This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

Claim notification form (PL1)

Low value personal injury claims in public liability accidents (£1,500 - £25,000)

Before filling in this form you are encouraged to seek independent legal advice.			
Date sent			
Items marked with (*) are optional and the claimant mu All other boxes on the form are mandatory and must be			
What is the value of your claim? \Box up to £10,000	up to £25,000		
Please tick here if you are not legally represented?	<i>If you are not legally represented please put your details in the claimant's representative section.</i>		
Claimant's representative - contact details	Defendant's details		
Name	Defendant's name		
Address	Defendant's address*		
Postcode	Postcode		
Contact name	Policy number reference (if not known insert not known)		
Telephone number	Insurer/Compensator name (if known)		
E-mail address			
Reference number			

Section A — Claimant's details

Mr. Mrs. Ms. Miss Other Claimant's name	Is this a child claim? Yes No National Insurance number If the claimant does not have a National Insurance
Address	number, please explain why Occupation
Postcode Date of birth	Date of accident Date of accident If exact accident date is not known please select the most appropriate date and provide further details in Section B 1.1

Section B — Injury and medical details

1.1 Please provide a brief description of the injury sustained as a result of the accident

1.2	Has the claimant had to take any time off work as a result of the accident?	Yes No
1.3	Is the claimant still off work?	Yes No
	If No, how many days in total was the claimant off work?	
1.4	Has the claimant sought any medical attention?	Yes No
	If Yes, on what date did they first do so?	
1.5	Did the claimant attend hospital as a result of the accident?	Yes No
	If Yes, please provide details of the hospital(s) attended	
1.6	If hospital was attended, was the claimant detained overnight?	Yes No
	If Yes, how many days were they detained?	
Se	ction C — Rehabilitation	
2.1	Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy?	Yes No Medical professional not seen
	If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider	
2.2	Are you aware of any rehabilitation needs that the claimant has arising out of the accident?	Yes No
	If Yes, please provide full details	

Section D — Accident time, location and description

- 3.1 Estimated time of accident (24 hour clock)
- **3.2** Where did the accident happen? Please provide sufficient detail to identify the precise accident location (e.g. road name, house number, permanent location feature, grid reference etc.)

3.3 Please give a description of the accident and provide a sketch or photograph, if appropriate

3.4	Was the accident reported?	Yes	No	Not known
	If Yes, please confirm the date the accident was reported and to whom it was reported (if known)			

Section E — Liability

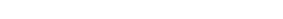
4.1 Why does the claimant believe that the defendant was to blame for the accident?

Se

Se	ction F — Funding	
5.1	Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k) of which they are required to give notice to the defendant?	Yes No
	If Yes, please tick the following boxes that apply:	
	The claimant has entered into a conditional fee agr success fee within the meaning of section 58(2) of	eement in relation to this claim, which provides for a the Courts and Legal Services Act 1990
	Date conditional fee arrangement was entered into	
	The claimant has taken out an insurance policy to w	which section 29 of the Access to Justice Act 1999 applies.
	Name of insurance company	
	Address of insurance company	
	Policy number	
	Policy date	
	Level of cover	
	Are the insurance premiums staged?	Yes No
	If Yes, at which point is an increased premium payable?	
	The claimant has an agreement with a membership	o organisation to meet their legal costs.
	Name of organisation	
	Date of agreement	

PL1 6

Other, please give details



Section H — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted by law to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below will be by the child's parent or guardian or by the leg	gal
representative authorised by them.	

□ 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.

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

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Compensator response

Section A — Liability

Please select the relevant statement

Defendant admits:	Accident occured
	Caused by the defendant's breach of duty
	Caused some loss to the claimant, the nature and extent of which is not admitted
	The defendant has no accrued defence to the claim under the Limitation Act 1980
The above are	e admitted
The defendar contributory	nt makes the above admission but the claim will exit the process due to negligence

If the defendant does not admit liability please provide reasons below

Section B — Services provided by the compensator - Rehabilitation

Is the compensator prepared to provide rehabilitation?	Yes No
Has the compensator provided rehabilitation?	Yes No
If Yes, please provide full details below	

Section C — Response information

Date of notification

Date of response to notification

/	/	
	/	

Defendant's compensators details

Address



Reference number