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e814acaea430\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSREF }

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \}*
MERGEFORMAT }

{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSURER_name }
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSURER_address }

Dear Sirs

Our Client: { MERGEFIELD LINKNAME_FORENAME_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }
Accident Date: { MERGEFIELD
TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM
yyyy" }
Accident Location: { MERGEFIELD TK_ACCDETS_tkACCLCATION }

We now enclose, by way of service, the following documents:

- (1) Claim Form (and attached notes);
- (2) Particulars of Claim;
- (3) Medical evidence filed on issue of proceedings;
- (4) Schedule of Expenses and Losses;
- (5) Notice of Funding;
- (6) Form for Acknowledging Service;
- (7) Form for Defending the Claim;
- (8) Form for Admitting the Claim.

We have been in correspondence with the relevant insurers, { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1INSURER_name } of:
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSURER_address }
(under reference { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSREF }), to whom you may
care to refer these papers straight away.

We would be grateful if your insurers or their solicitors would acknowledge safe receipt.

Yours faithfully

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e814acaea430\\footer.doc"}

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }