

Interim Settlement Pack Form and Response to Interim Settlement Pack Form

Low value personal injury claims in road traffic accidents (£1,000 - £10,000)

Claimant's full name

Claimant's representative

Date of notification

/ /

Contact details

Company name

Name of case handler

Direct telephone number

E-mail address

Reference number

Defendant's representative

Date of insurer response

/ /

Business days to insurer response

Contact details

Company name

Name of case handler

Direct telephone number

E-mail address

Reference number

Interim settlement pack and response

Claimant losses to date						Defendant response			
Loss	Claim item being pursued	Evidence attached	% interest rate	Comments	Value claimed	Is amount agreed?	Comments	Value offered	Amount in dispute
	Yes/No/N/A								
Policy excess									
Loss of use									
Car hire									
Repair costs									
Fares (taxis, buses, tube, etc.)									
Medical expenses									
Clothing									
Care/Services									
Loss of earnings									
a) Claimant									
b) Employer									
Other losses									
General damages									
				Total heads of damage to date			Losses agreed to date		
				% Contributory negligence deductions			% Contributory negligence deductions		
				Total heads of damage value to date			Offer less contributory negligence deductions		
							CRU deductions		
							Agree value of documented losses to date		

Claimant request for interim payment		Defendant responses to interim payment request		
Date	Value of interim request	Date	Request for an interim payment accepted	Value of interim payment agreed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Detail reasons for interim payment request below		Additional comments below		

Statement of truth _____

- I believe The claimant believes that the facts stated in this claim form are true.
- I am duly authorised by the claimant to sign this statement.

Signed

 (Claimant)(Claimant's solicitor)

Date
 / /

Position or office held
 (if sign on behalf of firm or company)