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

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

Claimant's full name	Defendant's full name
Claimant's representative	Defendant's representative
Date of notification / /	Date of insurer response / / /
Contact details	Contact details
Company name	Company name
Contact name	Contact name
Telephone number	Telephone number
E-mail address	E-mail address
Reference number	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	ls 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 a) Claimant												
b) Employer												
Other losses												
General damages												
			,	Total head damage cl	s of net aimed to date				Losses offer	ed to date		
									CRU deduct	ions		

Net value of offer to date

Claimant request for interim payment			Defendant responses to interim payment request						
Date	Value of interim request		Date	Value of interim payment agreed					

Detail reasons for interim payment request below	Additional comments below

Statement of truth

Signed

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.

Dat	e				
	/	/	/		

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.

I am the claimant - I believe that the facts stated in this claim form are true.