Stage 2 Settlement Pack and Response to Settlement Pack (EPL5)

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

Claimant's full name	Defendant's full name
Claimant's representative	Defendant's representative
Contact details	Contact details
Firm or Company name	Firm or Company name
Contact name	Contact name
Telephone number	Telephone number
E-mail address	E-mail address
Reference number	Reference number
Date of claimant 1 st offer	Date of compensator 1 st offer /
Date of claimant's reply to compensator	Date of reply to claimant
Date of claimant's reply to compensator	Date of reply to claimant / /

Stage 2 Settlement Pack and Response

Initial claimant offer Initial de					efendant respons	se						
Loss	Claim item being pursued	Evidence attached	Comments	Value claimed	Interest	Gross value clamed	ls gross amount agreed?	Comments	Value offered	Interest	Gross value offered	Amount in dispute
	Yes / No											
PSLA												
Loss of earnings a) Claimant												
b) Employer												
Care/Services												
Fares (taxis, buses, tube, etc.)												
Medical expenses												
Clothing												
Disadvantage on the labour market												
Loss of congenial employment												
Other losses												
Future losses												
			Total heads	of damage cla	aimed to date				Losses offe	ered to date		
							-		CRU	deductions		
								Less interim payment(s) received				

Net value of offer to date

Claimant's comments	Defendant's comments
greement reached 📃 Yes 📃 No	Date of agreement / /
	Gross amount
	Less interim payment(s) received
	Agreed settlement
atement of truth	
I am the claimant's legal representative that the facts stated in this claim form a authorised by the claimant to sign this	are true. I am duly 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.