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Rethinking Scene Attendance: The Economics of Accident Response in Cyprus's Motor Insurance Market

Why dispatching an accident care team to every collision is becoming a cost and customer-experience liability, and how digital triage can preserve evidence quality without the wait.

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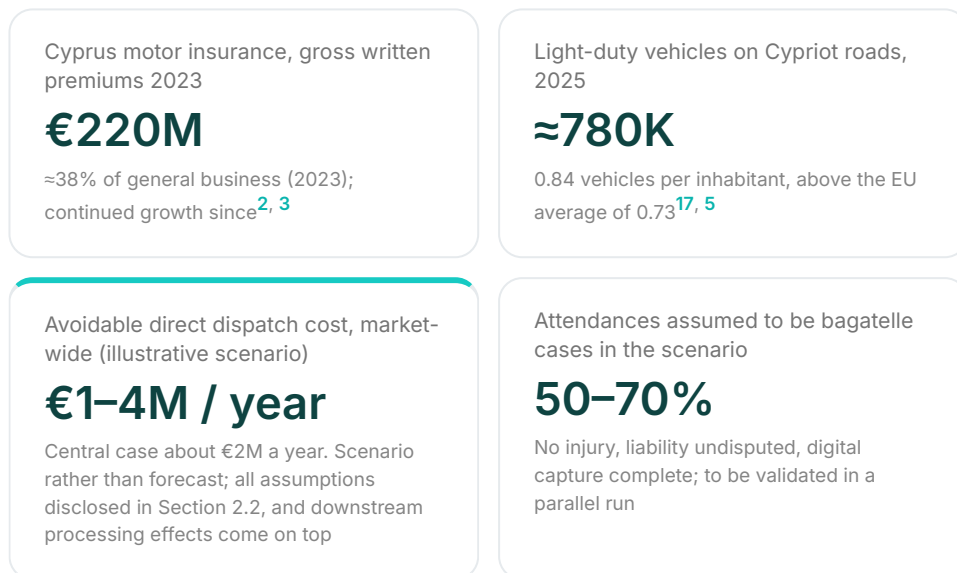
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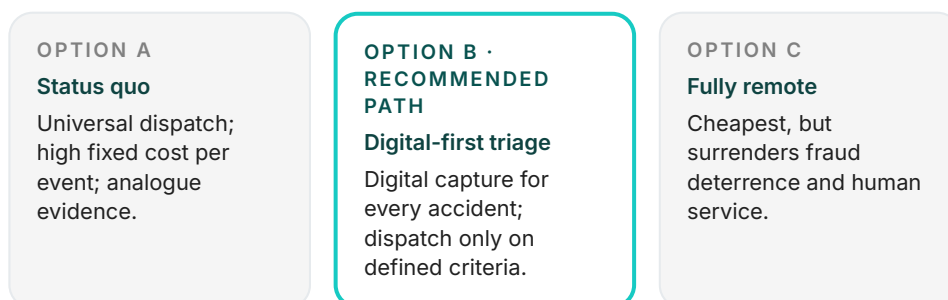
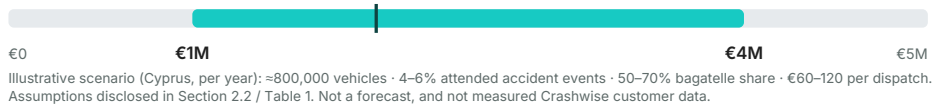
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The decision, on one page

Should Cypriot motor insurers keep dispatching an accident care team to every collision, or capture every accident digitally and dispatch only where presence adds value?



Avoidable dispatch cost per year, market-wide (illustrative scenario)
central case ≈ €2M



The ask of this paper is a measurement decision rather than a technology decision:

1. Run a **Phase-1 parallel pilot**: digital capture alongside today's dispatch (Section 5.2).
2. Answer the **four internal questions**: unit cost, value share, waiting times, legal basis (Section 5.3).
3. Decide on triage, with **market-level standards** coordinated by the association within competition-law limits (Section 4.2).

In short: insurers pilot, the association standardises.

Executive Summary

Cyprus, along with Greece, runs one of the most service-intensive accident response models in Europe. Insurers here maintain 24-hour "Accident Care" services (Φροντίδα Ατυχήματος) as a matter of established market practice, sending a representative out to the scene of a collision to document what happened, well beyond the serious cases the police are obliged to attend.¹ The model made sense when evidence meant paper. Structured digital capture, meaning guided photo documentation, real-time quality checking and the digital involvement of counterparties and witnesses, can now secure evidence at the moment of the accident without anyone being dispatched.¹⁰

Universal attendance, meanwhile, costs much the same per incident whether the damage is severe or trivial. An illustrative scenario in this paper, with every assumption disclosed, puts the direct dispatch cost of attending bagatelle cases at roughly **€1–4 million per year market-wide**, with a central case of about €2 million, and industry research suggests the downstream processing effects are larger still.^{11, 12} What blocks change is strategy rather than technology: accident care is advertised as a differentiator, and no insurer wants to be seen as the first to cut it. Greece is already past that point. A major insurer there offers scene attendance and a guided remote alternative side by side, marketed expressly as reducing waiting at the scene.¹⁶ What was a default is turning into a choice.

The core management decision: retain universal physical scene attendance, or move to a risk-based dispatch model built on digital first capture, sending teams only where they demonstrably add value? Our analysis points towards **triage** instead of abolition. Every accident is captured digitally at the scene, and physical attendance is reserved for defined criteria: injuries, disputed liability, fraud indicators, high damage values, or customers who need human support. The familiar counterarguments, covering fraud deterrence, evidence quality and customer reassurance, each support selective attendance rather than universal attendance. For the Insurance Association of Cyprus there is a further prize: common capture standards and shared triage principles, kept within competition-law limits, could bring claims-handling costs down across the whole market while taking the first-mover risk off every member.

1. How Cyprus responds to motor accidents today

1.1 A dense, ageing fleet and a growing motor book

Motor insurance is a cornerstone of the Cypriot non-life market. Gross written premiums reached approximately €220 million in 2023, about 38 per cent of all general insurance business, within a total insurance market of €1.2 billion.² Motor premium income grew 11.8 per cent year-on-year in the first half of 2024, the most recent period with a separately published motor figure.³ Aggregate growth has since moderated: general insurance premiums rose 7.9 per cent in the first half of 2025,⁴ and market-wide premiums reached €1.02 billion in the first nine months, up 9 per cent.¹⁹ Motor is therefore better described as growing than as growing at double-digit rates.

The structural drivers all point the same way. Cyprus has one of the denser vehicle fleets in Europe, at 0.84 vehicles per inhabitant against an EU average of 0.73, and one of the older ones, with passenger cars averaging 13.0 years against 11.8 years EU-wide.⁵ The fleet comprises roughly 780,000 light-duty vehicles (2025),¹⁷ and new registrations continue to grow, rising a further 1.1 per cent in January to July 2025 on top of strong growth in 2024.⁶ More vehicles, older vehicles and a growing book add up to one operational certainty: more accident events every year.

1.2 The scene-attendance model

Against this backdrop, Cypriot insurers compete hard on accident-scene service. Running a 24-hour Accident Care service that sends a representative to the scene of a collision is established market practice, and that representative helps document the accident through photographs, statements, sketches, and the details of participants and witnesses.¹ The police, by contrast, are legally required to attend only where there is serious injury. For minor collisions they may not attend at all.¹ Two Motor Insurers' Fund requirements are sometimes read as general obligations, though both are specific to claims made against the Fund. Where an uninsured vehicle is involved, the Fund must inspect the damage before repairs commence. Where the vehicle is untraced, the police must attend or record the accident within 48 hours. Neither rule applies to an ordinary collision between two insured parties.⁷

Greece runs the same model,¹⁶ and Section 4.2 looks at what is changing there.

Attendance is not reserved for severe or contested cases. Parking scrapes and low-speed rear-end incidents, with no injuries and undisputed circumstances, all fall within the market's standard service promise.

1.3 Why the model exists, and what it gets right

The scene-attendance model deserves a fair hearing, and it emerged for good reasons. A trained representative secures photographs, statements and counterparty details at source, before vehicles are moved and recollections

diverge. The known presence of a professional raises the cost of staging or exaggerating an accident. For injured, elderly or distressed drivers, a human being who takes charge is a genuine service. And in a fault-based system, early neutral documentation protects both sides where liability is contested.

KEY QUESTION

Any credible reform has to preserve these four functions. What is at issue is whether preserving them requires a physical dispatch to every accident, or only to the minority where they are genuinely at stake.

ECONOMICS

2. Why universal attendance is under pressure

2.1 The economics: a fixed cost applied to every event

Universal scene attendance means that every collision, whatever its severity, sets off much the same operational sequence: a 24/7 call-centre intake, the dispatch of a staffed unit, travel time, on-scene documentation, and the manual transfer of collected material into claims systems. What the sequence costs has little to do with what the claim is worth: a minor parking scrape can cost more to attend than to repair. Three effects compound from this structure:

- **High loss-adjustment expense on small claims.** Dispatch, travel and standby costs accrue per event rather than per euro of damage, so small claims carry structurally excessive handling costs.
- **Capacity misallocation.** Specialist assessors spend much of their capacity on trivial, undisputed cases, leaving less for the complex, contested or suspicious claims where expertise pays.
- **Peak-load staffing.** Round-the-clock readiness across all districts is sized for demand peaks, so the fixed cost base grows with traffic volume rather than with risk.

2.2 An illustrative scenario: sizing the prize

No public statistics exist on dispatch volumes or costs in Cyprus, which is one reason this debate has never been had in quantitative terms. What follows is therefore **explicitly illustrative**. Every assumption is disclosed, and each insurer should replace the ranges with its own dispatch data (Section 5.3).

Parameter	Assumed range	Basis
Vehicle fleet in Cyprus	≈ 800,000	European Alternative Fuels Observatory: 780,554 light-duty vehicles (M1+N1) in 2025; heavier vehicle classes add to this figure ¹⁷
Accident events with scene attendance per year	4–6% of fleet → 32,000–48,000	Assumption; to be validated against insurers' dispatch logs

Parameter	Assumed range	Basis
Share of attendances that are bagatelle cases (no injury, liability undisputed, digital capture complete)	50–70%	Assumption; to be validated in a Phase 1 parallel run
Fully loaded cost per dispatch (staff, vehicle, travel, 24/7 standby, administration)	€60–120	Assumption; to be replaced by each insurer's unit-cost calculation

Table 1: Scenario assumptions (illustrative, not a forecast). Source: authors' scenario; assumption basis as stated per row.

On these assumptions, somewhere between 16,000 and 34,000 dispatches a year across the market go to accidents where physical presence adds nothing in evidential or service terms. The direct cost of those runs to something in the order of **€1 million to €4 million per year market-wide**, or €5–20 million over five years. The prize for an individual insurer scales with its share of the motor book: under the same assumptions, an insurer writing 10 per cent of the market's motor business avoids roughly €0.1–0.4 million a year in direct dispatch costs, and a quarter of the market implies roughly €0.25–1.0 million, again before downstream processing effects. Taking the mid-point of each assumption gives a central case of about €2 million a year, or roughly €11 million over five years.

Three caveats belong beside that number. It is a scenario and not a measurement. It counts only the direct dispatch cost, leaving out the downstream costs of manual re-keying, slower cycle times and blocked automation, which industry research consistently identifies as the larger lever.¹¹ ¹² And its point is materiality rather than precision: the number is large enough to deserve a board-level answer based on real dispatch data.

2.3 The customer experience: waiting as a service failure

The model was designed as a service differentiator, and for minor accidents it increasingly delivers the opposite. Drivers are expected to stay at the scene until the accident care unit arrives, even where the damage is trivial, traffic is blocked, and they could be on their way within minutes.

The commercial stakes are well documented. In Accenture's global survey of 6,754 policyholders, 31 per cent of claimants were not fully satisfied with their most recent claim; of these, 60 per cent pointed to settlement speed, 30 per cent had already switched insurers, and 47 per cent were considering it. Accenture puts up to US\$170 billion of premiums globally at risk from poor claims experiences over five years.¹¹

Claims-outcome data support the link between speed and satisfaction, with one qualification. In J.D. Power's 2025 US study, repair cycle times fell from 22.3 to 19.3 days and satisfaction in that segment rose 9 points, while overall satisfaction stayed flat because deductibles and total losses pulled the other way.⁸ Cycle time is one lever among several rather than the whole story. Digital-first carriers show where expectations now sit: Zurich UK cut claim submission

to roughly 13 minutes, and Allstate cut filing time from four minutes to 43 seconds.⁹ Europe's insurance supervisor records the same shift:

"Around half of EU consumers and half of reporting NCAs indicated that the use of automated tools has made claims processing faster and easier to navigate."

— EIOPA press release on the Consumer Trends Report 2024¹⁰

Customers judge every service against every other service they use. Measured that way, a compulsory roadside wait for a bagatelle claim reads as friction rather than care.

2.4 The strategic cost: no structured data, no automation

The least visible cost of the current model is a data cost. Scene attendance produces largely analogue outputs, meaning photographs, handwritten statements and forms, all of which have to be re-keyed by hand, and that caps how far downstream processing can be automated. McKinsey projects that by 2030 a substantial share of claims activities could be automated, with straight-through processing of simple claims already technically feasible, though only where the input data is structured and complete from the first notice of loss onward.¹² Claims organisations see the gap themselves: in Accenture's research, 79 per cent of claims executives said automation and AI can add value across the whole claims chain, while only 35 per cent reported advanced adoption.¹¹

KEY INSIGHT

The most labour-intensive data-collection practice in this market is the one producing its least automatable data.

OBJECTIONS

3. The counterarguments, taken seriously

Any honest analysis has to engage with the strongest objections to reducing physical attendance. Each of them is legitimate. None of them, once examined, requires universal attendance.

The fraud objection deserves particular attention, because it is quantitatively real. Insurance Europe estimates that detected and undetected fraud together account for around 10 per cent of all claims expenditure in Europe.¹³ In the United Kingdom, one of the few markets publishing detailed fraud statistics, insurers detected £1.16 billion of fraudulent claims in 2024, with motor accounting for £576 million and exaggeration the most common type at £466 million.¹⁴ Two things follow. Fraud control is a genuine design requirement for any reformed model. And exaggeration is exactly what time-stamped, geo-referenced capture at the scene makes harder, because damage documented minutes after the event leaves little room for later inflation.

Objection	What is true about it	What it actually implies
"Physical presence deters fraud"	Fraud is around 10% of European claims expenditure; ¹³ presence raises the bar for staging	Keep dispatch for fraud indicators; use time-stamped, geo-referenced capture to improve plausibility checks, above all against exaggeration ¹⁴
"An assessor secures better evidence"	Untrained parties take poor photographs and omit essentials	Guided capture with real-time quality checks (mandatory perspectives, completeness, counterparty and witness flows) addresses exactly this failure mode
"Customers expect someone to come"	For injured, elderly or distressed customers, human presence is the service	Keep attendance on request and for defined vulnerable segments, as a choice rather than a default service
"Liability is contested in a fault-based system"	Early neutral documentation protects both sides	Digitally signed statements from all parties at the scene serve the same function; genuinely disputed cases remain dispatch criteria
"Electronic statements may carry less weight"	Evidentiary treatment of electronic documentation needs assessment under Cypriot law	A legal review is a prerequisite of implementation, not a reason to keep universal dispatch for bagatelle cases

Table 2: Objections to reduced scene attendance and their practical implications. Source: authors' analysis.

AN HONEST NOTE ON THE EVIDENCE BASE

The studies cited here establish the links between speed, satisfaction, structured data and automation. None of them compares digital capture head-to-head against physical attendance, because that comparison does not yet exist in published research. This is exactly why the phased model in Section 5 opens with a parallel run: it generates the comparison inside each insurer's own portfolio instead of asking boards to take the equivalence on faith.

The same pattern runs through all five objections. They justify **selective, criteria-based attendance**. None of them justifies sending a team to a minor, undisputed, injury-free collision whose circumstances both parties confirm digitally at the scene.

4. Strategic options, and why nobody has moved yet

4.1 Three postures

Three strategic postures are available, and they differ in cost impact, customer experience and risk.

Criterion	Option A: Status quo (universal dispatch)	Option B: Digital-first triage (hybrid)	Option C: Fully remote digital FNOL
Cost per small claim	High: full dispatch cost regardless of severity	Substantially lower for bagatelle cases (hypothesis, to be validated in pilot)	Lowest
Waiting time for minor accidents	Roadside wait until the team arrives*	Minutes, using digital capture with no mandatory wait	Minutes
Fraud control	Deterrence via presence	Targeted presence + data-based plausibility checking	Weakest without additional controls
Automation potential downstream	Low, because of manual re-keying	High, with structured data from first capture	High
Change effort / market risk	None	Moderate; pilotable in parallel with existing model	High: abrupt break with expectations

Table 3: Strategic options compared; evidence quality and customer reassurance are covered in Table 2. Source: authors' analysis. *Actual waiting times are not publicly measured; insurers should validate against their own dispatch data.

Option C, the outright abolition of scene attendance, would be as much a mistake as Option A: it surrenders the fraud-deterrence and service functions the Cypriot model gets right. The opportunity lies in Option B. Keep the accident care capability, and stop applying it indiscriminately.

4.2 The first-mover dilemma, and how the deadlock breaks

If Option B is economically superior, why has no Cypriot insurer adopted it? The barrier is strategic rather than technical. Accident care is an advertised differentiator in Cyprus, and the first insurer to stop attending bagatelle accidents invites a one-line competitive attack, "they no longer come when you have an accident," which is cheap to make and expensive to rebut. So every insurer carries on funding a universal service that most would privately prefer to reform. It is a collective-action problem of a very ordinary kind.

Two developments weaken this deadlock.

The neighbouring market is already moving. Greece shares the Φροντίδα Ατυχήματος tradition, and Generali there gives customers an explicit choice at the scene: wait for a specialised representative, or complete the report remotely through a guided digital flow with document upload, photo evidence and digital signature.¹⁶ The framing is what matters. The digital path is additional choice rather than a service being withdrawn, and the customer decides. A first mover with the same framing would not be taking a service away. It would be adding an option most customers with a scratched bumper are likely to prefer.

The association can remove the first-mover risk entirely. If capture standards, baseline triage principles and customer communication guidelines are developed at market level, no individual insurer is exposed to the "service cut" attack, and aggregate claims-handling costs fall without competitive positions being distorted. One caveat is essential: coordination must stay strictly limited to technical standards, data formats and interoperability, never premiums, prices or restrictions on competitive service levels, and it should be designed from the outset with competition-law advice under Cypriot and EU law.

4.3 Why now

FOUR FORCES, ONE DIRECTION

Several developments are converging. Smartphones are in every pocket, and the AI models that structure photos, voice and documents are market-ready. Customers increasingly expect digital processes,¹⁰ cost pressure on claims operations keeps rising, and eCall is turning the accident scene into a digital data source by regulation.¹⁵ With a hybrid model live in Greece,¹⁶ the regional precedent exists too. It is rare for technology, customer expectation, cost pressure and a neighbouring precedent to point in the same direction at once.

TRIAGE

5. The triage model in practice

What triage means in practice is easiest to see in two everyday cases.

A parking scrape in Nicosia

One scratched bumper, no injuries, liability undisputed. The driver scans a QR code and follows the guided photo flow; the counterparty confirms the facts on their own phone. Ten minutes later both are on their way, and a quality-checked claim file is already with the insurer. Nobody was dispatched.

A junction collision with an injury

Two cars, a disputed right of way, a passenger with neck pain. Digital capture starts the same way, and the triage rules dispatch the accident care team at once. The team documents the case through the same flows, so the file arrives just as structured. Presence where it matters, data quality everywhere. (Illustrative examples, not customer cases.)

5.1 The target process

Under a digital-first triage model, every accident starts with structured digital capture at the scene, taken on the customer's smartphone, with no app installation required for counterparties or witnesses. In substance this digitises what EU guidance has long recommended drivers complete at the scene: the European Accident Statement, the common form designed to "help you quickly collect all the necessary information and ... make it easier to settle any insurance claims."¹⁸ Digital capture then extends that form with guided photo evidence, real-time quality checks and identity confirmation. A rules-based triage determines what happens next:

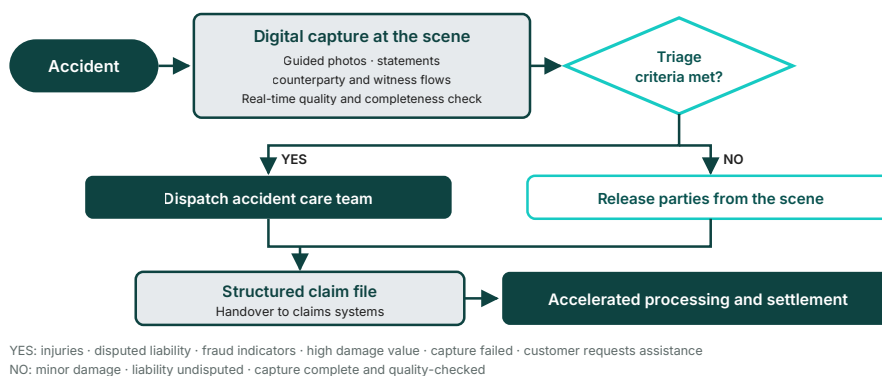


Figure 1: Digital-first triage for accident response (target model). Conceptual diagram; depicts a target operating model, not the current market process. Digital capture and quality checking of the type described are productively available technologies; the triage rules themselves are defined by each insurer. Source: authors' illustration.

DESIGN PRINCIPLE

Digital capture is universal; physical attendance is conditional. The accident care team stops being the default first responder and becomes a precision instrument, deployed where its presence genuinely changes the outcome.

At European level the direction of travel is already set. Since 2018, every new car type approved in the EU has had to be equipped with eCall, which

automatically contacts the 112 emergency services with location data in the event of a serious crash.¹⁵ Regulation is turning the accident scene into a digital data source. Whether insurers' response processes keep pace with it is a separate question.

Sensible starting criteria are the ones in Figure 1: bodily injury of any severity, disputed or unclear liability, fraud indicators, damage above a defined value threshold or fleet vehicles with contractual requirements, failed or incomplete digital capture, and customer request or defined vulnerable segments. Whatever the exact set, the criteria should be explicit, auditable and reviewed periodically.

5.2 A phased path rather than a leap

A credible implementation avoids a hard cut-over:

Phase 1. Evidence building (parallel run). Digital capture runs alongside the existing dispatch model. Teams still attend, working through the same digital flows, so even attended cases produce structured data without re-typing. The parallel run produces the decisive dataset: in what share of attendances did presence add value beyond the digital record? It is also the point at which to review accident-care supplier contracts and any policy wording that commits the insurer to physical attendance.

Phase 2. Selective non-dispatch. For defined bagatelle profiles with complete, quality-checked capture, the dispatch is waived and communicated as customer choice, following the Greek framing.¹⁶ Waiting-time, cost, leakage and complaint metrics are monitored against the Phase 1 baseline.

Phase 3. Market-level standards. The association coordinates what no single insurer can achieve alone: common capture standards, shared triage principles and a consistent customer communication line, within the competition-law limits of Section 4.2.

5.3 What leaders should examine now

Four internal questions create clarity before any strategic commitment, and they turn the scenario in Section 2.2 into a real business case.

1. **Unit economics:** What does one scene attendance actually cost, fully loaded, including 24/7 standby capacity and travel time?
2. **Value share:** In what percentage of last year's attendances did the on-scene team record anything a guided digital capture would not have secured?
3. **Waiting times:** What is the actual distribution of customer waiting times at the scene, by district and time of day?
4. **Legal basis:** What evidentiary weight do electronically signed scene statements carry under Cypriot law and current claims practice? (This requires a formal legal review.)

Insurers that cannot answer these questions today are running their most customer-visible claims process without its most basic performance data.

5.4 What could the full journey look like?

Triage is only the entry point. A bagatelle claim that starts as a structured, quality-checked file can move through estimation, plausibility screening and settlement with little manual handling: the customer learns immediately what happens next, can be steered within the insurer's own repair network, and receives payment days rather than weeks after the accident. Figure 2 sketches that journey at market level.

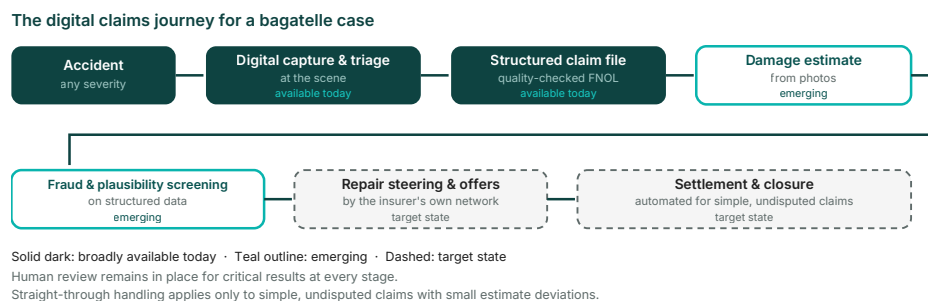


Figure 2: The digital claims journey for a bagatelle case (market-level target picture, Cyprus/EU context). Stage maturity as labelled; this is a description of where the market can go, not a list of product claims. Source: authors' illustration.

Straight-through handling stays realistic only for simple, undisputed claims with small estimate deviations, and critical results remain subject to human review. Everything downstream depends on the quality of the first mile, which is the subject of this paper.

DECISION

6. The risk of doing nothing

The status quo is not a neutral option. Motor premium growth at its current magnitude,³ combined with a vehicle fleet that is both dense and growing,^{5, 6} means dispatch volumes and the fixed cost base attached to them will expand year after year. Three external pressures build alongside that:

- **Cost pressure.** In the scenario of Section 2.2, avoidable dispatch costs alone reach €5–20 million market-wide over five years, with a central case near €11 million, before the downstream costs of manual processing.^{11, 12}
- **Experience gap.** Customer expectations are being set by digital services measured in minutes,^{8, 9} and dissatisfied claimants demonstrably switch.¹¹ With a hybrid model already live in Greece,¹⁶ the "document it in minutes and drive on" proposition will arrive in Cyprus. The open questions are which insurer offers it first, and whether the market meets it in a coordinated way or under pressure.
- **Automation ceiling.** Without structured first-mile data, the downstream automation projected for this decade¹² stays out of reach, however much is invested in claims systems further down the chain.

The window for an orderly, association-coordinated evolution is open now. It narrows with every year in which the cost base and the expectation gap grow in parallel.

About Crashwise

Crashwise builds the structured first mile of this journey, and it is productively available today:

- AI-supported multimodal accident capture on the smartphone, with guided photos plus real-time quality and completeness checks;
- QR-code web flows that bring counterparties and witnesses into the same case, with no app installation;
- automatic structuring into a claim file with signed PDF reports, plus dashboards, data export, APIs and single sign-on for integration into existing processes.

Accident care teams can work through the same flows at the scene, so attended cases arrive just as structured as self-reported ones. AI supports the processing and structuring of multimodal data, while critical results are reviewed by humans.

If you want to explore what a Phase-1 parallel run would look like in your claims organisation, or how common capture standards could work at market level, the simplest next step is a conversation. You can reach Matthias Schmidt at matthias.schmidt@crashwise.app. Further information: www.crashwise.app



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Disclaimer. This whitepaper is provided for general information and professional orientation only, and does not constitute legal, insurance, financial or business advice. The assessments rest on sources available at the time of publication. The scenario in Section 2.2 is illustrative and rests entirely on the disclosed assumptions; it is neither a forecast nor a measurement. Statements on the evidentiary treatment of digitally captured documentation, and any market-level coordination of standards, require review by qualified legal counsel in the relevant jurisdiction. Cost and efficiency effects described here are hypotheses or strategic objectives, not guaranteed outcomes.

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