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Our Ref:        { MERGEFIELD MATTER\_FEE\_EARNER\_ID }/{ MERGEFIELD  
                 client\_no }/{ MERGEFIELD matter\_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ \\*  
MERGEFORMAT }

{ MERGEFIELD TK\_PISPECDAM\_tkEMPLOYERNAME }  
{ MERGEFIELD TK\_PISPECDAM\_tkEMPADDRESS }

Dear Sirs

**Accident Date**        : { MERGEFIELD TK\_ACCDETS\_tkACCDATE }  
**Our Client**            : { MERGEFIELD "LINKNAME\_FORENAME\_1" } {  
                             MERGEFIELD LINKNAME\_SURNAME\_1 }  
**Date of Birth**         : { MERGEFIELD TK\_PICLIENTINFO\_tkCL\_DOB }  
**NI No.**                 : { MERGEFIELD TK\_PICLIENTINFO\_tkNINUMBER }

We act on behalf of our above-named client and your above-named employee in connection with a claim for personal injury. We are informed that as a result of injuries sustained our client was away from work and lost earnings.

To enable us to calculate our Client's wage losses arising out of the accident we should be grateful to receive the following information:

1. Details of the exact dates of our Client's absence from work.
2. Details of our Client's net earnings for the 3 months prior to the accident.
3. Details of our Client's gross earnings for the 3 months prior to the accident.
4. Details of our Client's net and gross earnings since returning to work.
5. If any monies paid are repayable to you in the event of a successful damage claim, please provide a calculation as to the amount due to you and let us have a copy of the relevant section of our client's contract of employment.
6. Any other employment losses (for example lost bonus or promotion) arising from the accident.

{ IF { MERGEFIELD TK\_ACCDETS\_tkACCTYPE } <> "Employers Liability" "

We confirm that our Client's claim does not involve yourselves.

We greatly appreciate your assistance in this matter for which we thank you in anticipation and look forward to hearing from you." "

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Yours faithfully

{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*upper }