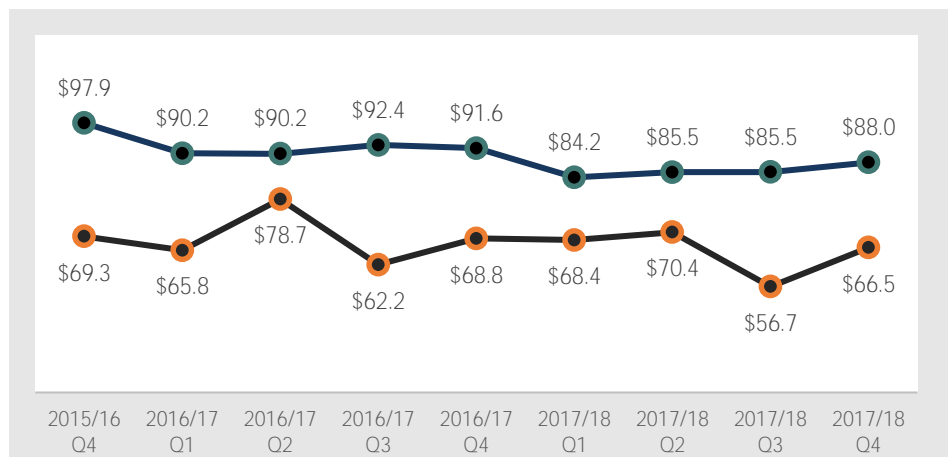
Claim payments by payment type | \$million



Claim payments | proportion of payment types



Payments direct to workers | \$million



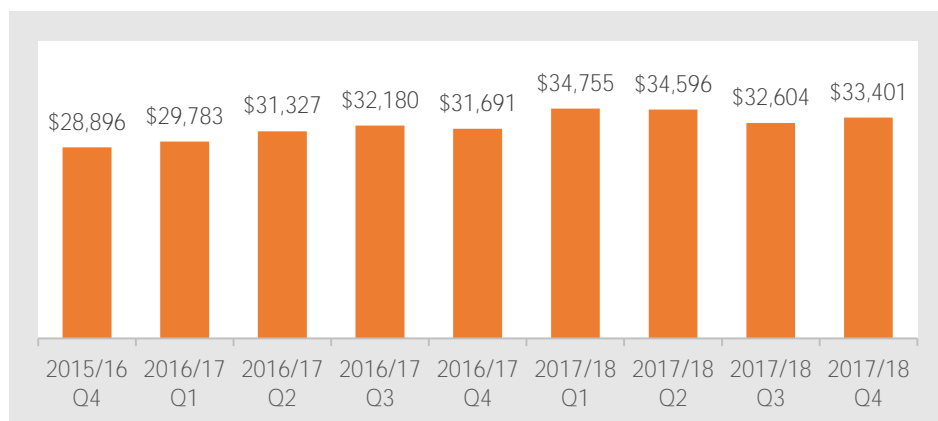
- Income payments
 - ▲ 2.8% over the last quarter
 - ▼ -3.9% over the last year
- Lump sums
 - ▲ 17.4% over the last quarter
 - ▼ -3.3% over the last year

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



- Medical & hospital
 - ▲ 3.5% over the last quarter
 - ▼ -6.4% over the last year
- Legal & other services
 - ▲ 11.2% over the last quarter
 - ▼ -3.4% over the last year
- Allied health & workplace rehab
 - ▲ 5.8% over the last quarter
 - ▲ 4.8% over the last year

Average claim payments | per finalised claim



Average claim payments **increased** over the last quarter and currently stands at **\$33,401** per finalised claim.

- ▲ 5.4% over the last year

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

2017/18 Q4 | AT A GLANCE



CLAIM DURATION

MEDIAN **6.2 months**

▲ 1.6% 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: 14 days
disease claims: 42 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 17 days for all claims.

average days: 3.5 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.

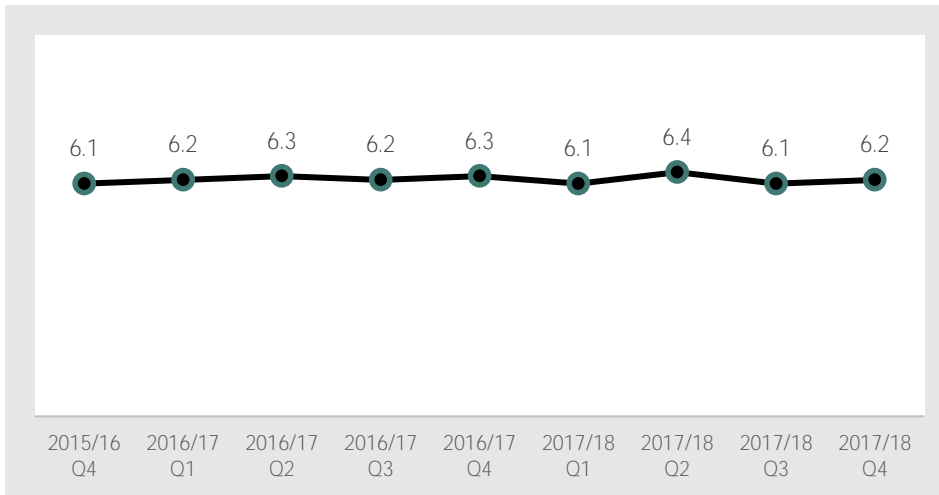
The average number of days for employers lodging the received claims with their insurer was 3.5 days.

insurer: 92 %
self-insurer: 83 %

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.

Median lost-time claim duration | months

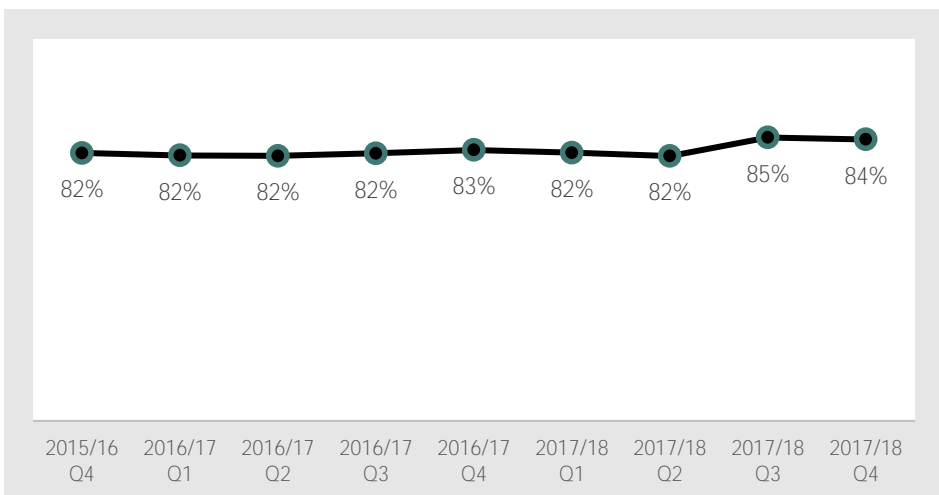


▲ 1.6% over the last quarter

▼ -1.6% over the last year

Between June (Q4) 2015/16 and June (Q4) 2017/18, the median lost-time claim duration ranges between **6.1** to **6.4** months.

Proportion of income claims lodgement by insurers | within 5 days

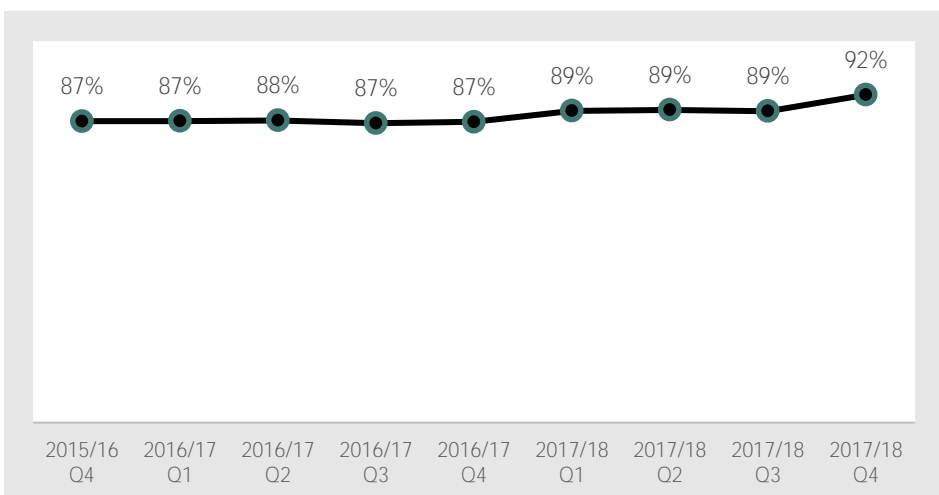


▼ -0.3% over the last quarter

▲ 2.0% 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

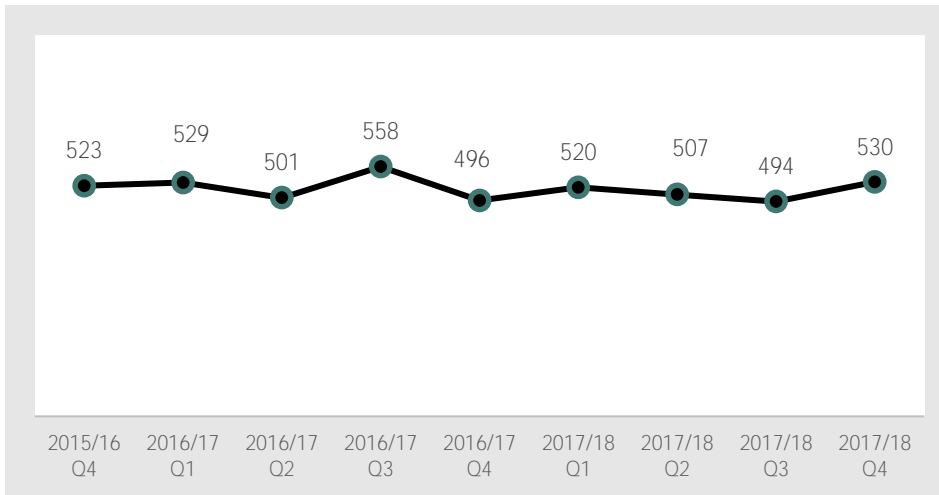


▲ 2.9% over the last quarter

▲ 4.9% 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**.

Number of Dispute Applications | by acceptance quarter



▲ 7.3% over the last quarter

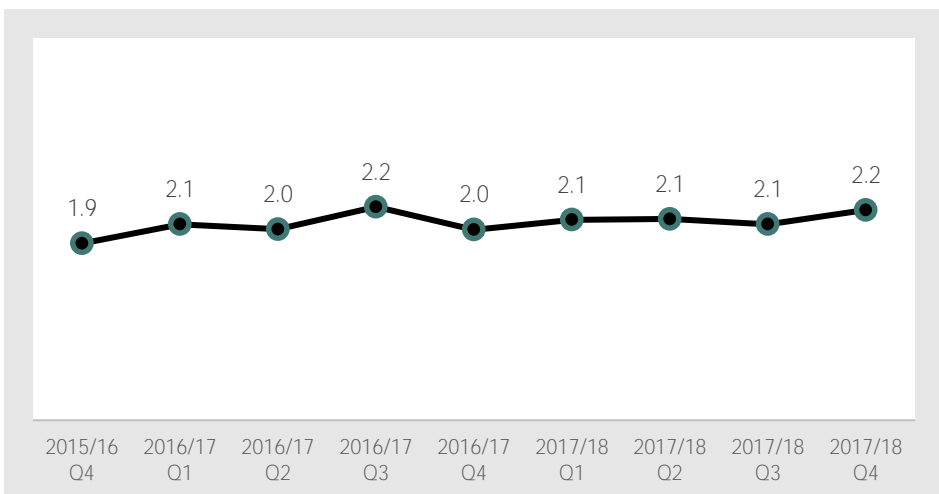
▲ 6.9% over the last year

For June (Q4) 2017/18, the number of dispute applications was **530**.



Between June (Q4) 2015/16 and June (Q4) 2017/18 the dispute rate **increased**.

Disputation Rate | by acceptance quarter *



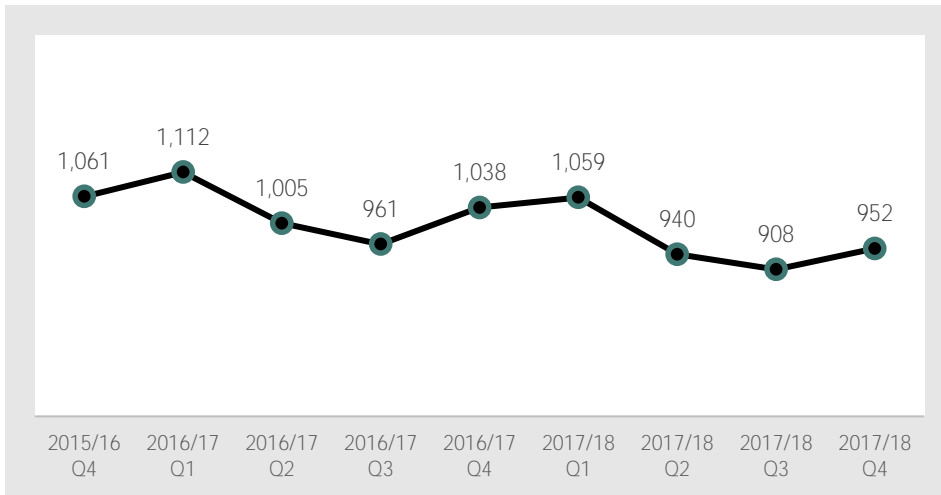
▲ 7.3% over the last quarter

▲ 10.3% over the last year

For June (Q4) 2017/18, the disputation rate was **2.2** 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.

Number of Memoranda of Agreement | by settlement recorded quarter



▲ 4.8% over the last quarter

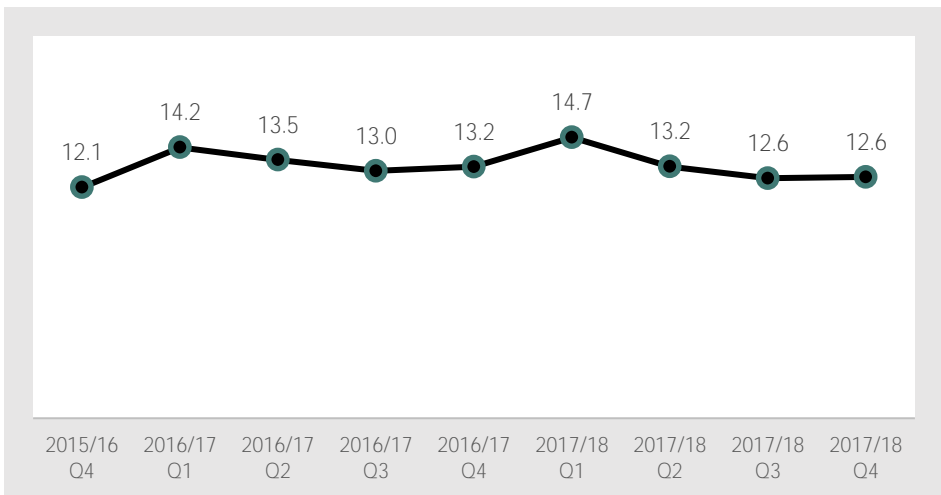
▼ -8.3% over the last year

For June (Q4) 2017/18, the number of Memoranda of Agreement was **952**.



Between June (Q4) 2015/16 and June (Q4) 2017/18 the number of MoAs **decreased**.

Memoranda of Agreement | as proportion of finalised claims

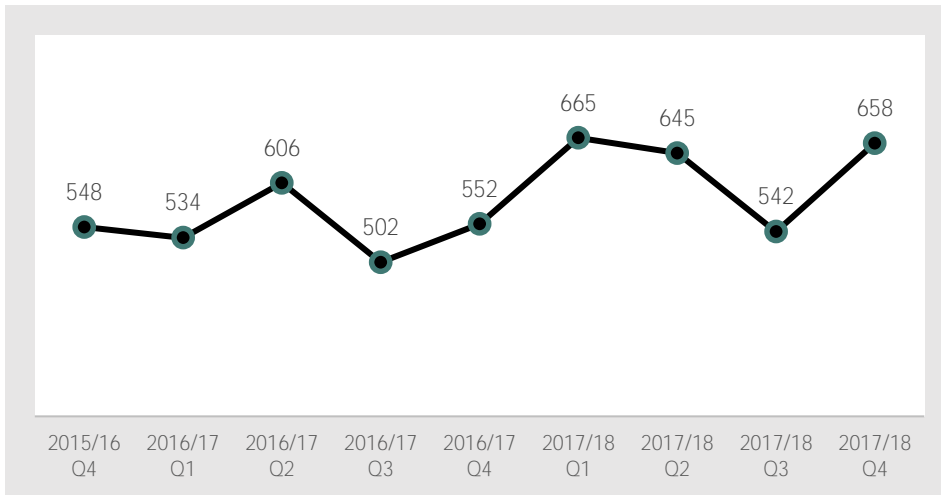


▲ 0.5% over the last quarter

▼ -4.1% over the last year

For June (Q4) 2017/18, the proportion of claims finalised by Memoranda of Agreement was **12.6%**.

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



▲ 21.4% over the last quarter

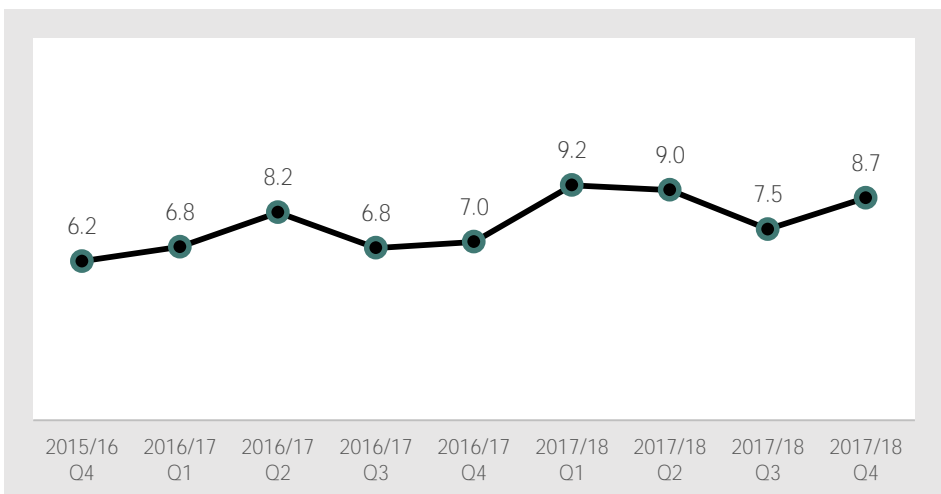
▲ 19.2% over the last year

For June (Q4) 2017/18, the number of section 92(f) deeds was **658**.



Between June (Q4) 2016/17 and June (Q4) 2017/18 the number of S.92(f) deeds **increased**.

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



▲ 16.4% over the last

▲ 24.7% over the last year

For June (Q4) 2017/18, the proportion of claims finalised through Section 92(f) deeds was **8.7%**.

Approved Insurer & Self-Insurer Comparison

2017/18 Q4 | AT A GLANCE

Approved Insurer

6,384 claims
90%

\$216 million
92%

\$34,181
per finalised claim

6.2 months

92.3%

22.0%



Claim Count



Claim Payment



Average Payment
Per Finalised Claim



Median Claim Duration



Initial Liability Decision Within
Legislative Timeframe



Settlement Rate

Self-Insurer

707 claims
10%

\$17.7 million
8%

\$27,175
per finalised claim

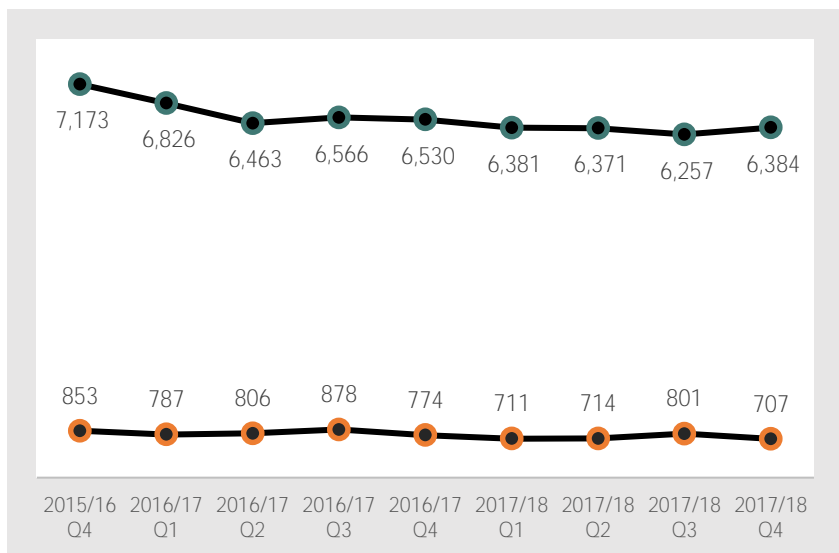
6.7 months

83.3%

16.3%

Approved Insurer & Self-Insurer Comparison

Total number of claims



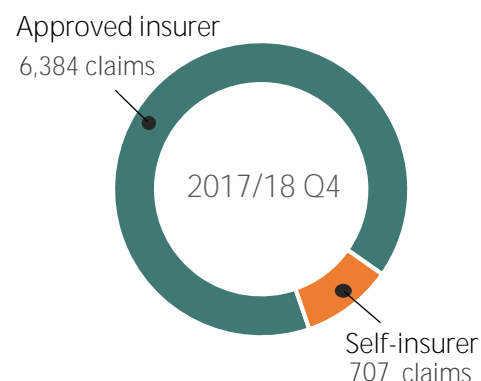
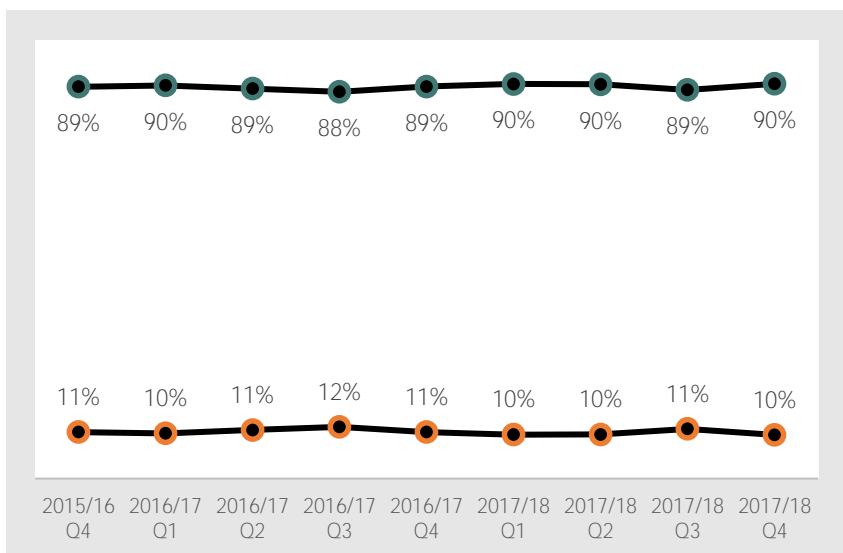
Over the reporting period, the long term trend shows a **decrease** in the number of claims

lodged for approved insurers (-11%) and self-insurers (-17%).

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

- Approved insurer
 - ▲ 2.0% over the last quarter
 - ▼ -2.2% over the last year
- Self-insurer
 - ▼ -11.7% over the last quarter
 - ▼ -8.7% over the last year

Proportion of claims

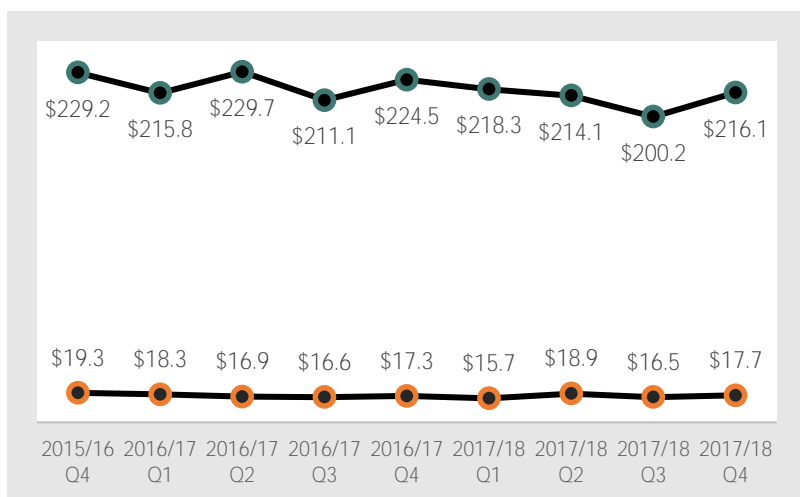


Between June (Q4) 2016/17 and June (Q4) 2017/18, the proportion of claims for approved insurers and self-insurers remained **stable**.

- Approved insurer
 - ▲ 1.6% over the last quarter
 - ▲ 0.7% over the last year
- Self-insurer
 - ▼ -12.1% over the last quarter
 - ▼ -5.9% over the last year

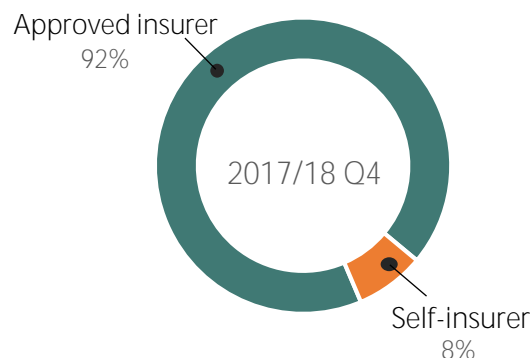
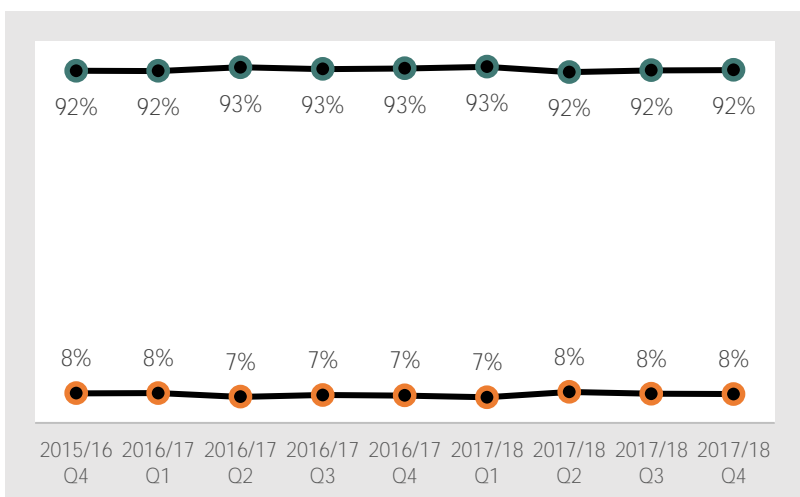
Approved Insurer & Self-Insurer Comparison

Total payments | \$million

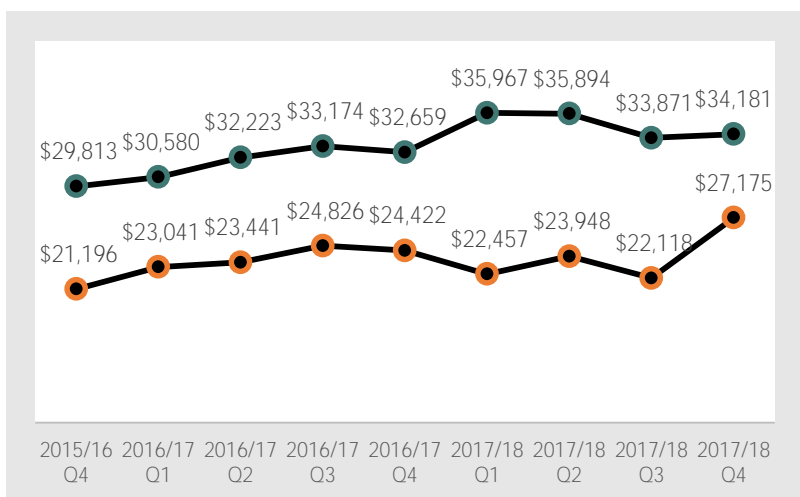


- Approved insurer
 - ▲ 7.9% over the last quarter
 - ▼ -3.7% over the last year
- Self-insurer
 - ▲ 7.0% over the last quarter
 - ▲ 2.2% over the last year

Proportion of payments



Average claim payments | per finalised claim



- Approved insurer
 - ▲ 0.9% over the last quarter
 - ▲ 4.7% over the last year
- Self-insurer
 - ▲ 22.9% over the last quarter
 - ▲ 11.3% over the last year

Approved Insurer & Self-Insurer Comparison

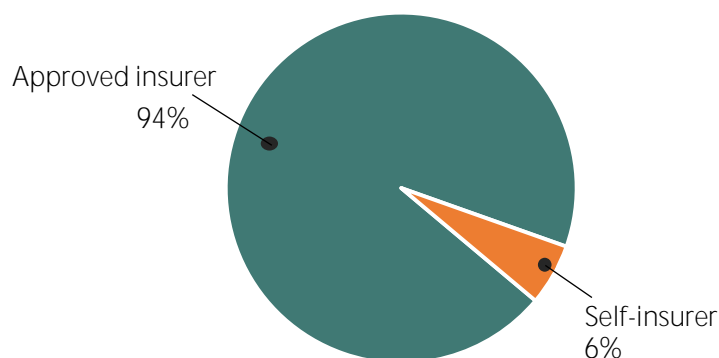
Current claim costs for open claims | Approved Insurer

| Insurer received year | Open claims | Total estimated \$ | Actual paid \$ | Outstanding estimated \$ | % outstanding estimate for all open claims |
|-----------------------|---------------|----------------------|--------------------|--------------------------|--|
| All earlier years | 87 | 15,033,746 | 11,475,941 | 3,557,805 | 23.7 |
| 2009/10 | 26 | 4,803,295 | 3,771,981 | 1,031,313 | 21.5 |
| 2010/11 | 35 | 6,618,587 | 4,382,291 | 2,236,296 | 33.8 |
| 2011/12 | 55 | 12,570,310 | 8,158,790 | 4,411,519 | 35.1 |
| 2012/13 | 113 | 25,584,560 | 17,613,931 | 7,970,629 | 31.2 |
| 2013/14 | 211 | 60,109,578 | 36,624,556 | 23,485,022 | 39.1 |
| 2014/15 | 383 | 103,190,508 | 53,503,537 | 49,686,971 | 48.2 |
| 2015/16 | 955 | 202,240,208 | 119,142,937 | 83,097,270 | 41.1 |
| 2016/17 | 2,583 | 398,135,119 | 223,379,724 | 174,755,395 | 43.9 |
| 2017/18 | 7,915 | 588,040,656 | 238,859,351 | 349,181,305 | 59.4 |
| Total | 12,363 | 1,416,326,566 | 716,913,039 | 699,413,527 | 49.4 |

Current claim costs for open claims | Self-insurer

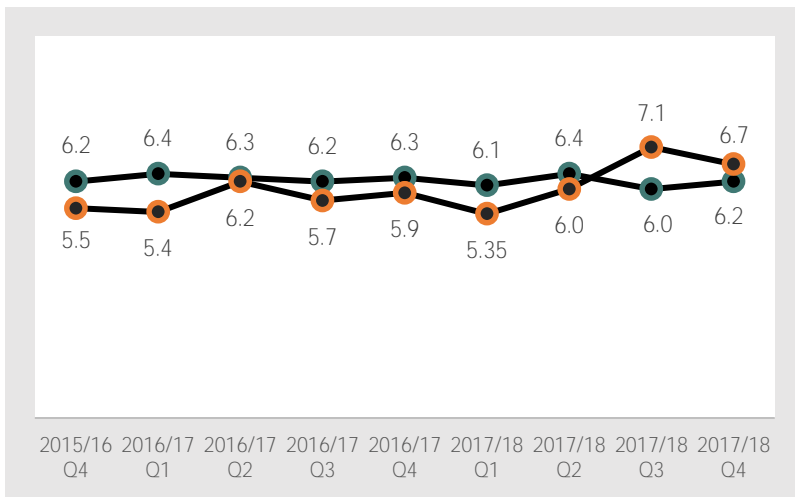
| Insurer received year | Open claims | Total estimated \$ | Actual paid \$ | Outstanding estimated \$ | % outstanding estimate for all open claims |
|-----------------------|--------------|--------------------|-------------------|--------------------------|--|
| All earlier years | 9 | 787,305 | 511,779 | 275,526 | 35.0 |
| 2009/10 | <5 | - | - | - | - |
| 2010/11 | <5 | 966,737 | 679,384 | 287,353 | 29.7 |
| 2011/12 | 5 | 985,568 | 695,723 | 289,845 | 29.4 |
| 2012/13 | <5 | 1,388,648 | 840,093 | 548,556 | 39.5 |
| 2013/14 | 13 | 4,994,508 | 2,781,704 | 2,212,803 | 44.3 |
| 2014/15 | 20 | 4,340,157 | 2,662,462 | 1,677,695 | 38.7 |
| 2015/16 | 68 | 9,211,339 | 5,624,509 | 3,586,830 | 38.9 |
| 2016/17 | 242 | 27,367,779 | 15,588,513 | 11,779,265 | 43.0 |
| 2017/18 | 703 | 35,400,409 | 15,373,023 | 20,027,386 | 56.6 |
| Total | 1,068 | 85,442,450 | 44,757,190 | 40,685,261 | 47.6 |

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 2018.



Approved Insurer & Self-Insurer Comparison

Median Lost-Time Claims Duration by initial finalisation | Months

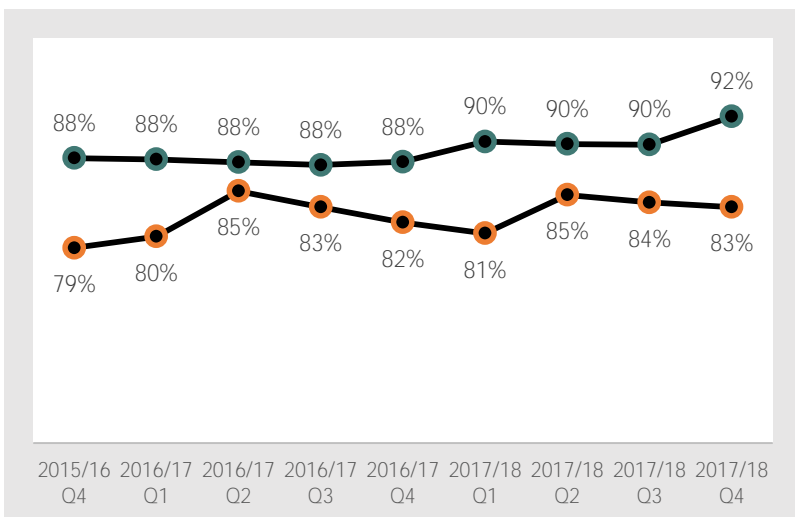


Over the reporting period, the median lost-time claim duration for **approved insurers** shows a **stable** trend from **6.3 months** in June (Q4) 2016/17 to **6.2 months** in the current quarter.

