

Date created

Portal number

This settlement offer was created by:

The compensator

The claimant

Section A Claimant's Details

Claimant's name

Claimant representative's details

Name

Reference number

Compensator's details

Name

Reference number

Date of response

CRU reference

Section B Seat belt

If there are allegations being made about the seat belt usage, based on those facts and the medical and any other evidence that has been seen, below is the percentage contribution the compensator has proposed to deduct from the injury element of the offer.

Reason for seat belt contribution

Section C Exceptional circumstances

Did the claimant believe an uplift was justified?

Yes No

Which applied according to the claimant

- The whiplash injury is, or one or more of the whiplash injuries are, exceptionally severe
- The circumstances increase the pain, suffering or loss of amenity caused by the injury or injuries, those circumstances are exceptional
- None of the above

Does the medical report support the claim for a greater amount?

Yes No

Uplift claimed by claimant

Claimant's description of exceptional circumstance

Did the compensator agree to uplift the offer?

Yes No

Uplift offered by the compensator

Compensator's explanation for the uplift decision

Section D Claimant's losses

Section E Deductions

Section F Offer summary

	Value	Latest offer
Losses before any liability deduction		
Liability deductions		
Offer net of liability, without other deductions		
Other deductions		
Net offer		

Section G Statement of Truth

I believe that the facts stated in this Settlement Offer Form are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a Statement of Truth without an honest belief in its truth.

I authorise the Official Injury Claim Portal Support Centre to submit my claim.

Name of signatory

First name

Middle name

Last name

Signature

Date