This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

Claim notification form (PL1) Low value personal injury claims in

public liability accidents (£1,000 - £25,000)

Before filling in this form you are encour	aged to seek independent legal advice.
Date sent / / /	
Items marked with (*) are optional and the claimant must All other boxes on the form are mandatory and must be co	make a reasonable attempt to complete those boxes. mpleted before being sent.
What is the value of your claim?	upro 425,000
Please tick here if you are not legally represented?	if you gie not legally represented please put your details in the claim in a girle sufficies ection.
Claimant's representative - contact details Name	Defendant's details Defendant's name
Address	Defendant's address*
Postcode	Postcode
Contact name	Policy number reference (if not known insert not known)
Telephone number	Insurer/Compensator name (if known)
E-mail address	
Reference number	

Section A — Claimant's details

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other	Is this a child claim? Yes No
Claimant's name	National Insurance number
	If the claimant does not have a National Insurance
	number, please explain why
Address	
	Occupation
Postcode	Date of accident
Date of birth	If exact accident date is not known please select the most appropriate date and provide further details in
	Section a Provide further details in
Section B — Injury and medical details	
1.1 Please provide a brief description of the in the infiling	
sustained as a result of the accident	
	·

1.2	Has the claimant had to take any time off work as a result of the accident?	Yes No
1.3	Is the claimant still off work?	Yes No
	If No, how many days in total was the claimant off work?	
1.4	Has the claimant sought any medical attention?	Yes No
	If Yes, on what date did they first do so?	
1.5	Did the claimant attend hospital as a result of the accident?	Yes No
	If Yes, please provide details of the hospital(s) attended	
1.6	If hospital was attended, was the claimant detained overnight?	No.
Se	If Yes, how many days were they detained? ction C — Rehabilitation	
2.1	Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy?	Yes No Medical professional not seen
	If Yes, please provide bilef details of the rehabilitation treatment recommended and any treatment in fovided in all the name of provider	
2.2	Are you aware of any rehabilitation needs that the claimant has arising out of the accident? If Yes, please provide full details	Yes No
	n res, piedse provide run details	

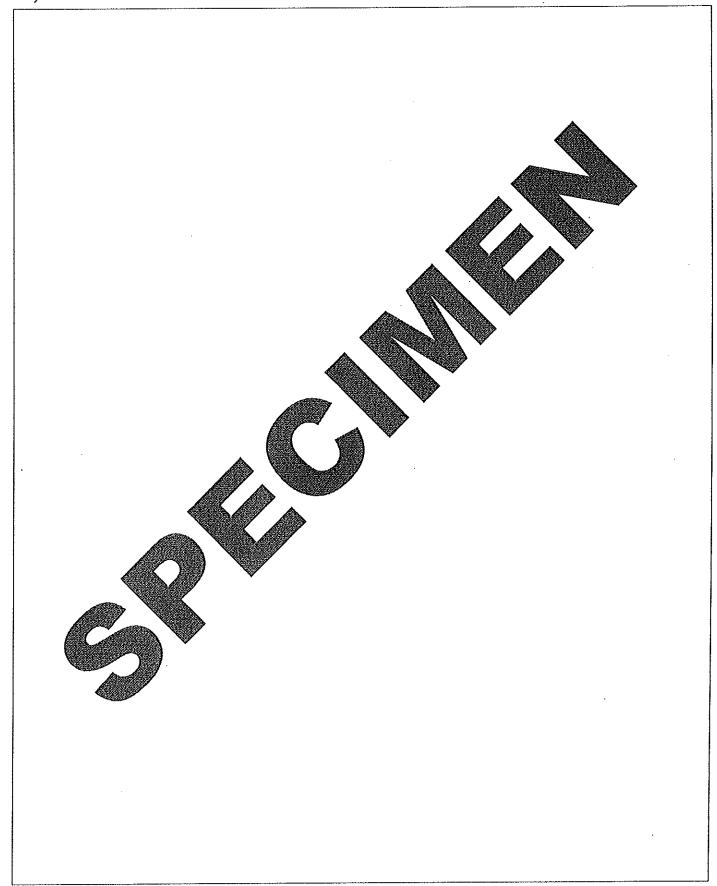


Section D — Accident time, location and description

3.1	Estimated time of accident (24 hour clock)	
3.2	Where did the accident happen? Please provide sufficient detail to identify the precise accident location (e.g. road name, house number, permanent location feature, grid reference etc.)	
3.3	Please give a description of the accident and provide a sketch or photograph, if appropriate	
3.4	Was the accident reported?	Yes No Not known
	If Yes, please confirm the date the accident was reported and to when it was reported (if known)	•
3.4	If Yes, please confirms he date the accident was reported and to whom it was reported (if known)	Yes No Not know

Section E — Liability

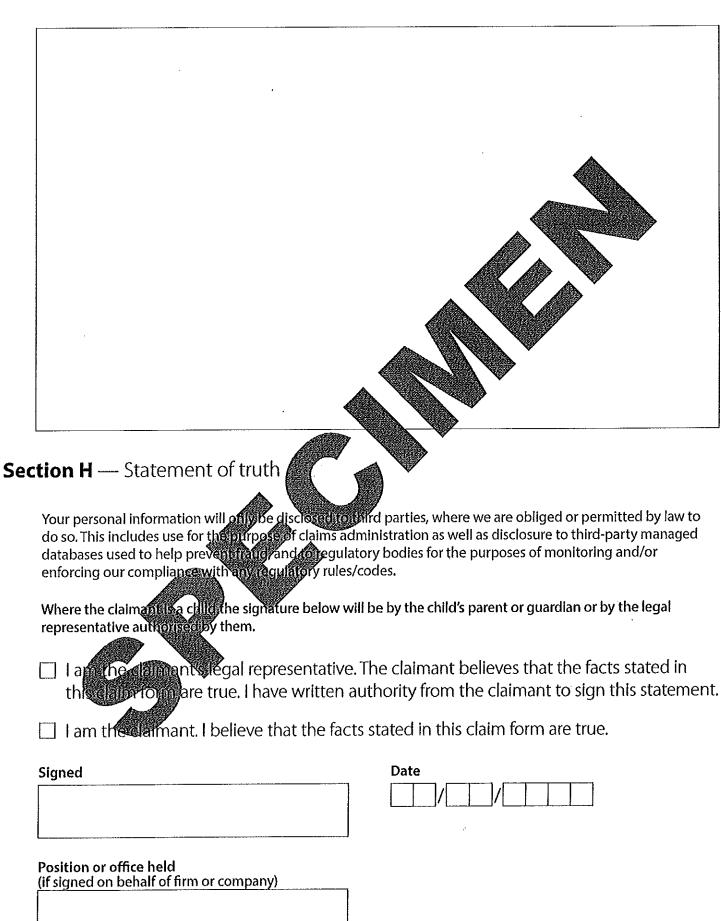
4.1 Why does the claimant believe that the defendant was to blame for the accident?



Section F — Funding

5.1	arrai 43,2	the claimant undertaken angement within the mean (1)(k) of which they are re- ce to the defendant?	ing of CPR rule	Yes		No .
	If Ye	s, please tick the following	g boxes that apply:			
	The claimant has entered into a conditional fee agreement in relation to this claim, which provides success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1980					
		Date conditional f	ee arrangement was entered into			
		The claimant has taken o	out an insurance policy to v	which section	on 29	of the Access to Justice Act 1999 applies.
		Name of	finsurance company			
		Address of	finsurance company			
			Policy number			
			Policy data Level of cover			
		Are the insurance	epiemiums staged?	☐ Yes		No
٠			point is an increased premium payable?			
		The claimant has an agre	ement with a membershi	p organisat	tion to	o meet their legal costs.
			lame of organisation			
			Date of agreement			
		Other, please give detail	S			-

Section G — Other relevant information



I have retained a signed copy of this form including the statement of truth.

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Compensator response

Please select the relevant stateme	ent			·
Defendant admits:	Accident occured			
	Caused by the defenda	nt's breach of duty		
	Caused some loss to the	e claimant, the nature and	extent of which is n	ot admitted
	The defendant has no	accrued defence to the a	alm under the Uprit	ation Act 1980
The above on	a a dualità a d			
The above are		ission but the claim will be	vit the process due	to
contributory	negligence	ission defaule dann while	xit the process due	ιο
if the defendant does not ada	mit liability please provid	desteasons below		÷
Section B — Selvice	kovijded by ilhre æ	องกฤคระเกษสมัยงัก + Ryelh	raldillitatillolo	
Is the compensator prepared; rehabilitation?	provide	Yes No		
Has the compensator provide	d rehabilitation?	Yes No		
If Yes, please provide full deta	ils below			