

Assessment Details

General damages (pain and suffering)		€26,000.00
Special Damages as detailed below (loss and expenses incurred)		€2,596.00
X-ray / MRI scan	€200.00	
Loss of earnings	€2,171.00	
Parking	€25.00	
GP / Consultant	€200.00	
Total amount of Assessment		
Fees and other expenses necessarily incurred		€290.00
Application fee	€45.00	
Medical report fees	€245.00	
Other fees and expenses	€0.00	
Overall total		€28,886.00

Please have Jane Dough complete, sign and date the form set out at the end of this letter to indicate whether she wishes to accept or reject the assessment and return it to us **within 28 days**.

Yours faithfully

Director of Business Support Services

c.c. Jane Dough

Acceptance/Rejection of Assessment

I confirm that I wish to accept/reject (*delete as appropriate*) the assessment of my claim and fees and expenses necessarily incurred in the sum of €28,886.00, details of which are set out above.

Signature of Claimant

Date:

Reference: ELXXXX2015XXXXX

Claimant: Jane Dough
Respondent: Joseph Soap