

Stage 2 Settlement Pack Form and Response to Settlement Pack Form

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

Claimant's full name

Claimant's representative

Contact details

Company name

Name of case handler

Direct telephone number

E-mail address

Reference number

Date of claimant 1st offer

Date of claimant's reply to insurer

Business days to reply to insurer

Date of final response

Business days to final response

Defendant's representative

Contact details

Company name

Name of case handler

Direct telephone number

E-mail address

Defendant's full name

Reference number

Date of insurer 1st offer

Business days to make offer

Date of reply to claimant

Business days from initial insurer reply

Date of final response

Business days to final response

Stage 2 Settlement pack and response

Initial claimant offer						Initial 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 gross claimant offer			Total gross defendant offer	
					% Contributory negligence deductions			% Contributory negligence deductions	
					Total net claimant offer			Offer less contributory negligence deductions	
								CRU deductions	
								Total net defendant offer	

Claimant responses to defendant replies		Defendant responses to claimant replies	
Date □□/□□/□□□□	Date □□/□□/□□□□	Date □□/□□/□□□□	Date □□/□□/□□□□

Comments	Comments

Final claimant offer	Date made □□/□□/□□□□	Final defendant offer	Date made □□/□□/□□□□
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Initial amount in dispute	
Total amount remaining in dispute	

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

Date

□□/□□/□□□□

(Claimant)(Claimant's solicitor)

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