

## Attachment 7.11 – Letter Accompanying Third Party Claims Notice Form

Example letter to claimant to accompany the Third Party Claims Notice Form:

Operating Company name and address  
Date

Dear Sir or Madam

Your letter dated ----- / telephone call of ----- \* implied a claim arising from an incident on a trunk road or motorway. Please complete the attached form and return it to the address below.

Your attention is drawn to the need to complete medical mandates and the Department of Work and Pensions Compensation Recovery Unit Section where physical injury has been suffered.

Please note that failure to include all relevant information and sketches may delay the processing of your claim.

Yours faithfully

[Signed]

Name

Designation

\*delete as appropriate.