

TEMPLATE FOR LETTER OF CLAIM

To: - Defendant

Dear Sirs

Re: Claimant's full name
Claimant's full address
Claimant's National Insurance Number
Claimant's Date of Birth
Claimant's Clock or Works Number
Claimant's Employer (name and address)

We are instructed by the above named to claim damages in connection with a claim for: -
Specify occupational disease

We are writing this letter in accordance with the pre-action protocol for disease and illness claims.

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

The Claimant was employed by you (*if the claim arises out of public or occupiers' liability give appropriate details*) as *job description* from *date* to *date*. During the relevant period of his employment he worked: -
description of precisely where the Claimant worked and what he did to include a description of any machines used and details of any exposure to noise or substances

The circumstances leading to the development of this condition are as follows: -
Give chronology of events

The reason why we are alleging fault is: -
Details should be given of contemporary and comparable employees who have suffered from similar problems if known; any protective equipment provided; complaints; the supervisors concerned, if known.

Our client's employment history is attached.

We have also made a claim against: -
Insert details
Their insurers' details are: -
Insert if known

We have the following documents in support of our client's claim and will disclose these in confidence to your nominated insurance manager or solicitor when we receive their acknowledgement letter.

e.g. Occupational health notes; GP notes

We have obtained a medical report from (name) and will disclose this when we receive your acknowledgement of this letter.

(This is optional at this stage)

From the information we presently have: -

- (i) the Claimant first became aware of symptoms on (insert approximate date)*
- (ii) the Claimant first received medical advice about those symptoms on (insert date) (give details of advice given if appropriate)*
- (iii) the Claimant first believed that those symptoms might be due to exposure leading to this claim on (insert approximate date)*

A description of our client's condition is as follows: -

This should be sufficiently detailed to allow the Defendant to put a broad value on the claim

He has the following time off work: -

Insert dates

He is presently employed as a *job description* and his average net weekly income is £

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

Please note that we have entered into a conditional fee agreement with our client dated in relation to this claim which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990. Our client has taken out an insurance policy dated with (name of insurance company) to which section 29 of the Access to Justice Act 1999 applies in respect of this claim.

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

Yours faithfully