

Claim No.

Particulars of Claim [are attached]

## Statement of Truth

\*(I believe)(The claimant believes) that the facts stated in this claim form are true.

\* I am duly authorised by the claimant to sign this statement.

signed \_\_\_\_\_ date \_\_\_\_\_

\*(Claimant)(Litigation friend *(where the claimant is a child or a patient)*)(Claimant's solicitor)*\*delete as appropriate*

Full name \_\_\_\_\_

Name of claimant's solicitor's firm \_\_\_\_\_

position or office held \_\_\_\_\_

*(if signing on behalf of firm or company)*

Claimant's or  
claimant's solicitor's  
address to which  
documents should be  
sent if different from  
overleaf.

Postcode

*if applicable*

Ref. no.

fax no.

DX no.

e-mail

Tel. no.