

Interim Response Form

Date created	14/12/2022	I	Portal number	OIC-12-22-2074
Section A C	laimant'a dataila			
Section A Claimant's details				
Claimant's name)			
Max Unturn				
Claimant rep	resentative's details			
Reference numb	per			
Compensator's details Name				
Marshall Insurers				
Reference number				
Sample Documents				
Section B Request details				
Date of request			Date of response	
14/12/2022			14/12/2022	
Amount requeste	ed			
£1000.00				
D	4			
Reason for request I have had to barrow money to get my insurer to repair my vehicle. I need repay this money to my parents				
Amount offered				
Response to req	uest			
We can not agree as there is receipts for the excess				

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