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

- Approved insurer
 - ▲ 3.3% over the last quarter
 - ▼ -1.6% over the last year
- Self-insurer
 - ▼ -6.3% over the last quarter
 - ▲ 12.7% over the last year

Proportion of income claim initial liability decisions made within legislative timeframe



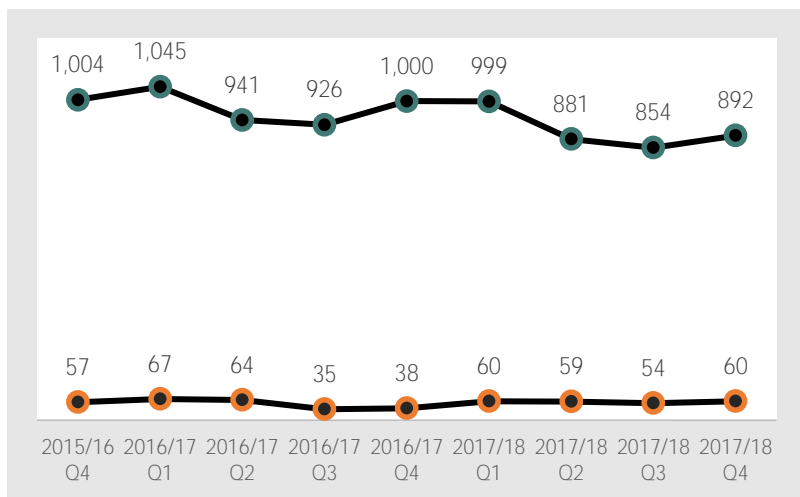
The proportion of income claims where an approved insurer/self-insurer makes an initial liability decision within the specified legislative time requirement **improved** over the reference period.

Between **June (Q4) 2015/16** and **June (Q4) 2017/18**, income claims with liability decision made within the required time for **approved insurers** improved from **88%** to **92%** and **self-insurers** improved from **79%** to **83%**.

- Approved insurer
 - ▲ 3.1% over the last quarter
 - ▲ 5.1% over the last year
- Self-insurer
 - ▼ -0.6% over the last quarter
 - ▲ 1.9% over the last year

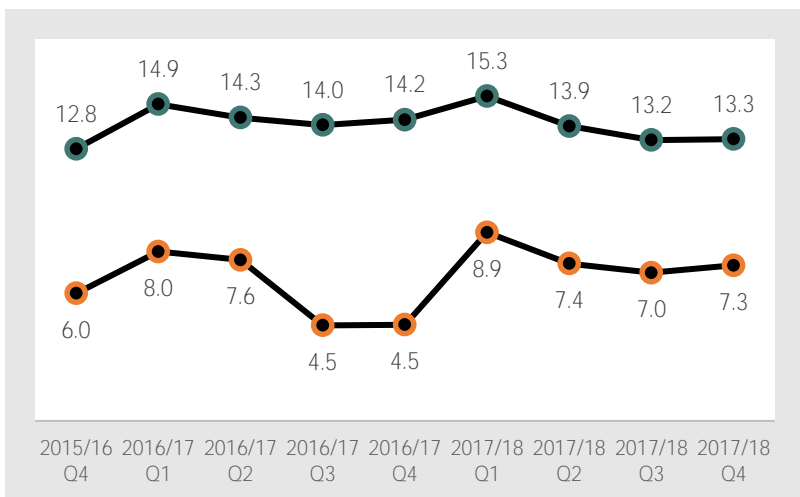
Approved Insurer & Self-Insurer Comparison

Number of Memoranda of Agreement



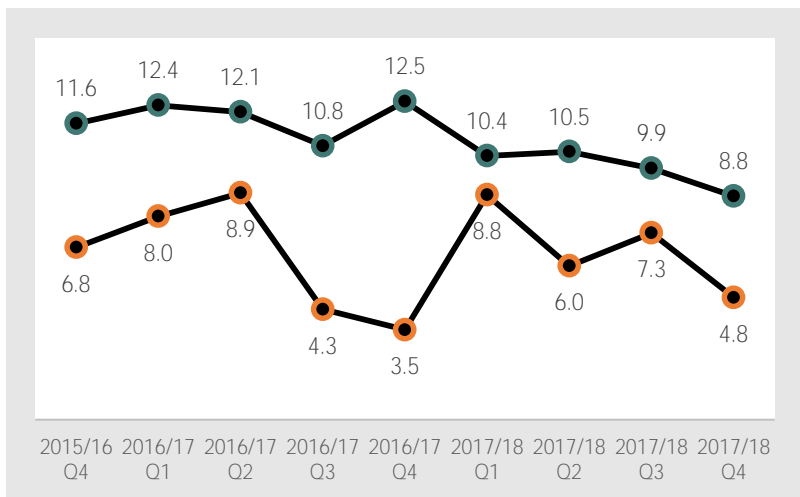
- Approved insurer
 - ▲ 4.4% over the last quarter
 - ▼ -10.8% over the last year
- Self-insurer
 - ▲ 11.1% over the last quarter
 - ▲ 57.9% over the last year

Memoranda of Agreement | as proportion of finalised claims



- Approved insurer
 - ▲ 0.3% over the last quarter
 - ▼ -6.5% over the last year
- Self-insurer
 - ▲ 5.0% over the last quarter
 - ▲ 61.8% over the last year

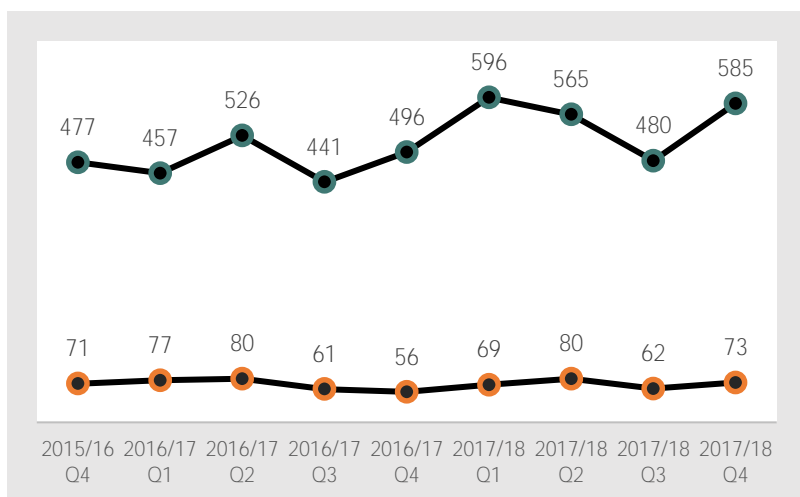
Memoranda of Agreement Payments | as proportion of finalised claim payments



- Approved insurer
 - ▼ -11.1% over the last quarter
 - ▼ -29.8% over the last year
- Self-insurer
 - ▼ -34.5% over the last quarter
 - ▲ 36.0% over the last year

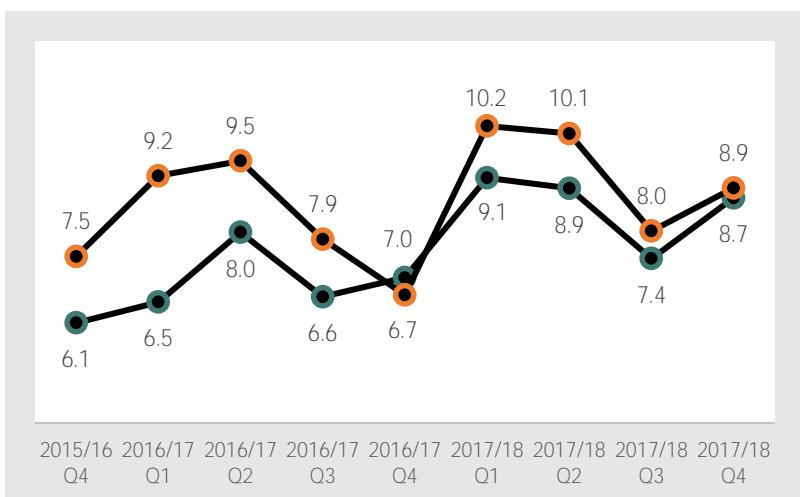
Approved Insurer & Self-Insurer Comparison

Number of Section 92(f) deeds



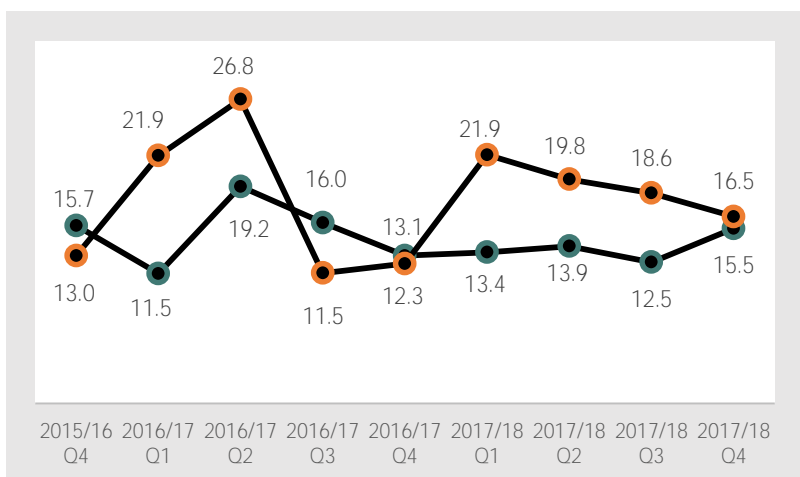
- Approved insurer
 - ▲ 21.9% over the last quarter
 - ▲ 17.9% over the last year
- Self-insurer
 - ▲ 17.7% over the last quarter
 - ▲ 30.4% over the last year

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



- Approved insurer
 - ▲ 17.1% over the last quarter
 - ▲ 23.7% over the last year
- Self-insurer
 - ▲ 11.3% over the last quarter
 - ▲ 33.5% over the last year

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



- Approved insurer
 - ▲ 23.9% over the last quarter
 - ▲ 18.4% over the last year
- Self-insurer
 - ▼ -11.2% over the last quarter
 - ▲ 33.7% over the last year

| 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"> 1. income payments (payments made for absences from work). 2. lump sum payments (including common law): <ul style="list-style-type: none"> - redemption payments made under Schedule 1 - specific injury payments made under Schedule 2 - fatal payments including funeral expenses. - common law and other Acts payments. <p>Payments for treatment services:</p> <ol style="list-style-type: none"> 1. medical and hospital payments: <ul style="list-style-type: none"> - medical practitioner and specialist payments - hospital expenses (hospital accommodation and hospital treatment). 2. allied health and workplace rehabilitation payments: <ul style="list-style-type: none"> - other treatment and appliance payments - workplace rehabilitation payments. <p>Payments for legal and other services:</p> <ol style="list-style-type: none"> 1. legal expenses 2. approved medical specialist service payment and third party referred report 3. miscellaneous payments. |
| 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. |

| 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.**