

OUR REF: { MERGEFIELD "Client_No" }/{ MERGEFIELD "Matter_No" }

SETTLEMENT AUTHORITY

I, { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD "LINKNAME_SURNAME_1" } of { MERGEFIELD "CLIENT_HOUSE" }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { IF { MERGEFIELD CLIENT_COUNTY }= "" "" "{ MERGEFIELD "CLIENT_COUNTY" }, " } { MERGEFIELD CLIENT_POSTCODE }, confirm that

I agree /do not agree *(delete as applicable)

with the valuation of my claim by my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } of { MERGEFIELD PRACTICEINFO_HOUSE }, { MERGEFIELD "PRACTICEINFO_AREA" }, { MERGEFIELD PRACTICEINFO_POSTAL_TOWN }, West Midlands, { MERGEFIELD PRACTICEINFO_POSTCODE } regarding my child's claim. I confirm I have read and fully understood the contents of the advice.

I agree with the contents of the medical report of { ASK medredate "Enter Medical Report date" } { ref medredate } and the Schedule of Special Damages.

I now instruct my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } to proceed with settlement of my child's claim for personal injuries on the basis of the above medical report, Schedule and barrister's advice.

I understand that the monies secured will be paid into court funds and released when they reach 18 years of age.

PLEASE PUT ANY ADDITIONAL COMMENTS YOU HAVE ON THE MEDICAL EVIDENCE AND SCHEDULE HERE IF YOU DO NOT AGREE.

Signed.....

Dated.....

PLEASE RETURN THIS FORM WITHIN 7 DAYS TO AVOID DELAY OF THE SETTLEMENT OF YOUR CLAIM