

IN THE _____ COUNTY COURT

CLAIM NO:

BETWEEN:

Claimant

And

Defendant

SCHEDULE OF LOSSES AND EXPENSES

AS AT: 18/11/10 - ACCIDENT DATE:

The Claimant reserves the right to update this schedule in the course of proceedings.

<u>Interest</u>	£0.00
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<u>TOTAL</u>	<u>£0.00</u>

The Claimant is not registered for VAT.

Statement of Truth

I, Mrs _____, believe that the facts stated in this schedule of loss are true.

Full Name.....

Signed.....

Mrs

(Ref. _____)