

Interim Settlement Pack and Response to Interim Settlement Pack (RTA4)

Low value personal injury claims in road traffic accidents (£1,000 - £25,000)

Claimant request for interim payment number

Claimant's full name

Defendant's full name

Claimant's representative

Date of notification

/ /

Contact details

Firm or Company name

Contact name

Telephone number

E-mail address

Reference number

Defendant's representative

Date of insurer response

/ /

Contact details

Firm or Company name

Contact name

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	Comments	Gross value claimed	% contributory negligence deductions	Net value claimed	Is gross amount agreed?	Comments	Gross value offered	% contributory negligence deductions	Net 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												
PSLA												
Disadvantage on the labour market												
Loss of congenial employment												
Future losses												
				Total heads of net damage claimed to date							Losses offered to date	
											CRU deductions	
											Net value of offer to date	

Claimant request for interim payment		Defendant response to interim payment request	
Date	Value of interim request	Date	Value of interim payment agreed
<input type="text"/> / <input type="text"/> / <input type="text"/>	<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 am the claimant's legal representative. The claimant believes that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.

I am the claimant - I believe that the facts stated in this claim form are true.

Signed

Date
/ /

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

I have retained a signed copy of this form including the statement of truth.