

Court Proceedings Pack (Part A) Form (Form RTA6)

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

Date of accident

/ /

Claimant's full name

Age

Occupation, if any

Claimant's representative

Contact details

Company name

Contact name

Telephone number

E-mail address

Reference number

Defendant's full name

Defendant's representative

Contact details

Company name

Contact name

Telephone number

E-mail address

Reference number

Court Proceedings Pack (Part A)

Claimant Losses	Item being pursued	Evidence attached	% Interest rate	Claimant				Defendant response			
	Yes/No			Gross value claimed	% contributory negligence deductions	Net value claimed	Comments	Gross value offered	% contributory negligence deductions	Net value offered	Comments
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											
							CRU benefits received				
							Up to date CRU Certificate attached				

Are all disbursements agreed and paid? ☐ Yes ☐ No

If No, please give the following details:

Disbursements disputed	Amount claimed	Amount paid	Reason given by defendant for not paying full disbursement

Has the defendant named a legal representative to accept service of legal proceedings on the defendant's behalf

☐ Yes ☐ No

If Yes, please give details of the legal representative

Statement of truth _____

☐ I am the claimant's solicitor - 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.