

Stage 2 Settlement Pack and Response to Settlement Pack (RTA5)

Low value personal injury claims in road traffic accidents (£1,000 - £25,000)

Claimant's full name

Defendant's full name

Claimant's representative

Defendant's representative

Contact details

Firm or Company name

Contact details

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 1st offer

Date of claimant's reply to insurer

Date of claimant's reply to insurer

Date of insurer 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	Gross value claimed	% contributory negligence deductions	Interest	Net value claimed	Is gross amount agreed?	Comments	Gross value offered	% contributory negligence deductions	Interest	Net value offered	Amount in dispute
	Yes/No													
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														
PSLA														
Additional damages														
Disadvantage on the labour														
Loss of congenial employment														
Future losses														
				Total heads of net 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.