

Acknowledgment of Service

Claim under the Pre-Action Protocol for Personal Injury Claims below the Small Claims Limit in Road Traffic Accidents

Name of court

Claim number

Name of claimant (including any reference)

Name of defendant (including any reference)

Please read these notes carefully – they will help you to decide what to do about this claim.

- You have 14 days from the date on which you were served with the claim form to respond to the claim.
 - sent by post, the 14 days begins 2 business days from the date of the postmark on the envelope.
- If you do not return the acknowledgment of service, you will not be permitted to rely on any of the evidence provided by you which is contained in the relevant Court Pack.
- If you do not return the acknowledgment of service, you will be allowed to attend any hearing of this claim but you will not be allowed to take part in the hearing unless the court gives you permission to do so.
- Court staff can tell you about procedures but they cannot give legal advice. If you need legal advice, you should contact a solicitor or Citizens Advice immediately.

1. What is the Defendant's full name, if different from the name given on form **RTASC O**?

Name

1.1 Where should documents about this claim be sent?

Building and street

Second line of address

Town or city

County (optional)

Postcode

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Phone number

DX number

Email

Ref:

Section A

2. Where the claim brought against you is:

Application for Interim Payment.

Go to section B

Non-Payment of Agreed Interim Payment.

Go to section C

Dispute over fees for Medical Reports or other disbursements.

Go to section D

Non-payment of Agreed Settlement Sum.

Go to section E

Section B – Application for Interim Payment

3. Tick as appropriate:

The defendant agrees to pay the Interim Payment sum requested by the claimant

The defendant continues to dispute the claimant's entitlement to an interim payment because

Once you have answered this section, go to section F

Section C – Non-Payment of Agreed Interim Payment

4. Tick as appropriate:

The defendant has paid the agreed interim payment on

Day

Month

Year

Note: The date must be on or before the date of the Acknowledgment of Service form.

The defendant objects to the making of an order to pay the agreed interim payment for the reasons stated in the box below:

Once you have answered this section, go to section F

Section D – Dispute over fees for Medical Reports or other Disbursements

5. Tick as appropriate:

The defendant agrees to pay the fees or other disbursements claimed in the Claimant's application;

The defendant should not pay the fees or other disbursements claimed by the claimant

Once you have answered this section, go to section F

Section E – Non-payment of Agreed Settlement Sum

6. Tick as appropriate

The defendant has paid the agreed settlement sum on

Day

Month

Year

Note: The date must be on or before the date of the Acknowledgment of Service form.

The defendant contends that a Court Order for payment of the agreed settlement sum should not be made because (please specify reasons in the box below)

Once you have answered this section, go to section F

Section F – Challenge to use of procedure

7. The defendant contends that the procedure in this section should not be used because the claimant

(tick appropriate option and specify reasons in the box below)

has started proceedings without following the procedure set out in the RTA Small Claims Protocol for producing the Court Pack or starting proceedings

has left out material evidence that was provided under the RTA Small Claims Protocol;

Once you have answered this section, go to section G

Section G – 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.

- I believe** that the facts stated in this acknowledgment of service are true.
- The Defendant** believes that the facts stated in this acknowledgment of service are true. **I am authorised** by the defendant to sign this statement.
- The Insurer believes** that the facts stated in this acknowledgment of service are true.

Signature

- Defendant
- Insurer
- Defendant's legal representative (as defined by CPR 2.3(1))

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name

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

Serving other parties

You must serve copies of the acknowledgment of service on any other party named on the claim form, at the same time as you file it with the court.

What happens next

On receipt of your acknowledgment of service, the court may determine the claim without setting a hearing date. If the court decides a hearing is needed, it will give the parties at least 21 days' notice of the hearing date.