

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

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

Claimant's full name

Claimant's representative

Contact details

Firm or Company name

Contact name

Telephone number

E-mail address

Reference number

Date of claimant 1st offer

Date of claimant's reply to compensator

Date of claimant's reply to compensator

Defendant's full name

Defendant's representative

Contact details

Firm or Company name

Contact name

Telephone number

E-mail address

Reference number

Date of compensator 1st offer

Date of reply to claimant

Date of reply to claimant

Stage 2 Settlement Pack and Response

Initial claimant offer							Initial defendant response					
Loss	Claim item being pursued	Evidence attached	Comments	Value claimed	Interest	Gross value claimed	Is 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 claimed to date				Losses offered to date					
							CRU deductions					
							Less interim payment(s) received					
							Net value of offer to date					

Claimant's comments	Defendant's comments
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Agreement reached ☐ Yes ☐ No

Date of agreement / /

Gross amount

Less interim payment(s) received

Agreed settlement

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.