

Interim Settlement Pack and Response to Interim Settlement Pack (EPL4)

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

Claimant request for interim payment number

Claimant'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 full name

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	Value claimed	Is gross amount agreed?	Comments	Value offered	Amount in dispute
	Yes/No/N/A							
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 claimed to date					
						Losses offered to date		
						CRU deductions		
						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
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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.