

Acknowledgment of Service

(Practice Direction 8B – Pre-Action Protocol for Low Value Personal Injury Claims in Road Traffic Accidents)

Name of court	
Claim no.	
Claimant (including ref.)	
Defendant (including ref.)	

Section ATick only **one** box

- ☐ I do not intend to contest the claim
- ☐ I intend to contest the amount of damages claimed but not the making of an order for damages
- ☐ I intend to contest the making of an order for damages
- ☐ I intend to dispute the court's jurisdiction
(Please note, any application must be filed within 14 days of the date on which you file this acknowledgment of service)
- ☐ I object to the use of the procedure in Practice Direction 8B. My reasons for objecting are:

Section B

I want the claim to be determined by the court:

Tick only **one** box

- ☐ on the papers only
(not applicable where the claimant is a child)
- ☐ at a hearing

Section C

Full name of defendant filing this acknowledgment

Section D

*[I believe] [The defendant believes] [The defendant's insurer believes] that the facts stated in this form are true.

*[I am duly authorised by the [defendant] [defendant's insurer] to sign this statement].

delete as appropriate*Signed**

(To be signed by you, your insurer or by a solicitor on behalf of you or your insurer)

Position or office held

(If signing on behalf of firm or company)

Dated**Phone no.**

Give an address to which notices about this case can be sent to you

Postcode <div></div>	<i>If applicable</i>	
	Fax no.	
	DX no.	
	Your ref.	
	E-mail	