

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy" } }

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_RTASURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" } } } } }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_CITY }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY }

{ MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" "{ MERGEFIELD EL_2_2_2_2_EL_HOUSENAME \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_HOUSENUMBER \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_STREET1 \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_STREET2 \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_DISTRICT \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_CITY \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_COUNTY \f "" }

{ MERGEFIELD EL_2_2_2_2_EL_POSTCODE \f "" }" }

Dear { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" } } } } }" "Sirs" }

Re: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME \f "" } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME \f "" } { MERGEFIELD

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**EL 2 2 2 1 EL SURNAME }" "{ MERGEFIELD
EL 2 2 2 2 EL COMPANYNAME }" }**
Personal Injury Claim

We are instructed by the above named to claim damages in connection with an **accident at work/tripping accident** on day of **(year)** at **(place of accident which must be sufficiently detailed to establish location)**.

Please confirm the identity of your insurers. Please note that the insurers will need to see this letter as soon as possible and it may affect your insurance cover and/or the conduct of any subsequent legal proceedings if you do not send this letter to them.

The circumstances of the accident are:
(brief outline)

Liability

The reason why we are alleging fault is:
(simple explanation e.g. defective machine, broken ground)

We are obtaining a police report and will let you have a copy of the same upon your undertaking to meet half the fee.

Injuries

A description of our clients' injuries is as follows:

(brief outline) The description should include a non-exhaustive list of the main functional effects on daily living, so that the defendant can begin to assess value / rehabilitation needs.

Our client is still suffering from the effects of his/her injury. We invite you to participate with us in addressing his/her immediate needs by use of rehabilitation.

Loss of Earnings

He/She is employed as **(occupation)** and has had the following time off work **(dates of absence)**. His/Her approximate weekly income is (insert if known).

If you are our client's employers, please provide us with the usual earnings details which will enable us to calculate his financial loss.

Other Financial Losses

We are also aware of the following (likely) financial losses:

Details of the insurer

We have also sent a letter of claim to **(name and address)** and a copy of that letter is attached. We understand their insurers are **(name, address and claims number if known)**.

At this stage of our enquiries we would expect the documents contained in parts **(insert appropriate parts of standard disclosure list)** to be relevant to this action.

A copy of this letter is attached for you to send to your insurers. Finally we expect an acknowledgment of this letter within 21 days by yourselves or your insurers.

Yours { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "sincerely" "faithfully" }

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }