

OUR REF: { MERGEFIELD "Client\_No" }/{ MERGEFIELD "Matter\_No" }

**SETTLEMENT AUTHORITY**

I, { MERGEFIELD LINKNAME\_FORENAME\_1 } { MERGEFIELD "LINKNAME\_SURNAME\_1" } of { MERGEFIELD "CLIENT\_HOUSE" }, { MERGEFIELD "CLIENT\_POSTAL\_TOWN" }, { IF { MERGEFIELD CLIENT\_COUNTY }= "" "" "{ MERGEFIELD "CLIENT\_COUNTY" }, " } { MERGEFIELD CLIENT\_POSTCODE }, confirm that

I agree /do not agree \*(delete as applicable)

with the valuation of my claim by my solicitors { MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME } of { MERGEFIELD PRACTICEINFO\_HOUSE }, { MERGEFIELD "PRACTICEINFO\_AREA" }, { MERGEFIELD PRACTICEINFO\_POSTAL\_TOWN }, West Midlands, { MERGEFIELD PRACTICEINFO\_POSTCODE } and I agree with the contents of the medical report of { IF { MERGEFIELD TK\_PIINJMEDDETS\_TKMED\_EXP\_INSTR } = "Expert 1" "{ MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT1\_title" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT1\_forename" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT1\_surname" }" "{ IF { MERGEFIELD TK\_PIINJMEDDETS\_TKMED\_EXP\_INSTR } = "Expert 2" "{ MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT2\_title" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT2\_forename" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT2\_surname" }" "{ IF { MERGEFIELD TK\_PIINJMEDDETS\_TKMED\_EXP\_INSTR } = "Expert 3" "{ MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT3\_title" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT3\_forename" } { MERGEFIELD "TK\_PIINJMEDDETS\_tkMEDEXPERT3\_surname" }" "" }" }" } and the Schedule of Special Damages.

I now instruct my solicitors { MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME } to proceed with settlement of my claim for personal injuries on the basis of the above medical report, Schedule and valuation.

PLEASE PUT ANY ADDITIONAL COMMENTS YOU HAVE ON THE MEDICAL EVIDENCE AND SCHEDULE HERE IF YOU DO NOT AGREE.

Signed.....

Dated.....

**PLEASE RETURN THIS FORM WITHIN 7 DAYS TO AVOID DELAY OF THE  
SETTLEMENT OF YOUR CLAIM**