

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

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy" } }

```
{ IF { MERGEFIELD RTA_2_2_3_2_RT_A_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD RTA_2_2_3_1_RT_A_NAME } { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD RTA_2_2_3_1_RT_A_NAME } { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD RTA_2_2_3_1_RT_A_NAME } { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD RTA_2_2_3_1_RT_A_NAME } { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "Please Select" "{ MERGEFIELD RTA_2_2_3_1_RT_A_OTHERTITLE }" "Please select a title" }" }" }" }" "{ MERGEFIELD RTA_2_2_3_2_RT_A_COMPANYNAME }" }
{ IF { MERGEFIELD RTA_2_2_3_2_RT_A_COMPANYNAME }= "" "{ MERGEFIELD RTA_2_2_3_1_RT_A_HOUSENAME \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_HOUSENUMBER \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_STREET1 \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_STREET2 \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_DISTRICT \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_CITY \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_COUNTY \f "" }
{ MERGEFIELD RTA_2_2_3_1_RT_A_POSTCODE \f "" }" "{ MERGEFIELD RTA_2_2_3_2_RT_A_HOUSENAME \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_HOUSENUMBER \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_STREET1 \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_STREET2 \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_DISTRICT \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_CITY \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_COUNTY \f "" }
{ MERGEFIELD RTA_2_2_3_2_RT_A_POSTCODE \f "" }" }
```

```
Dear { IF { MERGEFIELD RTA_2_2_3_2_RT_A_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD RTA_2_2_3_1_RT_A_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RT_A_TITLETYPE } = "Please Select" "{ MERGEFIELD RTA_2_2_3_1_RT_A_OTHERTITLE }" "Please select a title" }" }" }" }" }" "Sirs" }
```

Re: { MERGEFIELD LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 } v { IF { MERGEFIELD RTA 2 2 3 2 RTA\_COMPANYNAME }= "" "{ MERGEFIELD RTA 2 2 3 1 RTA\_NAME \f" "{ MERGEFIELD RTA 2 2 3 1 RTA\_MIDDLENAME \f" "{ MERGEFIELD RTA 2 2 3 1 RTA\_SURNAME }" "{ MERGEFIELD RTA 2 2 3 2 RTA\_COMPANYNAME }" }  
Road Traffic Accident Claim  
{ IF { MERGEFIELD RTA\_COURT\_FW\_CASE\_NO }<> "" " Case No: { MERGEFIELD RTA\_COURT\_FW\_CASE\_NO }" "" }

We are instructed by the above named to claim damages in connection with a road traffic accident which occurred on [DATE] at [GIVE DESCRIPTION OF ACCIDENT].

Please confirm the identity of your insurers. Please note that the insurers will need to see this letter as soon as possible and it may affect your insurance cover and/or the conduct of any subsequent legal proceedings if you do not send this letter to them.

Clear summary of the facts

The circumstances of the accident are:-

*(brief outline)*

Liability

The reason why we are alleging fault is:

*(simple explanation)*

**We are obtaining a police report and will let you have a copy of the same upon your undertaking to meet half the fee.**

### **Injuries**

A description of our clients' injuries is as follows:-

*(brief outline)* **The description should include a non-exhaustive list of the main functional effects on daily living, so that the defendant can begin to assess value / rehabilitation needs.**

Our client (state hospital reference number) received treatment for the injuries at (*name and address of hospital*).

Our client is still suffering from the effects of his/her injury. We invite you to participate with us in addressing his/her immediate needs by use of rehabilitation.

### **Loss of earnings**

He/She is employed as (*occupation*) and has had the following time off work (*dates of absence*). His/Her approximate weekly income is (insert if known).

### **Other Financial Losses**

We are also aware of the following (likely) financial losses:-

**Details of the insurer**

We have also sent a letter of claim to (*name and address*) and a copy of that letter is attached. We understand their insurers are (*name, address and claims number if known*).

At this stage of our enquiries we would expect the documents contained in parts (*insert appropriate parts of standard disclosure list*) to be relevant to this action.

A copy of this letter is attached for you to send to your insurers. Finally we expect an acknowledgment of this letter within 21 days by yourselves or your insurers.

Yours { IF { MERGEFIELD RTA\_2\_2\_3\_2\_RTACOMPANYNAME }= "" "sincerely"  
"faithfully" }

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }