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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Letter of Claim

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We have been instructed to act on behalf of { MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "CLI1_ADD_INFO_FW_CLI1_MNAME" } { MERGEFIELD "LINKNAME_SURNAME_1" } in relation to treatment carried out/care provided at { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } by { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" }" } on { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}. Please let us know if you do not believe that you are the appropriate defendant or if you are aware of any other potential defendants.

Dates of allegedly negligent treatment

[Include chronology based on medical records.]

Events giving rise to the claim:

[An outline of what happened, including details of other relevant treatments to the client by other healthcare providers.]

Allegation of negligence and causal link with injuries:

- [an outline of the allegations or a more detailed list in a complex case;
- an outline of the causal link between allegations and the injuries complained of;
- A copy of any supportive expert evidence (optional).]

The Client's injuries, condition and future prognosis

- [A copy of any supportive expert report (optional);
- Suggestions for rehabilitation;
- The discipline of any expert evidence obtained or proposed.]

Clinical records (if not previously provided)

We enclose an index of all the relevant records that we hold. We shall be happy to provide copies of these on payment of our photocopying charges.

We enclose a request for copies of the following records which we believe that you hold. We confirm that we shall be responsible for your reasonable copying charges. Failure to provide these records may result in costs sanctions if proceedings are issued.

The likely value of the claim

- an outline of the main heads of damage, or, in straightforward cases, the details of loss;
- suggestions for ADR.

{ IF { MERGEFIELD FW_CN_P36_OFFER_FW_CN_NOC_P36 } = "Yes" "
[Details of Part 36 settlement offer]
" "" }
Funding

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Legal Aid" "Our Client has the benefit of Public Funding." "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "CFA" "We are acting for our client under a Conditional Fee Agreement entered in to after April 2013." "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Private" "Our client is privately funded." "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy obtained before/after April 2013" "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Other" "[state method of funding and whether arrangement was entered into before or after April 2013]" "" }

We enclose a further copy of this letter for you to pass to your insurer. We look forward to receiving an acknowledgment of this letter within 14 days and your Letter of Response within 4 months of the date on which this letter was received. We calculate the date for receipt of your Letter of Response to be { MERGEFIELD "fssm_TodayPlus4Months" \@ "d" * Ordinal} { MERGEFIELD "fssm_TodayPlus4Months" \@ "'of' MMMM, yyyy" }.

Recoverable Benefits

The claimant's National Insurance Number will be sent to you in a separate envelope.

We look forward to hearing from you.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }