

Osprey Approach: RTA Aborted Claim

This help guide was last updated on Apr 18th, 2023

The latest version is always online at https://support.ospreyapproach.com/?p=32814



CLAIMANT/COURT/COUNSEL DETAILS RTA

Reason Case left Portal?

| Please Select | | | \sim |
|--|--------------|---------------|--------|
| Please Select | | | |
| Defendant alleges CNF lacks info | | | |
| D allege contrib neg/no CNF response/no liability | | | |
| Client salutation | | | |
| | | | |
| Case Number | | | |
| Court | | | 0 1 |
| (None selected) | ~ | | + |
| (None selected) | | | |
| WolverhamptonCombinedCourt - Wolverhampton Combined Court Centre (Pipers Row | Wolverhampto | on - Wolver | hamp), |
| Counsel | | | |
| (None selected) | ~ | \mathcal{P} | ° + |
| (None selected) | | | |
| No1Chambers - No 1 Chambers (1 Chambers Court Birmingham - Birmingham), | | | |
| Counsel Ref | | | |
| | | | |
| Submit Cancel | | | |

DEFENDANT DETAILS RTA

If Defendant is an individual, enter details here:

| Title Type | |
|---------------|---|
| Please Select | ~ |
| Please Select | |
| 1= Mr | |
| 2 = Mrs | |
| 3 = Ms | |
| 4 = Miss | |
| Other Title | |
| | |
| Name | |
| | |
| | |

Middle Name

Surname

Date Of Birth

| Select a d | ate |
|------------|-----|

Sex

| 1 = Male | | | |
|----------|--|--|--|
| | | | |
| 1 – Mala | | | |

::::

 \sim

| I = Male |
|---------------|
| 1 = Female |
| 3 = Not Known |
| House Name |

House Number

Street 1

Street 2

INSURANCE COMPANY DETAILS RTA

| Insurer Name | |
|---|---|
| Insurance Company Address (None selected) | ✓ |
| (None selected) | |
| NATIONALINSURANCECO - National Insurance Company (1 Insurance House Insurance | Area Insurance Town Insurance Count |
| Submit Cancel | |

Criteria: Documents/keydates will only run if the corresponding Medical Expert field is completed

Blank Client Letter

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION</u> }

Yours sincerely

Blank Defendant letter

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ IF { MERGEFIELD RTA_2_3_2_RTA_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_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_3_1_RTA_NAME } { MERGEFIELD RTA_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_3_1_RTA_OTHERTITLE }" "Please select a title" }" }" }" }" }" "{ MERGEFIELD RTA_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_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 }" "" }

Yours { IF { MERGEFIELD RTA_2_3_2_RTA_COMPANYNAME }= "" "sincerely" "faithfully" }

Blank Insurer letter

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Yours faithfully

Blank letter Court

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_FW_COURT_name }
{ MERGEFIELD RTA_COURT_FW_COURT_address }

Dear 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 } { MERGEFIELD

 RTA_2 2_3 1 RTA_NAME } { MERGEFIELD

 RTA_2 2_3 1 RTA_NAME } { MERGEFIELD

 RTA_2 2_3 1 RTA_SURNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } }

Yours faithfully

Blank Medical Expert 1

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_RTA_MEDEX1_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX1_address }

Dear 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_2_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Yours faithfully

Blank Medical Expert 2

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_RTA_MEDEX2_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX2_address }

Dear 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_2_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Yours faithfully

Blank Medical Expert 3

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_RTA_MEDEX3_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX3_address }

Dear 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_2_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Yours faithfully

Blank Medical Expert 4

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_RTA_MEDEX4_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX4_address }

Dear 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_2_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Yours faithfully

Client confirm Claim Form lodged

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I am pleased to confirm that I have today filed your application with the Court. I will be in contact with you again as soon as I have received confirmation from the Court that the application has been issued.

In the meantime, if you have any questions please do not hesitate to contact me.

Yours sincerely

Client confirm LoC sent to Insurer

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I can confirm that I have now sent a copy of the Letter of Claim to the Defendant's Insurer. They are required to conclude their investigations into the matter and provide their response within the next three months. I shall of course keep you updated.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Client confirm Part 36 sent to

Respondent

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

I write to confirm that I have today forwarded your Part 36 Offer to the Respondent. As soon as I have received a response I shall notify you.

If you have any queries in the meantime please do not hesitate to contact me.

Yours sincerely

Client enc. Claim for approval

(template)

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION </u>}

Please find enclosed Claim Form for your approval.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

Client enc. Defence

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

Please find enclosed Defence which I have received from the Defendant.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

Client enc. Expert Report

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

I am pleased to confirm that I have now received the Medical Expert's Report, a copy of which is enclosed.

I wish to point out the following to you:

If you have any queries, please do not hesitate to let me know.

Yours sincerely

Client enc. Issued Claim Form

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION </u>}

Please find enclosed Claim Form for your approval.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

Client enc. LoC for approval

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

Please find enclosed a copy of the Letter of Claim which I have drafted for your approval, prior to sending to the Defendant.

I should be grateful if you would please confirm you approve the letter in the next few days.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Client enc. Part 36 Offer for

approval

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

As per your instructions, I have now prepared your Part 36 Offer letter, a copy of which is enclosed. I should be grateful if you would read it carefully.

I wish to draw your attention to the following points:

Please confirm your approval of the letter as soon as possible so I may forward it to the Respondent.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Client enc. Schedule of Losses

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

Please find enclosed Schedule of Past and Future Losses for your consideration. I should be grateful if you would please approve this document as soon as possible so I may forward it to the Defendant's insurers.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

Court enc. application for default

judgment

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_FW_COURT_name }
{ MERGEFIELD RTA_COURT_FW_COURT_address }

Dear 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 } { MERGEFIELD

 RTA 2 2 3 1 RTA_NAME } { MERGEFIELD

 RTA 2 2 3 1 RTA_NAME } { MERGEFIELD

 RTA 2 2 3 1 RTA_NAME } { MERGEFIELD

 RTA 2 2 3 1 RTA_SURNAME } { MERGEFIELD

 RTA 2 2 3 2 RTA_COMPANYNAME } { MERGEFIELD

 RTA_2 2 3 2 RTA_COMPANYNAME } }

 Case No:
 { MERGEFIELD RTA_COURT_FW_CASE_NO }

Please find enclosed application for default judgment. We enclose the following:

We look forward to hearing from you.

Yours faithfully

Court enc. Claim Form

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_COURT_FW_COURT_name }
{ MERGEFIELD RTA_COURT_FW_COURT_address }

Dear 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 } { MERGEFIELD

 RTA_2 2_3 1 RTA_NAME } { MERGEFIELD

 RTA_2 2_3 1 RTA_NAME } { MERGEFIELD

 RTA_2 2_3 1 RTA_SURNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } { MERGEFIELD

 RTA_2 2_3 2 RTA_COMPANYNAME } }

 Case No:
 { MERGEFIELD RTA_COURT_FW_CASE_NO }

Yours faithfully

Form N225

Request for judgment and reply to admission (specified amount)

Complete section A or B.

If you complete section A you must also confirm, where applicable, that particulars of claim have been served in accordance with the rules.

In all cases you must complete sections C and D.

If the defendant has given an address on the form of admission to which correspondence should be sent, which is different from the address shown on the claim form, you must tell the court.

Remember to sign and date the form. Your signature certifies that the information you have given is correct.

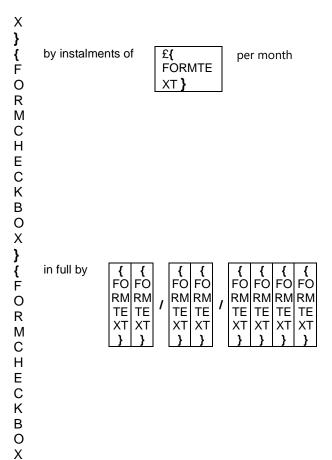
In the

{ MERGEFIELD RTA_COURT_FW_COURT_name }

| Claim No. | { MERGEFIELD |
|------------------------------|---|
| | RTA_COURT_FW_CASE_NO } |
| Claimant (including ref) | { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } |
| Defendant (including ref) | { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNA ME }= "" "{ MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_MIDDLENAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNA ME }" } |

| Α | | | С | C Defendant's date of birth | | | |
|---|------------------------|---|---|--|--|--|--|
| | FORMCHECKBOX } | defence to my claim | | <pre>{ Defendant's date of birth is not stated in the form of reply but is known to the claimant as: 0</pre> | | | |
| | | I confirm that particulars of claim have been served on the defendant in accordance with the rules. | | <pre>} { Defendant's date of birth is not stated in the form of reply and is not known to the claimant. O R M C H E C K B O X } </pre> | | | |
| | defe | ion D. Decide how and when you want the endant to pay. You can ask for the judgment to be by instalments or in one payment. | D | Judgment details I would like the defendant to be ordered to pay: | | | |
| В | <pre>{FORMCHECKB</pre> | The defendant admits that all the money is owed | | { Immediately F O R M C H E C K B O | | | |

| | only one box below and complete section C and he judgment details at section D. | X } { F O | by instalm | ents of |
|--------------------------------|---|---|---------------|-------------------|
| <pre>{FORMCHUCKBOX,</pre> | I accept the defendant's proposal for payment Say how the defendant intends to pay. The court will send the defendant an order to pay. You will also be sent a copy. | R М С Н Е С К В О Х } { F О | in full by | { FO F RM F |
| } { F O R M C H E C K B | The defendant has not made any proposal for payment Say how you want the defendant to pay. You can ask for the judgment to be paid by instalments or in one payment. The court will send the defendant an order to pay. You will also be sent a copy. | R M C H E C K B O X } | | TE XT X |
| O X | | Amount c | of claim as a | dmitted |
| } { F | I do NOT accept the defendant's proposal for payment | (including | g interest at | date of i |
| O R M C | Say how you want the defendant to pay. Give your reasons for objecting to the defendant's offer of payment on the back of this form. Send this form to the court with defendant's | Interest s | ince date of | claim (i |



{ FORMTEX

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ourt **with defendant's**

}

Н admission N9A. The court will fix a rate of

E C K B O X payment and send the defendant an order to pay. You will also be sent a copy.

{ FORMTEX cluding interest at date of issue) ⊤} { FORMTEX erest since date of claim (if any) ⊤} { FORMTEX Period from { FORMTEXT } to { FORMTEXT } ⊤} { FORMTEX Rate { FORMTEXT }% ⊤} { FORMTEX Court fees shown on claim ⊤} { Legal Representative's costs (if any) on FORMTEX issuing claim ⊤} { FORMTEX Sub Total ⊤} Legal Representative's costs (if any) on FORMTEX entering judgment ⊤} FORMTEX Sub Total ⊺} { FORMTEX Deduct amount (if any) paid since issue ⊤} { FORMTEX Amount payable by defendant ⊤}

| I certify that the information given is correct. | | | | |
|--|---|----------------------------|--|--|
| Signed | | Position or office held | { FORMTEXT } | |
| | (Claimant) (Claimant's solicitor) (Litigation friend) | | (if signing on behalf of firm or company) | |
| Date | { { | | Please return the completed form to the court. | |

Please address forms or letters to the Operational Delivery Manager and quote the claim number.

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Form N244

N244 Name of court Claim no. **{ MERGEFIELD** { MERGEFIELD RTA COURT FW COURT name } RTA_COURT_FW_CASE_NO } **Application notice** Fee Account no. Help with Fees – Ref no. (if applicable) (if applicable) For help in completing this form please { F { F { F { F read the notes for guidance form F F N244Notes. 0 0 0 0 0 0 RRR R R R MMM Μ MM HWF { FORMTEXT } т Т Т Т ТТ Е Е Е EEE Х Х Х Х Х Х т Т Т т Т Т Warrant no. {FORMTEXT } (if applicable) Claimant's name (including ref.) { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } Defendant's name (including ref.) { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA 2 2 3 1 RTA NAME } { MERGEFIELD RTA_2_2_3_1_RTA_MIDDLENAME } { MERGEFIELD RTA_2_3_1_RTA_SURNAME }" "{ MERGEFIELD RTA_2_3_2_RTA_COMPANYNAME }" } Date {FORMTEXT } 1. What is your name or, if you are a legal representative, the name of your firm? {FORMTEXT } 2. Are you a { FORMCHECKBOX } { FORMCHECKBOX } { FORMCHECKBOX } Legal Representative Defendant Claimant { FORMCHECKBOX } {FORMTEXT } Other (please specify) If you are a solicitor whom do you represent? {FORMTEXT } 3. What order are you asking the court to make and why? {FORMTEXT } 4. Have you attached a draft of the order you are { FORMCHECKBOX } No FORMCHECKBO applying for? X } Yes 5. How do you want to have this application dealt with? { FORMCHECKBOX } without a hearing FORMCHECKBO X } at a hearing

{ FORMCHECKBOX } at a telephone hearing

6. How long do you think the hearing will last?

Is this time estimate agreed by all parties?

{ FORMCHECKBO

{FORMTEXT }

Hours

{ FORMCHECKBOX } No

{ FORMTEXT } Minutes

X } Yes

7. Give details of any fixed trial date or period

8. What level of Judge does your hearing need?

9. Who should be served with this application?

 $\ensuremath{\mathsf{9a.}}$ Please give the service address, (other than details of the

claimant or defendant) of any party named in question 9.

{FORMTEXT }

{FORMTEXT }

{FORMTEXT }

{FORMTEXT }

10. What information will you be relying on, in support of your application?

{ FORMCHECKBOX } the attached witness statement

{ FORMCHECKBOX } the statement of case

{ FORMCHECKBOX } the evidence set out in the box below

| If necessary, please continue on a separate sheet. | | | | |
|--|--------------------|--------------------------------------|--|--|
| { FORMTEXT } | | | | |
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| Statement of Truth | | | | |
| (I believe) (The applicant believes) that the facts state true. | ed in this section | on (and any continuation sheets) are | | |
| Signed | Dated | { FORMTEXT } | | |
| Applicant('s legal representative)('s litigation f | riend) | | | |
| Full name <u>{ FORMTEXT }</u> | | | | |
| Name of applicant's legal representative's firm <u>{ FOF</u> | | | | |
| | | | | |
| Position or office held <u>{ FORMTEXT }</u> (if signing on behalf of firm or company) | | | | |
| | | | | |
| 11.Signature and address details | | | | |
| Signed | Dated | { FORMTEXT } | | |
| Applicant('s legal representative)('s litigation fri | | | | |
| Position or office held <u>{ FORMTEXT }</u> | | | | |
| (if signing on behalf of firm or company) | | | | |
| Applicant's address to which documents about this application should be sent. | | | | |
| { FORMTEXT } | | If applicable | | |
| | Phone no. | { FORMTEXT } | | |
| | Fax no. DX no. | {FORMTEXT } | | |
| Postcode (FORMTEXT) | Ref no. | { FORMTEXT } { FORMTEXT } | | |
| Postcode { FORMTEXT } | Rei IIO. | (FORMIEAL) | | |
| E-mail address { FORMTEXT } | | | | |

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Insurer enc. disclosure request

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We should be grateful if you would provide us with the following disclosure: 1.

Yours faithfully

Insurer enc. Expert Report

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Please find enclosed Medical Expert Report. We should be grateful if you would acknowledge safe receipt.

Please direct any questions to the Medical Expert within the usual 28 days.

Yours faithfully

Insurer enc. Letter of Claim

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Please find enclosed copy Letter of Claim sent to the Defendant.

We should be grateful if you would please acknowledge receipt of this letter as soon as possible, and provide your response within three months of the date of this letter.

We look forward to hearing from you.

Yours faithfully

Insurer enc. list of Medical Experts

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We wish to propose the following experts:

(list experts)

We should be grateful if you would confirm your approval as soon as possible to enable us to prepare the Letter(s) of Instruction.

We look forward to hearing from you.

Yours faithfully

Insurer enc. Schedule of Losses

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

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

{ MERGEFIELD RTA_2_2_3_4_RTA_INSURERNAME } { MERGEFIELD RTA_COURT_RTA_INSADD_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "Case No: { MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

Please find enclosed Schedule of Past and Future Losses for your consideration.

We look forward to hearing from you.

Yours faithfully

Letter of Claim

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_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_3_1_RTA_NAME } { MERGEFIELD RTA_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_3_1_RTA_OTHERTITLE }" "Please select a title" }" }" }" }" }" { MERGEFIELD RTA_2_3_2_RTA_COMPANYNAME }" } { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA_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_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_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_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

<u>RTA 2 2 3 1 RTA SURNAME }" "{ MERGEFIELD</u> <u>RTA 2 2 3 2 RTA_COMPANYNAME }" }</u> <u>Road Traffic Accident Claim</u> { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "<u>Case No: {</u> <u>MERGEFIELD RTA_COURT_FW_CASE_NO }</u>" "" }

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_3_2_RTA_COMPANYNAME }= "" "sincerely" "faithfully" }

Letter of Instruction - Medical

Expert 1

{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"} }

{ MERGEFIELD RTA_COURT_RTA_MEDEX1_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX1_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " <u>Case No: {</u> MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

- 1. Hospital Records
- 2. GP records
- 3. Statement of Events

We have not obtained [] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: "I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer".

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within

weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 2

{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"} }

{ MERGEFIELD RTA_COURT_RTA_MEDEX2_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX2_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" "<u>Case No: {</u> MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

- 1. Hospital Records
- 2. GP records
- 3. Statement of Events

We have not obtained [] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

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We look forward to receiving your report within

weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 3

{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"} }

{ MERGEFIELD RTA_COURT_RTA_MEDEX3_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX3_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " <u>Case No: {</u> MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

- 1. Hospital Records
- 2. GP records
- 3. Statement of Events

We have not obtained [] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: "I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer".

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within

weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 4

{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"} }

{ MERGEFIELD RTA_COURT_RTA_MEDEX4_name }
{ MERGEFIELD RTA_COURT_RTA_MEDEX4_address }

Dear 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 }" } { IF { MERGEFIELD RTA_COURT_FW_CASE_NO }<> "" " <u>Case No: {</u> MERGEFIELD RTA_COURT_FW_CASE_NO }" "" } Road Traffic Accident Claim

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

- 1. Hospital Records
- 2. GP records
- 3. Statement of Events

We have not obtained [] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records direct and advise that any invoice for the provision of these records should be forwarded to us.

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In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within

weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N1 Claim Form



Claim Form

| In the { FORMTEXT } | | | | |
|---|-----------------------------|--|--|--|
| Fee Account no. | ee Account no. { FORMTEXT } | | | |
| Help with Fees - Ref no. (if applicable) | H W F - | | | |
| For court use only | | | | |
| Claim No. | { FORMTEXT } | | | |
| Issue date | { FORMTEXT } | | | |

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } { MERGEFIELD CALCULATION_ADDRESS }



Defendant(s) name and address(es) including postcode

{ IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA_2_2_3_1_RTA_NAME } { MERGEFIELD RTA_2_2_3_1_RTA_MIDDLENAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } of { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA_2_2_3_1_RTA_HOUSENAME } { MERGEFIELD RTA_2_2_3_1_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_2_3_1_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_1_RTA_STREET2 } { MERGEFIELD RTA_2_2_3_1_RTA_DISTRICT } { MERGEFIELD RTA_2_2_3_1_RTA_CITY } { MERGEFIELD RTA_2_2_3_1_RTA_COUNTY } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENAME } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_2_3_2_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_3_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_3_2_RTA_MOUSENAME } { MERGEFIELD RTA_2_3_2_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_3_2_RTA_STREET1 } { MERGEFIELD RTA_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_3_2_RTA_DISTRICT } { MERGEFIELD RTA_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_3_2_RTA_DISTRICT } { MERGEFIELD RTA_2_3_3_RTA_STREET2 } { MERGEFIELD RTA_2_3_3_RTA_DISTRICT } { MERGEFIELD RTA_2_3_3_RTA_STREET2 } { MERGEFIELD RTA_2_3_3_RTA_DISTRICT } { MERGEFIELD RTA_2_3_3_RTA_OITY } { MERGEFIELD RTA_2_3_3_RTA_COUNTY } { MERGEFIELD RTA_2_3_3_RTA_OITY } { MERGEFIELD RTA_2_3_3_RTA_COUNTY } { MERGEFIELD RTA_2_3_3_RTA_POSTCODE }" }" }

Brief details of claim

Value

| Defendant's | { IF { MERGEFIELD | | £ |
|-------------------------------|--|------------------------------|--------------|
| name and address for | RTA_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD | Amount claimed | {FORMTEXT } |
| service including postcode | RTA_2_2_3_1_RTA_NAME | Court fee | { FORMTEXT } |
| | RTA_2_3_1_RTA_MIDDLENAME } { | Legal representative's costs | { FORMTEXT } |
| | MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } of { IF { MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA_2_2_3_1_RTA_HOUSENAME } { MERGEFIELD RTA_2_2_3_1_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_2_3_1_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_1_RTA_STREET2 } { MERGEFIELD RTA_2_2_3_1_RTA_DISTRICT } { MERGEFIELD RTA_2_2_3_1_RTA_COUNTY } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENAME } { MERGEFIELD RTA_2_2_3_2_RTA_HOUSENUMBER } { MERGEFIELD RTA_2_2_3_2_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET1 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_2_3_2_RTA_STREET2 } { MERGEFIELD RTA_2_2_3_2_RTA_DISTRICT } { MERGEFIELD RTA_2_2_3_2_RTA_DISTRICT } { MERGEFIELD RTA_2_2_3_2_RTA_COUNTY } { MERGEFIELD RTA_2_2_3_2_RTA | Total amount | {FORMTEXT } |

For further details of the courts www.gov.uk/find-court-tribunal. When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Does, or will, your claim include any issues under the Human Rights Act 1998? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

Particulars of Claim (Attached) (To follow)

{FORMTEXT }

Statement of Truth

I understand that proceedings for contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

{ FORMCHECKBOX } I believe that the facts stated in this particulars of claim are true.

{ FORMCHECKBOX } The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.

Signature

{ FORMCHECKBOX } Claimant

{ FORMCHECKBOX } Litigation friend (where judgment creditor is a child or a patient)

{ FORMCHECKBOX } Claimant's legal representative (as defined by CPR 2.3(1))

Date

| Day | Month | Year |
|-----|-------|------|
| | | |

Full name

Name of claimant's legal representative's firm

{ MERGEFIELD

If signing on behalf of firm or company give position or office held

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

{ MERGEFIELD BRANCHINFO_HOUSE }

Second line of address

{ MERGEFIELD BRANCHINFO_AREA }

Town or city

{ MERGEFIELD

County (optional)

{ MERGEFIELD

Postcode

{ MERGEFIELD

If applicable

Phone number

{ MERGEFIELD

Fax phone number

{ MERGEFIELD

DX number

{ MERGEFIELD BRANCHINFO_DX_NO }

Your ref.

{ MERGEFIELD

Email

{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

N208 Form

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|---|--|--|---|-------------|---|
| | Claim Form (CPR Part 8) | <pre>{FORMTEXT } Claim No. {FORMTEXT }</pre> | | | |
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| | | Fee Account no. | { FORMTI | | |
| | | | Help with Fees - Ref no. (if applicable) | H W F | { { { } < |
| Claimant | | | | | |
| Claimant {MERGEFIELD LINKNAME_FORENAME_1 } {MERGEFIELD LINKNAME_SURNAME_1 } Defendant(s) {IF {MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }= "" "{MERGEFIELD RTA_2_2_3_1_RTA_NAME } {MERGEFIELD RTA_2_2_3_1_RTA_MIDDLENAME } { MERGEFIELD RTA_2_2_3_1_RTA_SURNAME }" "{MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME }" } | | | | | |
| Does your claim include any issues under the Human Rights Act 1998? {FORMCHECKBOX } Yes {FORMCHECKBOX } No Details of claim (see also overleaf) {FORMTEXT } | | | | | |
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| Defendant's name and | | RTA_COMPANYNAME | Court fee | | {FORMTEXT } |
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| RTA_2_3_2_RTA_STREET1 } { | |
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| RTA_2_2_3_2_RTA_COUNTY } { | |
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| <pre>RTA_2_2_3_2_RTA_POSTCODE }" }</pre> | |
| For further details of the courts www.gov.uk/find-court-tribunal. | |
| When corresponding with the Court, please address forms or letter | rs to the Manager and always quote the claim number. |

| | Claim No. | {FORMTEXT } |
|------------------------------|---|------------------------------------|
| Details of claim (continued) | | |
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| {FORMTEXT } | Claimant's or claimant's legal re address to which documents sh different from overleaf. If you an accept service by DX, fax or e- details. | nould be sent if re prepared to |
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Statement of Truth

I understand that proceedings for contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

{ FORMCHECKBOX } I believe that the facts stated in this particulars of claim are true.

{ FORMCHECKBOX } The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.

Signature

{ FORMCHECKBOX } Claimant

{ FORMCHECKBOX } Litigation friend (where claimant is a child or a Protected Party)

{ FORMCHECKBOX } Claimant's legal representative (as defined by CPR 2.3(1))

Date

| Day | |
|-----|--|
| | |

| Month | Year | |
|-------|------|--|
| | | |

Full name

Name of claimant's legal representative's firm

If signing on behalf of firm or company give position or office held

Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter

Part 36 Offer Letter

{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_3_2_RTA_COMPANYNAME }= "" "{ IF { MERGEFIELD RTA_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_3_1_RTA_NAME } { MERGEFIELD RTA_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_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_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 }" "" }

Our client has instructed us to put forward a Part 36 Offer. For the avoidance of doubt, we are making this offer under Part 36 of the Civil Procedure Rules ("the Offer").

ENTER OFFER DETAILS HERE

We look forward to hearing from you as soon as possible.

Yours { IF { MERGEFIELD RTA_2_3_2_RTA_COMPANYNAME }= "" "sincerely" "faithfully" }

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Particulars of Claim

{ MERGEFIELD LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1

}

CLAIMANT

v

{ IF { MERGEFIELD RTA 2 2 3 2 RTA_COMPANYNAME }= "" "{ MERGEFIELD RTA 2 2 3 1 RTA_NAME } { MERGEFIELD RTA 2 2 3 1 RTA_MIDDLENAME } { MERGEFIELD RTA 2 2 3 1 RTA_SURNAME }" "{ MERGEFIELD RTA 2 2 3 2 RTA_COMPANYNAME }" }

DEFENDANT

PARTICULARS OF CLAIM

Statement of Truth

[I believe OR The Claimant believes] that the facts stated in these Particulars of Claim are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

[I am duly authorised by the Claimant to sign this Statement.]

Full name [name]

[Name of Claimant's legal representative's firm [name]]

[signature]

[Claimant OR Claimant's Legal Representative OR Claimant's Litigation Friend]

[Position or office held]

Schedule of PastFuture Losses

Schedule of Past and Future Losses

Claimant: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } Date of Birth: { MERGEFIELD RTA_2_2_4_1_RTA_DATEOFBIRTH }

Introduction

Loss of Earnings

Past Loss of Earnings

Future Loss of Earnings

Loss of Pension

Value of Care and Assistance

Value of Past Care and Assistance

Value of Lost Services

Treatment Costs

Future Treatment Costs

Travel and Miscellaneous Expenses

Statement of Truth

[I believe][The Claimant believes] that the facts stated in this Schedule are true.

[I understand] [The Claimant understands] that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth.

[I am duly authorised by the Claimant to sign this statement]

Full name: [{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }] [{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }]

Signed:

[Claimant] [Claimant's Solicitor]

Date:

Send Part 36 Offer to client for

approval

{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"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } {
 MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD RTA_COURT_FW_CLI_SALUT }

<u>Re:</u> { <u>MERGEFIELD MATTER_MATTER_DESCRIPTION }</u>

I have received a Part 36 Offer from the Respondent, a copy of which is enclosed.

I wish to point out the following:

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }