

# Interim Settlement Pack and Response to Interim Settlement Pack (RTA4)

Low value personal injury claims in road traffic accidents (£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 | Gross value claimed                       | % contributory negligence deductions | Net value claimed | Is gross amount agreed? | Comments | Gross value offered | % contributory negligence deductions | Net value offered          | Amount in dispute |  |
|                                   | Yes/No/N/A               |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Policy excess                     |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Loss of use                       |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Car hire                          |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Repair costs                      |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Fares (taxis, buses, tube, etc.)  |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Medical expenses                  |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Clothing                          |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Care/Services                     |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Loss of earnings<br>a) Claimant   |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| b) Employer                       |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Other losses                      |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| PSLA                              |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Disadvantage on the labour market |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Loss of congenial employment      |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
| Future losses                     |                          |                   |          |   |                                      |                   |                         |          |                     |                                      |                            |                   |  |
|                                   |                          |                   |          | Total heads of net damage claimed to date |                                      |                   |                         |          |                     |                                      | Losses offered to date     |                   |  |
|                                   |                          |                   |          |   |                                      |                   |                         |          |                     |                                      | CRU deductions             |                   |  |
|                                   |                          |                   |          |   |                                      |                   |                         |          |                     |                                      | Net 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.