

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

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_RTA_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "Please Select" "{ MERGEFIELD RTA_2_2_3_1_RTA_OTHERTITLE }" "Please select a title" }" }" }" }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" }

{ IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA_2_2_3_1_RTA_HOUSENAME \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_HOUSENUMBER \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_STREET1 \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_STREET2 \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_DISTRICT \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_CITY \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_COUNTY \f "" }

{ MERGEFIELD RTA_2_2_3_1_RTA_POSTCODE \f "" }" "{ MERGEFIELD RTA_2_2_3_2_RTA_HOUSENAME \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_HOUSENUMBER \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_STREET1 \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_STREET2 \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_DISTRICT \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_CITY \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_COUNTY \f "" }

{ MERGEFIELD RTA_2_2_3_2_RTA_POSTCODE \f "" }" }

Dear { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ IF { MERGEFIELD RTA_2_2_3_1_RTA_TITLETYPE } = "Please Select" "{ MERGEFIELD RTA_2_2_3_1_RTA_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_RTA_COMPANYNAME }= "" "sincerely"
"faithfully" }

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }