



Injuries Board Workflow

INJURIES BOARD (PIAB) WORKFLOW

Action	Action Description	Documents	Next
PIB01	Initial Consultation	PIB01A – First Attendance sheet PIB01B – Terms of Engagement PIB01D – Client Care and s 68 Letter PIB01E – Authorisation for PIAB PIB01G – File Cover PIB01H – PIAB explained PIB01J – Consent of Next Friend	PIB02 – 0 Now
PIB02	PIAB commencement Letters to all Parties	PIB02A – Letter to Doctor requesting Medical Report PIB02B – Warning Letter to Defendant PIB02C – O'Byrne Letter to Defendants PIB02D – Letter informing Client after first consultation PIB02E – Letter to Witness PIB02F – Letter to Gardai PIB02G – Letter to Engineer PIB02H – Letter to Insurance Company	PIB03 – 2 Weeks
PIB03	Chase Letters	PIB03A – Letter asking Client to pay for Medical Rept PIB03B – Letter to Doctor chasing Med Rept PIB03C – Letter to Garda chasing information	PIB05 – 3 Weeks PIB22 – 14 Days
PIB22	Pay for Medical Report	PIB22A – Letter to Doctor with payment for Med Rept PIB22B – Letter to Client on receipt of Med Rept payment	PIB05 – 14 Days
PIB05	Draft Form A and contact Client to review Medical Report	PIB01F – Form A PIB05A – Letter to Client to review Medical Report	PIB06 – 1 Weeks
PIB06	Client appointment to review Medical Report and sign Form A		PIB07 – 0 Now PIB12 – 0 Now
PIB07	Issue PIAB application	PIB07A – Letter to PIAB enclosing Application PIB07B – Letter to Client on issue of Application	PIB08 – 1 Weeks
PIB08	Check on PIAB acknowledgement (s 50)	PIB08A – Letter to Client re PIAB steps	PIB11 – 90 Days
PIB11	Review PIAB application	PIB11A – Letter to Client PIAB proceeding PIB11B – Letter to Client with Special Damages Schedule PIB11C – Letter to Client re PIAB Medical examination	PIB09 – 9 Months PIB10 – 10 Days PIB18 – 0 Now
PIB10	Send Special Damages schedule to PIAB	PIB10A – Letter to PIAB enclosing Special Damages schedule	PIB09 – 80 Days
PIB09	PIAB Assessment and Brief	PIB09A – Letter to Counsel enc PIAB Assessment Brief PIB09B – Letter to Counsel enc Brief PIAB decline assessment PIB09C – Letter to Client re PIAB assessment PIB09D – Letter to Client where PIAB decline to make Assessment	PIB13 – 2 Weeks PIB14 – 2 Weeks
PIB12	Error in Medical Report	PIB12A – Letter to Doctor to amend Med Rept	PIB07 – 2 Weeks
PIB13	Chase Barrister	PIB13A – Letter to Counsel chasing Advice	PIB14 – 1 Days

PIB14	Contact Client re PIAB Barrister Opinion	PIB14A – Letter to Client to make appt re Counsel Advice	PIB15 – 3 Days
PIB15	Client appointment to decide on Assessment		PIB16 – 0 Now PIB18 – 0 Now
PIB16	Accepting PIAB Assessment	PIB04A – Attendance on Client re Assessment acceptance PIB16A – Letter to PIAB accepting assessment PIB16B – Client's Authority to accept Assessment	PIB19 – 3 Weeks
PIB18	Take instructions on legal proceedings		CCL01 – 3 Days HCL01 – 3 Days PIB20 – 0 Now
PIB19	Review whether Monies received	PIB19A – Letter to Client on receipt of Settlement money	PIB19 – 2 Weeks PIB20 – 0 Now
PIB20	Close file		

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[MAT:FeCode] _____ Client Information Sheet Date Time Slip Entered: _____ Initials _____
 Consultation Date: [DATE:Today6] Start Time: _____ Finished Time: _____ Total
 Time: _____

Client Details:

Name:	[CNT:Name] [SYS:UpdateContacts()]		
Home Address:	[CNT:LinearAddress]		
Telephone:	[CNT:Tel]	Mobile:	[LCL:CIMobNo]
Gender:	[SYS:iif(UDF('ClientPronoun')='HER', 'female', iif(UDF('ClientPronoun')='HIS', 'male', ''))]]		
Date of Birth: (dd/mm/yyyy)	[CNT:DOB]		
Occupation:	[CNT:Occupation]		
Income Amount	[UDF:u.gross.wage]		
PPS Number	[CNT:RSINo]		
Relationship Status	[SYS:iif(LCL:CIMartialCde='WID', 'widowed', iif(LCL:CIMartialCde='MAR', 'married', iif(LCL:CIMartialCde='SEP', 'separated', iif(LCL:CIMartialCde='DIV', 'divorced', iif(LCL:CIMartialCde='SGL', 'single', (UDF('RelationshipStatus'))))))]]		

Respondent Details:

Name:	[CAN:Name.Defendant#01]				
Address:	[CAN:AddressSingle.Defendant#01]				
Relationship to Claimant (e.g. Employer)	[UDF:Def1Relationship]				
Contact Name (if known)		Phone:	[CAN:Phone.Defendant#01]		
If this is a Motor claim please provide the following additional details (if known)					
Registration Number of the Respondent's vehicle:	[UDF:Def1RegNo]	Make	[UDF:Def1VehicleMake]	Model	[UDF:Def1VehicleModel]
Respondent Insurance Company	[CAN:Name.Insurers#01]				
Respondent Insurance Policy Number / Claim Number	[UDF:u.def.pol.no]				

Accident Details:

Date of injury / accident (dd/mm/yyyy)	[UDF:u.acc.date]
Where did the injury / accident occur? (please detail the exact location where possible)	[UDF:u.whereabouts]
Brief description of how the accident occurred: [UDF:AccidentCircs]	

Injury Details:

Brief details of the injury:	[UDF:InjuryDescription]
Name of Witness 1: Witness Address: 1	[CAN:Name.Witnesses#01] [CAN:LegalAddressSingle.Witnesses#01]
Name of Witness 2: Witness Address: 2	[CAN:Name.Witnesses#02] [CAN:LegalAddressSingle.Witnesses#02]
Did Gardai attend scene of accident? Did Ambulance attend? Did Fire Service attend?	[UDF:GardaiAttend] [UDF:Ambulance] [UDF:FireService]
On what date did you first seek medical attention?	[UDF:FirstMedDate]
From whom did you first seek medical attention?	[UDF:FirstMedAttend]
Name & address of current medical attendant if different from above.	[CAN:Name.Doctors#01] [CAN:LinearAddress.Doctors#01]

Any other accidents/ injuries in the last 5 years?		[UDF:PI22]
If "Yes", please provide full details:	[UDF:PrevInjuryDetails]	

Enter here any other details relevant to your Personal Injury	[UDF:NOT]
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Client Declaration:

I, named above at Client name, confirm that I have been informed that the statute of limitations in relation to the matter discussed here today is _____ years from the date of the incident / injury or my date of knowledge of the incident / injury, that date being _____ and after that time I won't be able to take legal action. I confirm that it is my duty to inform [SYS:CON:Name] of any change of address, and unless I inform [SYS:CON:Name]. of a change of address which must be in writing, they are to correspond with me at the above address.

Signed: _____ Date: _____

Checklist to be completed by Solicitor:			Tick	Date	Signed
1	PIAB form A completed & signed by client				
2	PAIN statement completed & signed by client				
3	Photo ID & Utility Bill obtained & photocopied				
4	Client is show PIAB video				
5	Client has signed authorisations				
6	Client has been given S. 68				
7	Client has been given T.O.E.				
8	Client has been given PIAB explained				
9	Client has been given PIAB Fees explained				

To: [CNT:Name] of [CNT:LinearAddress]

[DATE:Today6]

Terms of Engagement

This document sets out the terms and conditions upon which [SYS:CON:Name] accepts your instructions to act. These terms may be varied or added to by correspondence at (or after) the time when your instructions are accepted by [SYS:CON:Name]. If for whatever reason you do not accept or understand these terms you should tell the responsible solicitor whose name appears in this letter immediately. These Terms of Engagement cover all work both present and future undertaken on your behalf by [SYS:CON:Name] Solicitors.

1. GENERAL

1.1 It is [SYS:CON:Name]'s professional duty to give your affairs proper care, skill and attention.

1.2 Throughout the handling of your matter [SYS:CON:Name] will rely on you to supply in a timely manner all information needed to act on your behalf. It is your obligation to tell them promptly of any relevant change in or addition to such information in the circumstances of your matter. [SYS:CON:Name] will not be under any obligation to verify or check the accuracy of such information unless it is specifically agreed in writing that they should do so and [SYS:CON:Name] rely on all information provided by you in good faith and on the maxim *uberrimae fidei* (in good faith).

1.3 Unless otherwise specifically agreed in writing these terms of engagement shall apply to all matters that you retain us on both present and future.

2. CONFIDENTIALITY

Your instructions are confidential and will not be disclosed by [SYS:CON:Name] save on your instructions, as required by law or as hereinafter set out. You are our client and we will only take instructions from you and only represent your interests. We owe you a formal duty of confidentiality which we will scrupulously observe.

3. DATA PROTECTION ACT

In order to act for individuals, it may be necessary for us to record on our files and also on our computer system certain personal details such as dates of birth, addresses and telephone numbers etc. In addition other non essential information may also be held by us when acting for either individuals or companies. You are entitled to ask at any time for a copy of the information that we hold about you or your company.

4. FEES

4.1 The basis of [SYS:CON:Name]'s charges are as set out in the Section 68 letter sent to you under separate cover for each matter you instruct us upon.

4.2 Sums incurred by [SYS:CON:Name] on your behalf (such as stamp duty, search fees, Counsel's fees and all other disbursements) will be chargeable, as will expenses incurred on travel, faxes, couriers, telephone calls and copying.

4.3 Clients may direct that movements of money on their behalf be carried out by telegraphic bank transfer. You should be aware that the banking system does not necessarily produce instantaneous transfer of such monies. [SYS:CON:Name] cannot be held responsible for delays or errors within the banking systems. Bank charges incurred in relation to telegraphic transfers made at your request may be deducted by us from your client account without specific prior notification to you.

4.4 VAT is chargeable at the applicable rate.

4.5 Estimates of costs are given for guidance only on the basis of information then known to [SYS:CON:Name] and are not to be regarded as quotations. You should note that it is often not possible to estimate costs accurately in advance.

4.6 A [SYS:CON:Name] bill of costs would usually be submitted at the time of substantive completion of the transaction, however if it is likely that the matter would proceed for some time an interim bill may be appropriate. Interim bills will usually be submitted on a monthly basis during the course of such a matter.

4.7 You have the right to give [SYS:CON:Name] written notice to set a limit on the fees which we may incur on your behalf. If that limit is reached, [SYS:CON:Name] will then cease work, notify you and await your further instructions. You should understand that, particularly in relation to contentious work, it may not be possible to limit your liability in relation to the costs incurred by any other party in the matter.

4.8 [SYS:CON:Name] reserves the right to charge for abortive work. In relation to instruction undertaken and accepted on a "no foul no fee basis" [SYS:CON:Name] will charge for all work undertaken where instruction is withdrawn before full completion of the matter and will not realise the fee until the full fee owing and due is discharged. Where a request is made to provide a copy of a file [SYS:CON:Name] will charge for the time and resources required to make a copy of the file. The minimum cost of copying a file will be Two Hundred and Fifty Euros and maybe more.

4.9 If you are dissatisfied with any bill which [SYS:CON:Name] renders to you, we wish to draw your attention to section 68 (8) of the solicitors act. 1994, which states the following:

S68 (8) Where a solicitor has issued a bill of costs to a client in respect of the provision of legal services and the client disputes the amount (or any part thereof) of that bill of costs, the solicitor shall

(a) take all appropriate steps to resolve the matter by agreement with the client, and

(b) inform the client in writing of

- i) the client's right to require the solicitor to submit the bill of costs or any part thereof to a Taxing Master of the High Court for taxation on a solicitor and own client basis, and
- ii) the client's right to make a complaint to the Society under *section 9* of this Act that he has been issued with a bill of costs that he claims to be excessive.

5. PAYMENT

5.1 [SYS:CON:Name] may at any time require from you reasonable sums on account of anticipated costs and disbursements. [SYS:CON:Name] shall have the right to appropriate such sums to defray disbursements incurred on your behalf or to pay interim bills which are overdue. However, such sums are, in the normal way, to be held against payment of the final account to be rendered to you and you are expected to settle interim bills without resort to such sums.

5.2 [SYS:CON:Name]'s bills are due and payable within 14 days of the date of the bill on delivery. [SYS:CON:Name] are entitled to charge interest on any sum unpaid 30 days after the date of delivery of a bill at the rate of 2% per annum over the base lending rate payable at the rate for the time being standing specified in section 26 of the Debtors (Ireland) Act 1840, from the appropriate date aforesaid until that amount is paid in full.

6. MONEY LAUNDERING

Anti-Money laundering regulations may require us to obtain in appropriate cases formal evidence of identity and, on occasion, to make disclosure to third parties without notice to you. [SYS:CON:Name] comply with The Criminal Justice (Money Laundering and Terrorist Financing) Act 2010.

7. LITIGATION

This paragraph applies only to litigious matters.

7.1 If you are successful in a litigation matter it may be that you will be entitled to a Court Order for your legal costs to be paid by another party. The wording in the Court Order usually says "Costs to be agreed and Taxed in default of agreement". Such an award is in the discretion of the Court. You should be aware that a Court Order for your legal costs may not always cover the total cost of your legal bill, you will be responsible to [SYS:CON:Name] for the difference between the actual costs incurred and the costs payable by your opponent. If any sum ordered against your opponent is not recovered in full or in part, you will also be responsible for the shortfall in the amount received. Likewise, if you lose proceedings, you may have an assessment of costs order against you and you will have to pay your opponent's costs as well as your own.

8. FILE STORAGE

Your file will be stored for a reasonable period (which will not be less than six years) free of charge. However, a charge may be made for retrieving the file from storage at your request and for supplying copies of any documents.

9. JURISDICTION

We advise on matters relating to the laws of Ireland and the Articles of the European Union (and the

regulations and directives adopted pursuant to the European Union Treaty) to the extent relevant to Ireland only.

10. CESSATION

[SYS:CON:Name] have the right to cease work and terminate their retainer by giving you written notice at your last known address in the event, among other things, that:

- (a) Any bill remains unpaid for more than 14 days after delivery;
- (b) You fail without reasonable cause to give us instructions for a period of 30 days; or
- (c) If in the opinion of [SYS:CON:Name] a conflict of interest arises.
- (d) You fail to provide the necessary documents to prove your identity as required by money laundering legislation.

In litigious matters, the leave of the Court may be required for [SYS:CON:Name] to come off record.

11. CLIENT ACCOUNT

Money retained on behalf of our clients is held in the Client Account and any interest arising thereon is treated in accordance with the provisions of SI No 372/2004 Solicitors (Interest on Clients' Moneys) Regulations, 2004 and Section 73 (2) of the Solicitors Amendment Act 1994. Where there is a minimum balance of Two Hundred Euros in the client account on the termination of the matter Monahan shall transfer the amount to the office account in leui of administration and sundry expenses, and shall issue a fee note for same.

12. CLIENT CARE

It is the policy of [SYS:CON:Name] to investigate complaints and expressions of dissatisfaction fully and promptly. If you have a complaint relating to the work being carried out for you, you should raise this in the first instance with the fee earner dealing with the matter who will endeavour to resolve the matter. If you are dissatisfied with his or her response, you should then make a formal complaint to our external complaints handler who is an external solicitor designated by our firm to process Complaints, in writing, giving full details of the nature of your complaint and he will deal with it in accordance with our complaints procedure. Further details of the procedure are available on request.

13.LIMIT OF LIABILITY

All transactions dealt with by this firm have a limit of liability under Section 44 Civil Law (Miscellaneous Provisions) Act 2008 to €1.5 million for each individual transcation.

14. LAW

These terms are subject to the laws of Ireland. The solicitor who explained this document to you is [MAT:FeName] of.[SYS:CON:Name].

Client Authorisation and Confirmation

I, [CNT:Name] of [CNT:LinearAddress] have read and understood the above document (Terms & Conditions), before signing below and I agree to the terms and conditions therein contained. I hereby authorise you to act on my behalf in the matters I instruct you upon. We have discussed [SYS:CON:Name]'s strategy for charging fees in some detail at our initial meeting and I agree that you have accurately set out our agreement in respect of same.

Dated this day of April 2014

Signed by Client: _____

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]
Our Client: [CNT:Name]

Dear [CNT:Salut],

We very much appreciate your recent instruction in connection with the above matter. The terms and conditions upon which [SYS:CON:Name] is willing to accept your instructions to act are set out in the document titled Terms of Engagement which we have already discussed with you.

These terms may be varied or added to by correspondence at (or after) the time when your instructions are accepted by [SYS:CON:Name]. If for whatever reason you do not accept or understand these terms you should immediately contact the author of this letter.

We would like to confirm your instructions are to proceed with your Application to the Injuries Board (PIAB Application). In order to do so, we require your assistance in completing your PIAB application form and signing a number of authorisations to allow us take up, if required, your:

- Medical Records
- Social Welfare payment history

We also require you to sign the following documents:

- Instructions to PIAB
- Cost Authority

We would also like to give you some idea of how our firm operates and what you can expect from us as your transaction progresses.

Statement of our practice's objectives

We aim to provide our clients with an efficient professional legal service. Once you instruct us, we will act on your instructions promptly and efficiently and keep you informed of any progress in your matter.

Responsibility for your work

I shall be the person with responsibility for your case unless otherwise informed. I am [MAT:FeName] solicitor. At [SYS:CON:Name] Solicitors we adopt a Team approach to running your case, so should for any reason a solicitor dealing with a file become incapacitated, your case will still be efficiently managed and progressed due to our Team approach strategy and systems in place.

Communication

You can contact us by letter, email or phone. We will respond to phone calls in the same working day if possible, and if not, by the following day. We aim to reply to correspondence within 3 working days.

Please note that my firm's policy is not to accept important instructions by email, and instructions must be confirmed by letter. Appointments to see me can be made through my secretary.

Key dates and timescale

You must commence a personal injuries action within two years of the injury or the date of knowledge of the injury or you will be statute barred from taking an action. For information on how long it takes PIAB to process your application see the document titled "PIAB Explained"

Costs

We have discussed the issue of fees and outlay, and as we have discussed, it is hard to give you an accurate estimate of the final fee note at this initial stage, however we are required by law to set out the basis for how we charge for our legal service. For this reason we now set out briefly the basis upon which our charges will be made for your PIAB application our document titled "PIAB FEES" which we have supplied you..

Standard of Service

This firm's policy is to review files regularly, in order to ensure that the matter progresses efficiently. However, by the nature of this case, we represent you, one party to the transaction and therefore, as other parties are involved, we cannot control how they will deal with the matter. However, we will do all in our power to look after your interests and ensure that your matter progresses efficiently.

Complaints

If you are not satisfied with our service, please contact me and I will try to resolve the difficulty. If I cannot resolve your concerns then the problem should be reported to our external complaints handler who is the external person (a solicitor) nominated to process any client complaints and who has authority to finally resolve any such concerns in line with our Client Complaint Procedure. His contacts details will be provided when requested.

Client identity checks

Our firm is required by section 32 of the Criminal Justice Act 1994 & Regulations 2003 (SI242/2003) to obtain evidence of identification and proof of address for security purposes, even if you are known personally to us or have had dealings with us in the past.

Please provide:

- ☐ one form of photo identification (passport or driver's license)
- ☐ evidence of your present address (a current utility bill can be used for this).
- ☐ Please bring the originals to the office and we will take photocopies for our files.
- ☐ We do not keep the original documents.

Action required of you

To attend your doctor so your doctor is in a position to supply us with a medical report.

To supply us the contact details of any witness so that we are in a position to contact them and record their evidence.

Please note that we until you sign our Terms of Engagement we are not engaged by you.

I look forward to being of service.

Yours sincerely,

[SYS:CON:Name].

CLIENT AUTHORITY & INSTRUCTION TO FIRM

To: [SYS:CON:NAME] SOLICITORS, [DIA:SINGLEADDRESS]

RE: [CNT:NAME] -v- [CAN:NAME.DEFENDANT#@,] [MAT:DESCRIPTION]

IN CONSIDERATION OF YOU AGREEING TO ACT FOR ME IN RELATION TO A CLAIM (HEREINAFTER REFERRED TO AS "MY CLAIM") THAT I WISH TO MAKE FOR DAMAGES FOR PERSONAL INJURIES ARISING FROM THE ACCIDENT REFERRED TO ABOVE

I HEREBY IRREVOCABLY INSTRUCT AND AUTHORISE YOU TO DO THE FOLLOWING:

- (a) OBTAIN SUCH DOCTORS' AND HOSPITAL REPORTS AND ANY OTHER EXPERTS' REPORTS FOR THE PROCESSING OF MY CLAIM AS YOU CONSIDER ADVISABLE;
- (b) ENTER INTO CORRESPONDENCE WITH ANY PERSON OR PERSONS CONSIDERED BY YOU TO BE RESPONSIBLE FOR THE INJURIES AND DAMAGE WHICH I HAVE SUFFERED (OR THE INSURER(S) CONCERNED);
- (c) IN THE EVENT THAT IT IS NECESSARY, ASSIST ME IN MAKING AND MAKE AN APPLICATION PURSUANT TO THE PERSONAL INJURIES ASSESSMENT BOARD ACT, 2003 ("THE PIAB ACT") TO THE PERSONAL INJURIES ASSESSMENT BOARD ("THE PIAB") AND IN THAT CONNECTION (PURSUANT TO SECTION 79 OF THE PIAB ACT) PROVIDE TO THE PIAB YOUR OFFICE AS MY ADDRESS FOR SERVICE OF ANY NOTICE OR ANY DOCUMENT THAT IS REQUIRED TO BE SERVED ON ME OR GIVEN OR ISSUED TO ME UNDER THE PIAB ACT;
- (d) ADVISE ME AS TO THE ADEQUACY OR OTHERWISE OF ANY ASSESSMENT OF DAMAGES MADE BY THE PIAB ON THE ASSUMPTION THAT THE PERSON (OR PERSONS) AGAINST WHOM I AM CLAIMING IS (ARE) FULLY LIABLE TO ME AND COMMUNICATE TO THE PIAB MY ACCEPTANCE OR REJECTION OF ANY SUCH ASSESSMENT OF DAMAGES;
- (e) IN THE EVENT THAT MY CLAIM IS NOT CONCLUDED WITHIN THE PIAB PROCESS OR THAT IT IS NECESSARY TO PROCEED AGAINST A NON-PIAB PARTICIPATING RESPONDENT(S), ISSUE SUCH COURT PROCEEDINGS ON MY BEHALF AGAINST THE PERSON (OR PERSONS) CONSIDERED BY YOU TO BE WHOLLY OR PARTLY RESPONSIBLE FOR THE INJURIES AND DAMAGES WHICH I HAVE SUFFERED; AND
- (f) TO ADVISE ME AND TO MAKE SUCH FURTHER STEPS AS YOU CONSIDER ADVISABLE IN MY INTEREST FOR THE PURPOSE OF BRINGING ABOUT THE CONCLUSION OF MY CLAIM.

IN FURTHER CONSIDERATION OF YOU SO AGREEING TO ACT FOR ME AS SET OUT ABOVE, I CONFIRM THE FOLLOWING:

- (i) THAT ON YOU EXPENDING SUCH MONIES ON MY BEHALF IN RESPECT OF OUTLAYS THAT YOU CONSIDER NECESSARY TO ENABLE ME PROPERLY TO PURSUE MY CLAIM [E.G. FOR DOCTOR(S) AND HOSPITAL(S) REPORTS AND OTHER APPROPRIATE EXPERT(S) REPORTS AS WELL AS FOR COUNSEL(S) FEES FOR ADVICES ON THE ISSUE OF RESPONSIBILITY FOR MY ACCIDENT AND/OR THE ISSUE OF THE APPROPRIATE QUANTUM OF DAMAGES I SHOULD RECEIVE] I AGREE TO REIMBURSE YOU FOR SAME OUT OF THE PROCEEDS OF THE DAMAGES I RECEIVE EITHER THROUGH THE PIAB PROCESS OR (WHERE THE PURSUANCE OF MY CLAIM PROCEEDS BEYOND THE PIAB PROCESS) FOLLOWING THE ISSUE OF COURT PROCEEDINGS ON MY BEHALF;

- (ii) THAT IT HAS BEEN EXPLAINED TO ME THAT A SEPARATE SUM IN RESPECT OF LEGAL FEES FOR YOUR SERVICES TO ME IN CONNECTION WITH MY CLAIM ARE NOT PAID IN ADDITION TO ANY DAMAGES PAID TO ME THROUGH THE PIAB PROCESS AND THAT YOUR DUE AND PROPER LEGAL FEES (PLUS THE OUTLAYS INCURRED BY YOU ON MY BEHALF) AT THAT TIME DUE BY ME WILL BE MY PERSONAL RESPONSIBILITY [THE BASIS OF THE CALCULATION OF SUCH LEGAL FEES HAVING BEEN PROVIDED TO ME IN WRITING AS REQUIRED BY SECTION 68 OF THE SOLICITORS (AMENDMENT) ACT, 1994];
- (iii) THAT IT ALSO HAS BEEN EXPLAINED TO ME THAT IN THE EVENT OF THE PIAB PROCESS NOT BRINGING ABOUT A FINAL RESOLUTION OF MY CLAIM AND AS A RESULT THAT IT IS THEN NECESSARY FOR YOU TO ISSUE COURT PROCEEDINGS ON MY BEHALF IN FURTHER PURSUANCE OF MY CLAIM FOR DAMAGES AGAINST A PERSON (OR PERSONS) CONSIDERED BY YOU TO HAVE RESPONSIBILITY FOR MY ACCIDENT, AN AWARD OF LEGAL COSTS IN ADDITION TO DAMAGES MAY BE MADE TO ME RELATING TO SUCH PROCEEDINGS, THE EXTENT OF SUCH LEGAL COSTS AWARD DEPENDING ON THE DEGREE OF SUCCESS OF MY CLAIM;
- (iv) THAT YOU ARE AUTHORISED TO RECEIVE ON MY BEHALF ANY AMOUNT PAID TO ME FOR DAMAGES IN RESPECT OF MY CLAIM (WHETHER THROUGH THE PIAB PROCESS OR FOLLOWING THE ISSUE OF COURT PROCEEDINGS) AND TO DISCHARGE OUT OF SUCH AMOUNT YOUR DUE AND PROPER LEGAL FEES (PLUS THE OUTLAYS INCURRED BY YOU ON MY BEHALF) TO THE EXTENT THAT THEY ARE NOT SEPARATELY RECOVERABLE BY YOU FROM THE PERSON (OR PERSONS) DEEMED RESPONSIBLE FOR MY ACCIDENT.

FURTHERMORE, I CONFIRM THAT PRIOR TO SIGNING THIS INSTRUCTION THAT I HAVE READ AND ACCEPT THE TERMS OF YOUR "TERMS OF ENGAGEMENT" AND "PIAB FEES",

SIGNED _____

NAME: [CNT:NAME], ADDRESS: [CNT:LINEARADDRESS]

I [CNT:NAME] acknowledge having received the following documents:

1. Section 68 letter
2. Terms of Engagement
3. Document titled "PIAB Explained"
4. Document titled "PIAB Fees"
5. I have viewed & understood the Video "S68 & Terms of Engagements explained"

Signed _____ Date: _____

[CNT:Name]
[CNT:Address]

THE PERSONAL INJURIES ASSESSMENT BOARD
PO BOX 8
CLONAKILTY
CO. CORK

RE: [CNT:NAME] -v- [CAN:NAME.DEFENDANT#@,] [MAT:DESCRIPTION]

DEAR SIRs

PLEASE NOTE THAT I HAVE INSTRUCTED [SYS:CON:NAME] SOLICITORS, [DIA:SINGLEADDRESS] ("MY SOLICITORS") TO ACT ON MY BEHALF IN SEEKING DAMAGES FOR PERSONAL INJURIES SUFFERED BY ME AS A RESULT OF THE ABOVE.

I HAVE INSTRUCTED MY SOLICITORS:

- (g) TO APPLY PURSUANT TO THE PERSONAL INJURIES ASSESSMENT BOARD ACT, 2003 ("THE ACT") TO THE PIAB AND IN THAT CONNECTION PLEASE NOTE THAT I DESIGNATE UNDER SECTION 79 OF THE ACT MY SOLICITOR'S SAID ADDRESS AS MY ADDRESS FOR SERVICE OF ANY NOTICE OR ANY DOCUMENT THAT IS REQUIRED TO BE SERVED ON OR GIVEN OR ISSUED TO ME UNDER THE PIAB ACT;
- (h) TO ADVISE ME AS TO THE ADEQUACY OR OTHERWISE OF ANY ASSESSMENT OF DAMAGES MADE BY THE PIAB IN RESPECT OF MY CLAIM AND TO COMMUNICATE TO YOU MY ACCEPTANCE OR REJECTION OF ANY SUCH ASSESSMENT OF DAMAGES;
- (i) IN THE EVENT THAT MY CLAIM IS NOT CONCLUDED WITHIN THE PIAB PROCESS, TO ISSUE SUCH COURT PROCEEDINGS ON MY BEHALF AGAINST THE PERSON(S) RESPONSIBLE FOR THE INJURIES AND DAMAGES SUFFERED; AND
- (j) TO ADVISE ME AND TO TAKE SUCH FURTHER STEPS AS ARE NECESSARY FOR THE PURPOSE OF BRINGING ABOUT THE CONCLUSION OF MY CLAIM.
- (k) TO CONDUCT THIS CASE ON MY BEHALF WITH MY FULL AUTHORITY AND REQUIRE THAT ANY INTERESTED INSURANCE COMPANIES, THEIR SERVANTS OR AGENTS CORRESPOND DIRECTLY WITH MY SOLICITORS AND THAT NO CORRESPONDENCE IS DIRECTED TO MYSELF.

YOURS FAITHFULLY,

[CNT:Name]

Authorisation

To: _____
FOI Department

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]

I [CNT:Name] of [CNT:LinearAddress], Date of Birth [CNT:DOB] hereby authorise you to forward all my medical notes and records, and all X-Rays in relation to the above to my Solicitor's [SYS:CON:Name] Solicitors, [DIA:SingleAddress] as soon as possible and within the time limits specified in the Acts. I make my request under the Section 7 of the Freedom of Information Act 1997 (as amended), and if the Freedom of Information Act does not cover my request, I make it under Section 4 of the Data Protection Act 1988 (as amended). If you require further information regarding my request please contact my solicitor.

Signed:_____ Date:_____

Medical Records Authority

Name: [CNT:NAME]

To whom it may concern,

I [CNT:Name] of [CNT:LinearAddress], Date of Birth [CNT:DOB] hereby authorise you to release all medical records in your possession in relation to my medical history to include hospital records, files and x-ray reports and any other records to my Solicitors, [SYS:CON:Name]. [DIA:SingleAddress].

SIGNED:

Social Welfare Authority

Name: [CNT:NAME]

PPS No: [CNT:RSINo]

Date of Accident: [MAT:Description]

To whom it may concern,

I [CNT:Name] of [CNT:LinearAddress], date of birth [CNT:DOB] hereby authorise the release to my Solicitors, [SYS:CON:Name]. of [DIA:SingleAddress], of my social welfare records. This authority includes copies of original application forms and details of any occupational injury benefit, disability benefit and pay related benefit received by me either as a result of the above accident or for a period of five years prior to the date of the accident.

SIGNED

GENERAL MEDICAL REQUEST

[CNT:NAME]
[CNT:ADDRESS]

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]

To: _____

I [CNT:Name] OF [CNT:LINEARADDRESS], DOB [CNT:DOB] HEREBY AUTHORISE YOU TO FORWARD A COPY OF MY MEDICAL RECORDS TO MY SOLICITORS, [SYS:CON:NAME], 10 DYER STREET CO LOUTH AS SOON AS CONVENIENT.

SIGNED: _____

DATE; _____

AUTHORITY TO DEAL WITH THIRD PARTY INSURANCE COMPANY

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]

To: _____

I [CNT:Name] OF [CNT:LINEARADDRESS], DOB [CNT:DOB] HEREBY AUTHORISE YOU TO DEAL WITH MY SOLICITORS, [SYS:CON:NAME], 10 DYER STREET CO LOUTH IN RELATION TO THE ABOVE MATTER.

SIGNED: _____

DATE; _____

INSURANCE COMPANY AUTHORITY

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]

To: _____

I [CNT:Name] OF [CNT:LINEARADDRESS], DOB [CNT:DOB] HEREBY AUTHORISE YOU TO DEAL WITH MY SOLICITORS, [SYS:CON:NAME], 10 DYER STREET CO LOUTH IN RELATION TO THE ABOVE MATTER.

SIGNED: _____

DATE; _____

Cost Authority

Client Name: [CNT:Name]

Re: **PIAB Application,**
[CNT:Name] -v- [CAN:Name.Defendant#@.], [MAT:Description]

INSTRUCTION

I [CNT:Name] authorise [SYS:CON:Name]. to deduct from my compensation cheque their costs, outlay and VAT as per their Bill of Costs when drawn.

I confirm that I have been advised of my rights to Taxation and have read the printed notes "PIAB Explained".

In order to make the agreed deductions I authorise [SYS:CON:Name]. to cash, negotiate, endorse or otherwise deal with my compensation cheque and to sign any receipt or discharge on my behalf

Finally, I have agreed that the following further deductions may be made by Solicitors and discharged by them on my behalf.

DEDUCTIONS

- | | | | |
|----|----------------------|----|----------------------|
| 1. | | 4. | <input type="text"/> |
| 2. | <input type="text"/> | 5. | |
| 3. | | 6. | <input type="text"/> |

Signed

ENSURE THAT PIAB FORM AND CLIENT ACCIDENT STATEMENT HAVE BEEN COMPLETED AND SIGNED

Injuries Board Explained

The Injuries Board tells us that as many as 50% of cases are successfully concluded by them. This means that there is a good chance that your case may be resolved without the need to go to Court. That's the good news!

The bad news is that, under the Injuries Board scheme, you have to pay for your legal advice. See below for an outline of [SYS:CON:Name]'s current fees for handling Injuries Board cases.

Please remember that you are also liable for VAT and all outlays incurred on your behalf. These outlays could include reports from your doctor, an engineer or the Gardaí as well as the Injuries Board application fee.

In certain circumstances you are entitled to recover some of the price of the first medical report as well as the Injuries Board application fee and we will discuss this with you further if it becomes appropriate.

During the assessment of your case by the Injuries Board you may be asked to attend a medical examination by one of their doctors. You will also be required to submit details of any expenses you have incurred such as the cost of medical treatment or perhaps travel expenses. If you are claiming loss of earnings Injuries Board will also ask you to get a certificate from your employer confirming the situation.

Remember that the Injuries Board will only award compensation where it is reasonable in all the circumstances. This means that you should take steps to minimise the amount of your claim wherever possible. One way you can do this is by making every effort to get better quickly by attending your doctor for treatment and, if necessary, taking medication or going for physiotherapy. You should also avoid running up any excessive or unusual expenses.

As you probably know, the time taken for a case to be processed by the Injuries Board can vary but could take as long as eighteen months. The other party has 3 months after your application has been submitted to Injuries Board to decide if they want Injuries Board to make an assessment. If they object to Injuries Board making an assessment, Injuries Board issue an authorisation and you may proceed to court. If they consent to Injuries Board making an assessment, Injuries Board usually make an assessment within 9 months from the date the other party consents to Injuries Board making an assessment. While approximately half of all cases are successfully brought to a conclusion during that time an equal number are released by Injuries Board with authorisation to go to Court. These are frequently cases where there is a dispute as to how the accident happened or an argument as to the severity of your injuries.

If your case cannot be resolved during the Injuries Board process and has to go to Court we will usually arrange for you to have a pre-litigation consultation with us. This meeting will be an opportunity to reassess your chances of success as well as your expectations with regard to the value of your claim.

Although we do reserve the right to stop acting for any client at any point in time, in most cases we simply proceed with your claim and handle the Court litigation on a "No Win – No Fee" basis. We do require to pay outlay such as medical fees for reports, and stamp duty on court documents.

Injuries Board Fees

You will probably agree that many clients worry about legal fees. At [SYS:CON:Name] we recognise the importance of having a simple agreement concerning our fees which is fair both to you and us.

The Injuries Board changed how personal injury claims are made in Ireland. The big change is that you, the accident victim, are now fully responsible for paying your Solicitor for all work done in order to process your Injuries Board application

CERTAINTY

Because each case is different it is hard to predict how much work will have to be carried out, but we do recognise the importance of certainty when it comes to fees.

This is the reason we have decided to simplify our fee structure both for your benefit and ours.

The administration of an Injuries Board case can be divided into two basic parts. The first is the preparation and actual filing of your Application Form. The second is an additional research, investigation or advice which you might require.

HOW MUCH?

Our professional fee for the preparation and submission of an Injuries Board Application and progression of the Injuries Board process to completion will usually vary from €2,000 to €3,500 depending on the complexity of the application. Where applications are more complex, such as there being more than one respondent, or the respondent is unknown a higher fee may apply

“NO WIN – NO FEE”

[SYS:CON:Name] adopt in certain cases a “No Win – No Fee” policy for litigating court cases.

But an application to the Injuries Board is not a court case.

You need to remember that the Injuries Board does not make any decision about who was at fault for your accident. All the Board does is assess the value of your case. Essentially they calculate what compensation you deserve. Therefore there is no winning or losing at the Injuries Board and consequently “No Win – No Fee” does not apply.

So, for the sake of clarity, we must remind you that, no matter what the outcome of your Injuries Board Application, you are responsible for our Professional Fees, Outlays and VAT. These are due when Injuries Board either assess or release your case.

NO RISK!

The good news is that, because you can't lose at the Injuries Board, you are not at risk of having to pay any legal costs incurred by the other side. And if you accept the Injuries Board assessment of your case you may not have to go to Court to obtain your compensation. This will bring you a very significant saving in terms of both time and money.

COURT COSTS

If you are not satisfied with the outcome of your Injuries Board Application then you can still bring your case to Court. However there are cost implications when litigating and we will be happy to advise you about these at a later stage.

FINALLY

This document reflects our present charges. These are reviewed every year. The fees and VAT you will be asked to pay will be those which are current at the time of your payment.

**PERSONAL INJURIES
BOARD APPLICATION**

BETWEEN

**[CNT:Name], a minor, Suing by
[SYS:iif(UDF('ClientPronoun')='THR', 'their',
lower(UDF('ClientPronoun')))] [UDF:NextFriendRel] and Next
Friend [LCN:CNameCon#??]**

Applicant

-and-

[CAN:Name.Defendant#??]

Defendant

CONSENT OF NEXT FRIEND

I, [LCN:CNameCon#??], am the [UDF:NextFriendRel] of [CNT:Name], born on the [CNT:DOB18], the proposed applicant to the Personal Injuries Assessment Board. [MAT:FeName], Solicitor of [SYS:CON:Name] Solicitors has explained to me what is required of me in consenting to act as Next Friend and I agree to act as Next Friend on behalf of [CNT:Name]. I hereby authorise [MAT:FeName] of [SYS:CON:Name], Solicitors, to commence and maintain this application on behalf of said [CNT:Name].

Signed: _____ Date: _____
[LCN:CNameCon#??]

Witnessed: _____ Date: _____

[SYS:CON:Name], Solicitors

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[CAN:SolRef.Doctors#??]

[DATE:Today]

[CAN:Name.Doctors#??]

[CAN:Address.Doctors#??]

Re: [MAT:Description]

Our Client: [CNT:Name], DOB: [CNT:DOB], [CNT:LinearAddress]

Dear [CAN:Salutation.Doctors#??]

We are instructed by our above named client that they attended you in relation to the above matter and we now request that you produce a PIAB medical report in the standard PIAB format as soon as possible.

Our client will be responsible for the discharge of the fee for the cost of the report. Please inform us of the cost of said report when ready so that we can arrange for payment for report by client.

We thank you for your assistance in relation to this matter.

Yours sincerely,

[SYS:CON:Name].

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Defendant#??]
[CAN:Address.Defendant#??]

Re: [MAT:Description]
Our Client: [CNT:Name]

Dear [CAN:Salutation.Defendant#??],

We act for the above named who has suffered personal injuries as a result of an accident on the above date.

We are satisfied from our instructions that you are responsible for this accident and therefore liable to compensate our client for their personal injury, loss and damage. We hereby call upon you to admit liability to our client in an open letter within 10 days from the date hereof.

In the event of it being necessary, our client's claim for damages will be the subject of an application to the Personal Injuries Assessment Board ("PIAB").

In the event that it becomes necessary to issue proceedings against you, our client will, as part of their claim, seek from you the costs of such proceedings.

Please further note that in the event that you do not admit liability for this accident in an open letter within 10 days from the date of this letter, we require you to undertake in writing to us within the same time period that you will preserve any real or movable property relevant to the accident in your power, possession or control in its unaltered state from the date of the said accident pending an examination or inspection by our client and/or on our client's behalf by such expert(s) as may be advised for the purposes of any proceedings as may be issued against you.

If we do not receive within the said time period an open admission of liability or the said undertaking, it may be necessary for us without further notice to you to apply by notice of motion to court under Section 12 of the Personal Injuries Assessment Board Act 2003 for such interlocutory order or orders as may be required including an order providing for the inspection and/or preservation of any evidence material to the issues of causation or liability. If such an application is necessary, our client will seek an order for the costs of same against you.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Defendant#01]
[CAN:Address.Defendant#01]

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]
Our Client: [CNT:Name]

Dear [CAN:Salutation.Defendant#01]

We act for [CNT:Name] of [CNT:LinearAddress], who suffered severe injury, loss and damage as a result of the incident which occurred on at .

(insert details of incident here)

Our client is unable to say whether you or [CAN:Name.Defendant#02] was to blame for the incident and we therefore call upon you to write to us within 14 days confirming that you accept your liability for this incident and agreeing to compensate our client fully. We are writing a similar letter to [CAN:Name.Defendant#02].

If we do not receive an admission of liability from one or other of you, we have instructions to issue proceedings on behalf of our client against both you and [CAN:Name.Defendant#02] without any further notice.

If our client's claim against you succeeds but [CAN:Name.Defendant#02] is not held liable and an order is made dismissing the claim against him/her with costs, an application will be made to the Trial Judge under Section 78 of the Courts of Justice Act, 1936 for an order that, in addition to damages and our client's costs, you should pay our client such sum as he/she may have to pay to [CAN:Name.Defendant#02] costs. This letter will be produced at the hearing of that application.

We suggest that you pass this letter on to your insurers, if applicable, immediately so that they can reply on your behalf.

Yours faithfully,

[SYS:CON:Name].

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [CNT:Name] -v-[CAN:Name.Defendant#@,] , [MAT:Description]
Our Client: [CNT:Name]

Dear [CNT:Salut],

Thank you for coming in for your consultation. We were sorry to learn of your recent accident. The team at [SYS:CON:Name]. Solicitors will work diligently on your behalf to ensure a speedy and satisfactory resolution to your case. We are very grateful to you for your instructions in this matter.

Since our meeting, we have taken the following steps:

1. Sent a warning letter to the party you hold responsible for your injury.
2. Requested a Medical Report from your Doctor.
If you do not hear from your Doctor within 2 weeks, we would be obliged if you would contact your Doctor directly in order to arrange an appointment for the purpose of having your PIAB Medical Report produced. We must stress that we cannot proceed with your PIAB application until we have obtained your medical report.
3. Requested witness statements from potential witnesses whose details you have provided us with. We would be very much obliged if you would also follow up with the potential witnesses and impress upon them the importance of providing us with their signed witness statements.
4. Requested a Garda abstract report of your accident. You should be aware that the Gardai charge a fee for this report.

We stress at this point that you must retain any receipts for out of pocket expenses incurred in relation to your injury. Again, we are very grateful for your instructions in this matter and will contact you as soon as we have an update on the progress of your matter.

Please do not hesitate to contact the team in [SYS:CON:Name]. Solicitors at any time should you have any queries in relation to your matter.

Yours faithfully,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Witnesses#??]
[CAN:Address.Witnesses#??]

Re: [MAT:Description]
Our Client: [CNT:Name]

Dear [CAN:Salutation.Witnesses#??]

We act on behalf of our above named client who sustained injuries as a result of an accident on the above mentioned date.

Our client instructs us that you may have witnessed this incident and therefore we would be obliged if you could write out your statement on the enclosed paper and return to us at your very earliest convenience. For your ease in returning your statement, we furnish you with a stamped addressed envelope.

If it is more convenient for you please feel free to contact our office to arrange an appointment to attend our office where we could type out your statement for you.

We look forward to hearing from you at your earliest convenience and thank you for your assistance in this matter.

Yours sincerely,

[SYS:CON:Name]

Witness name: [CAN:Name.Witnesses#??]
Address: [CAN:LinearAddress.Witnesses#??]

Accident Details: [MAT:Description]

What you recall of the accident: _____

[illegible]

Signed _____ Date: _____ (use back of page if required)

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Garda#01]
[CAN:Address.Garda#01]

Re: [MAT:Description]
Our Client: [CNT:Name], DOB:[CNT:DOB]

Dear Garda,

We refer to the above and confirm that we have been instructed by our above named client, [CNT:Name], in relation to a road traffic accident that occurred on [UDF:u.acc.date] at [UDF:u.whereabouts].

Our client instructs us that you were the attending Garda at the scene of the accident. We would be very much obliged if you would provide us with the information we require on the attached sheet in order to progress this matter on behalf of our client. Please use the boxes provided and return to our offices within 14 days from the date hereof.

We are very much obliged for your assistance in relation to this matter and please do not hesitate to contact our offices should you have any queries in relation to the above.

Yours sincerely,

[SYS:CON:Name]

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]
Our Client: [CNT:Name]

Respondent Details:

Name of driver of other vehicle

Owner of vehicle if different from above

If driver is unidentified, please indicate in this box by inserting 'Not Identified'.
Address of driver of other vehicle

Make of vehicle:

Model of vehicle

Registration of vehicle

Insurance provider of other driver

Insurance policy number

If vehicle was uninsured please indicate in this box by inserting 'Uninsured'

Please return to our offices via post/ e-mail/ fax within 14 days from the date hereof.

Name of Garda:

Date: _____

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Engineers#??]

[CAN:Address.Engineers#??]

Re: [MAT:Description]

Our Client: [CNT:Name], **DOB:** [CNT:DOB], **Client Phone number:** [LCL:ClMobNo]

Dear [CAN:Salutation.Engineers#??],

The above named client has contacted our office in relation to an injury they sustained on the [UDF:u.acc.date] at [UDF:u.whereabouts].

We shall be obliged if you would kindly contact our client to arrange a suitable day and time for the purposes of you inspecting the accident locus and collecting the necessary evidence should the matter proceed to Court and an engineer's report be required.

Many thanks for your assistance in this matter and if you have any queries please do not hesitate to contact our office.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Insurers#??]

[CAN:Address.Insurers#??]

Re: [MAT:Description],

Your Ref: [UDF:u.ins.ref]

Our Client: [CNT:Name]

Dear Sirs

We act for [CNT:Name] of [CNT:LinearAddress] who suffered injury, loss and damage in a road traffic collision which occurred at [UDF:u.whereabouts] on [UDF:u.acc.date]. The collision was caused by the negligence and breach of duty, including breach of statutory duty, of your insured [CAN:Name.Defendant#??] of [CAN:AddressSingle.Defendant#??]. We enclose a copy of a letter which we have today sent to your insured, holding him/her responsible for our client's injury, loss and damage.

Yours faithfully,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We refer to your above matter and now advise that we have received a letter from your Doctor, copy enclosed herewith, requesting fee for the release of your medical report.

We shall be obliged if you would kindly discharge this fee by either contacting your Doctor directly or by calling to our office with the fee and we will forward to your Doctor on your behalf. If you are contacting your Doctor directly to discharge this fee please advise our office by return.

We await hearing from you.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[CAN:SolRef.Doctors#??]

[DATE:Today]

[CAN:Name.Doctors#??]

[CAN:Address.Doctors#??]

Re: [MAT:Description]

Our Client: [CNT:Name], DOB: [CNT:DOB], [CNT:LinearAddress]

Dear [CAN:Salutation.Doctors#??]

We refer to our letter of _____ on behalf of [CNT:Name], in which we requested a PIAB medical report in the standard PIAB format. This report is necessary so that we can ask the Injuries Board to make an assessment in respect of our client's injuries.

We repeat that our client will be responsible for the discharge of the fee for the cost of the report. If you will inform us of the cost of said report when ready we shall arrange for payment for the report by our client.

We thank you for your assistance in relation to this matter.

Yours sincerely,

[SYS:CON:Name].

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Garda#01]
[CAN:Address.Garda#01]

Re: [MAT:Description]
Our Client: [CNT:Name], **DOB:**[CNT:DOB]

Dear Garda,

We refer to our letter of [CNT:Name] in which we confirmed that we act for [CNT:Name], in relation to a road traffic accident that occurred on [UDF:u.acc.date] at [UDF:u.whereabouts].

We enclose a further copy of the information sheet which was enclosed with our earlier letter and shall be very grateful if you will provide us with the requested information so that we can progress this matter on behalf of our client.

We are very much obliged for your assistance in relation to this matter and please do not hesitate to contact our offices should you have any queries in relation to the above.

Yours sincerely,

[SYS:CON:Name]

Re: [CNT:Name] -v- [CAN:Name.Defendant#@,], [MAT:Description]
Our Client: [CNT:Name]

Respondent Details:

Name of driver of other vehicle

Owner of vehicle if different from above

If driver is unidentified, please indicate in this box by inserting 'Not Identified'.
Address of driver of other vehicle

Make of vehicle:

Model of vehicle

Registration of vehicle

Insurance provider of other driver

Insurance policy number

If vehicle was uninsured please indicate in this box by inserting 'Uninsured'

Please return to our offices via post/ e-mail/ fax within 14 days from the date hereof.

Name of Garda:

Date: _____

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We acknowledge receipt from you of €[UDF:u.rep.fee] being payment for your PIAB medical report.
We shall now forward your payment to your doctor and request your report. Thank you.

Yours sincerely,

[SYS:CON:Name]

Should you require any assistance in completing this form, you can contact
InjuriesBoard.ie Helpline 8am – 8pm
Monday to Saturday on
Lo-Call **1890 829121**

Form A



Application for Assessment of Damages under Section 11 of the Personal Injuries Assessment Board Act 2003

PLEASE COMPLETE IN BLOCK CAPITALS

Type of Accident - Please Tick:

Motor ☐ At Work ☐ Other ☐

Claimant Details

Application No. (Input by InjuriesBoard.ie)	[SYS:UpdateDiary()]		
Name:	[CNT:Name]		
Home Address:	[CNT:LinearAddress]		
Telephone:	[CNT:Tel]	Mobile:	[LCL:CIMobNo]
Gender:	[SYS:iif(UDF('ClientPronoun')='HER', 'female', 'male')]		
Date of Birth: (dd/mm/yyyy)	[CNT:DOB]		
Occupation: Employee Number (if known)	[CNT:Occupation]		

THE RESPONDENT IS THE PERSON OR COMPANY YOU ARE MAKING THE CLAIM AGAINST AND ARE HOLDING RESPONSIBLE FOR THE INJURY/ACCIDENT. IF THERE ARE MORE THAN THREE RESPONDENTS, PLEASE ADD ON A SEPARATE SHEET.

RESPONDENT Number 1

Name:	[CAN:Name.Defendant#01]				
Address:	[CAN:AddressSingle.Defendant#01]				
Relationship to Claimant (e.g. Employer)	[UDF:Def1Relationship]				
Contact Name (if known)		Phone:			
If this is a Motor claim please provide the following additional details (if known)					
Registration Number of the Respondent's vehicle:	[UDF:Def1RegNo]	Make	[UDF:Def1VehicMake]	Model	[UDF:Def1VehicModel]
Respondent Insurance Company	[CAN:Name.Insurers#01]				
Respondent Insurance Policy Number / Claim Number	[UDF:u.def.pol.no]				

RESPONDENT Number 2

Name:	[CAN:Name.Defendant#02]				
Address:	[CAN:AddressSingle.Defendant#02]				
Relationship to Claimant (e.g. Employer)	[UDF:Def2Relationship]				
Contact Name (if known)		Phone:			
If this is a Motor claim please provide the following additional details (if known)					
Registration Number of the Respondent's vehicle:	[UDF:Def2RegNo]	Make	[UDF:Def2Vehicle Make]	Model	[UDF:Def2Vehicle Model]
Respondent Insurance Company	[CAN:Name.Insurers#02]				
Respondent Insurance Policy Number / Claim Number	[UDF:u.def2.pol.no]				

RESPONDENT Number 3

Name:	[CAN:Name.Defendant#03]				
Address:	[CAN:AddressSingle.Defendant#03]				
Relationship to Claimant (e.g. Employer)					
Contact Name (if known)		Phone:			
If this is a Motor claim please provide the following additional details (if known)					
Registration Number of the Respondent's vehicle:		Make		Model	
Respondent Insurance Company					
Respondent Insurance Policy Number / Claim Number					

Accident Details

Date of injury / accident (dd/mm/yyyy)	[UDF:u.acc.date]
Where did the injury / accident occur? (please detail the exact location where possible)	[UDF:u.whereabouts]

Brief description of how the accident occurred: [UDF:AccidentCircs]
--

Injury/Claim Details

Brief details of the injury:	[UDF:InjuryDescription]
On what date did you first seek medical attention?	[UDF:FirstMedDate]
From whom did you first seek medical attention?	[UDF:FirstMedAttend]
Name & address of current medical attendant if different from above.	[CAN:Name.Doctors#01] [CAN:AddressSingle.Doctors#01]

You are required to submit a medical report from your treating doctor with your application. Are you satisfied that the medical report you are attaching adequately describes your injury?

Yes

No

☐
☐

If “No”, please provide further information in the box below

Previous relevant injuries/conditions/accidents

Have you suffered any other injury or from any relevant medical condition or been involved in any other accident in the past 5 years, whether or not resulting in a claim for compensation, which is relevant to your current claim?

Yes ☐

No ☐

If “Yes”, please provide full details:
[UDF:PrevInjuryDetails]

Special Damages e.g. Loss of wages, medical expenses, out of pocket expenses.

Are you claiming for loss of wages? If "Yes" please state the dates that you were absent from work due to injury and insert your PPS Number	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	From:		To:	
	PPS Number:	[CNT:RSINo]		
State the amount that you are claiming for loss of wages (based on net earnings) if known at present	€			
If you are still medically certified as unfit, when is it expected that you will return to work?				
Are you claiming for medical expenses? If "Yes", attach receipts and state the amount.	Yes <input type="checkbox"/> No <input type="checkbox"/> € TBC			
Are further medical expenses expected? If so, please furnish details	Yes <input type="checkbox"/> No <input type="checkbox"/> TBC			
Are you claiming any other loss or expense? If "Yes", please detail and state the amount	Yes <input type="checkbox"/> No <input type="checkbox"/> TBC			
Is other loss or expense expected? If "Yes", please detail and estimate amount involved	Yes <input type="checkbox"/> No <input type="checkbox"/> TBC			

It is important to note that you will have an opportunity to update and detail your final claim for special damages before any assessment is made

I hereby declare that the above information is, to the best of my knowledge, true and accurate in every respect

Signature of Claimant: _____

Date: _____

Please note, the Respondent/s named by you and their insurers where known will be copied with your application form and medical report in order that they may know the nature and extent of your claim. The Respondent and their insurers are required to treat such information confidentially and not to further disclose it.

**Completed Application and necessary documentation should be returned to:
Personal Injuries Assessment Board, P.O. Box 8, Clonakilty, Co. Cork**

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We have now received a copy of your PIAB medical report from your Doctor. We shall be obliged if you would kindly contact our office and arrange an appointment to attend our office for the purposes of reviewing your medical report as soon as possible. Once you have reviewed your medical report and confirmed same is in order we can then proceed to make your application to the Injuries Board.

We await hearing from you as soon as possible.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[UDF:PIABref]

[DATE:Today]

The Injuries Board
P.O. Box 8
Clonakilty
Co. Cork

Re: Claimant: [CNT:Name]
Respondent: [CAN:Name.Defendant#??]
[MAT:Description]
Our client: [CNT:Name]

Dear Sirs,

Please find enclosed completed Application Form A, medical report, warning letter, client authorisation and cheque for €45.00 in respect of the above.

Please acknowledge application as having been received and complete for the purposes of section 50 of the Personal Injuries Assessment Board Act 2003.

Thank you for your assistance in this matter.

Yours sincerely,

[SYS:CON:Name].

Checklist to be completed by solicitor
Dated

Tick Signature

- 1 Has Medical Report been approved & initialled on each page by client
- 2 Has Medical Report been signed & dated by Doctor.
- 3 Has Medical Report that we send to client been scanned & saved as “Medical Report sent to PIAB”.
- 4 Has a photocopy of cover letter with cheque attached been taken
- 5 Has PIAB Form A been signed & dated by client
- 6 Has completed PIAB Form A been scanned & saved as “Form A sent to PIAB”.

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]
Our Client: [CNT:Name]

Dear [CNT:Salut],

We refer to the above matter and confirm that we have now submitted your application to the Injuries Board. We will update you as soon as the Injuries Board acknowledge receipt of your application. We hope to receive an acknowledgement within 2–3 weeks.

We thank you again for instructing us in relation to your matter.

Please do not hesitate to contact our offices at any time should you have any queries in relation to the above.

Yours sincerely,

[SYS:CON:Name].

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Our Client: [CNT:Name]

Dear [CNT:Salut]

We are happy to advise that the Personal Injuries Assessment Board have acknowledged the receipt of your application. As PIAB have acknowledged receipt, the Statute of Limitations has stopped running.

PIAB will now notify the party you hold responsible for your injury of your request to have your injuries assessed by PIAB. The respondent will then have **90 days** to confirm whether or not they consent to the PIAB carrying out an assessment of your injury. If the respondent consents to assessment, PIAB will proceed with an assessment of your claim. PIAB must assess your claim within 9 months of receiving the respondent's consent to have the injury assessed.

If the respondent does not consent to the assessment of your claim, PIAB will issue an Authorisation permitting you to pursue the matter through the Court system.

As soon as we have an update from PIAB we will contact you to update you. In the meantime, please do not hesitate to contact the team in [SYS:CON:Name] Solicitors at any time, should you have any queries in relation to your matter.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We refer to your above matter and now advise that we have received a letter from PIAB confirming that they are going to make an assessment of your claim and they have nine months to do so.

Please note that the Injuries Board may arrange an Independent Medical Examination for you and we will notify you once an appointment has been arranged. The Injuries Board will also require full and complete information in relation to any out of pocket expenses/financial losses, also known as Special Damages, incurred by you as a result of your accident. As already discussed with you, you will need to keep all receipts and vouchers for your out of pocket expenses.

Once we hear anything further from the Injuries Board we will contact you. In the meantime if you have any queries please do not hesitate to contact our office.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut]

We refer to the above and enclose copy of a letter received from PIAB requesting you to provide details of your special damages, this means any out of pocket expenses you have had in relation to your matter, for example;

1. Cost of your medical report
2. Cost of your PIAB Application
3. Any travel expenses, such as travelling to medical appointments
4. Any medical expenses, such as purchase of medication, MRI Scans
5. Any other costs which you feel you have incurred as a result of this matter.

Please note that PIAB will not entertain any claim for special damages unless it is supported by an invoice or voucher.

If you are seeking loss of earnings you will need to have your employer complete, sign and stamp a Certificate of Loss of Earnings, which we enclose with this correspondence. Please bring this completed Certificate of Loss of Earnings to your appointment with our office.

Please contact our offices as soon as possible to arrange an appointment to attend our office to sign the original Schedule of Special Damages Form and please bring with you all vouchers and receipts that you have so that we can enclose them when we return your form to PIAB.

We thank you for your assistance in relation to this matter.

Yours faithfully,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We refer to the above and enclose copy of a letter received from PIAB requesting you attend for appointment with an Independent Medical Examiner. Please note the date, time and location on the letter from PIAB.

Please contact our offices as soon as possible and advise us as to whether or not you are able to attend this appointment and we will advise the Doctor of same. Please be aware that if you confirm an appointment and fail to attend, the Doctor will charge you a fee.

We thank you for your assistance in relation to this matter.

Yours faithfully,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[UDF:PIABREF]

[DATE:Today]

PIAB
PO Box 8
Clonakilty
Co Cork

Our Client: [CNT:Name]
RE: [MAT:Description]

Dear Sirs

We refer to previous correspondence in relation to the above matter and now enclose herewith the following:-

1. Schedule of Special Damages duly completed by our client.
2. Copy Medical Receipts
3. Copy Travel Receipts
4. Copy Physiotherapy Receipts
5. Certificate of Loss of Earnings

Thank you for your assistance in this matter.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Barristers#??]

[CAN:LegalAddress.Barristers#??]

[CAN:DXRef.Barristers#??]

Re: [MAT:Description]

Our Client: [CNT:Name]

Dear [CAN:Salutation.Barristers#??]

We refer to the above matter and now enclose brief in relation to same.

As you will note, an assessment has been made in respect of our client's injuries by PIAB. We must indicate to to PIAB, no later than [INSERT DATE 28 DAYS FROM PIAB LETTER] whether or not our client is willing to accept this assessment. Please review brief and revert to this offices with your advices no later than [INSERT DATE 21 DAYS FROM PIAB LETTER]

As you will note, PIAB have declined to make an assessment in respect of our client's injuries. Please review brief and draft proceedings in relation to this matter no later than [INSERT DATE 2 WEEKS FROM THIS LETTER].

Should you have any queries in relation to the above, please do not hesitate to contact this office.

Yours sincerely,

[SYS:CON:Name] Solicitors

Checklist to be completed by Solicitor**Tick Date
Signature**

- 1 Brief immediately sent to counsel within 24 hours of receiving notification from PIAB
- 2

Calculation of dates for acceptance:

Date of receipt of ass:

Plus 21 days: _____

= Date PIAB must be notified

Of acceptance by client:

- 3 Appointment made for client to attend office 7 days prior to deadline for acceptance of PIAB assessment
- 4 Advices received from counsel

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Barristers#??]

[CAN:LegalAddress.Barristers#??]

[CAN:DXRef.Barristers#??]

Re: [MAT:Description]

Our Client: [CNT:Name]

Dear [CAN:Salutation.Barristers#??]

We refer to the above matter and enclose herewith brief for your attention.

As you will note, PIAB have declined to make an assessment in respect of our client's injuries. We shall be obliged if you would kindly review the enclosed brief and provide your opinion. If you feel the matter is one that should be progressed through the Courts please draft the appropriate Court proceedings in relation to this matter at your earliest opportunity.

If you have any queries please do not hesitate to contact us. Many thanks for your assistance in this matter.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We have now received correspondence from PIAB confirming that they have made an assessment of €[UDF:PIABAssessment] in relation to your claim. You now have two options:

1. To reject the assessment and issue court proceeding. There is a risk in doing this, in that if you do not beat the PIAB assessment in court you could be liable for the costs of the Party you sued.
2. Accept the offer, which you must do within 28 days of service of the Notice of the Assessment. If you accept the assessment, you will be barred from taking any further action in relation to this matter, even if you have on going symptoms or develop symptoms later on in relation to this matter. Please inform us in writing if you still have on going symptoms in relation to your matter.

To assist you in your decision we have sent a brief to Counsel to advise on the level of the assessment being offered to you. We shall also advise that the Respondent (the person you hold responsible) also has the right to accept or reject the assessment. Only if both parties accept the assessment is it binding.

We shall be in contact with you shortly, when we have received Counsel's opinion, and after reviewing Counsel's opinion should you decide to accept the assessment you must do so before the [UDF:PIABLastDate] and that involves you signing the acceptance form which we **MUST** return to PIAB on your behalf before the [UDF:PIABLastDate]. We stress again that if you wish to accept the assessment you have to sign the PIAB Acceptance of Assessment and have it returned to PIAB within 28 days of the date of service of the Notice of Assessment. If you have any queries please do not hesitate to contact our office.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]

[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut]

We refer to the above matter and wish to advise you that the Personal Injuries Assessment Board have declined to make an assessment and have issued us with an authorisation allowing us to proceed to trial in your claim.

While you may feel disappointed that PIAB have declined to make an assessment of your injuries, there is a positive element for you. The PIAB Authorisation allows us to institute proceedings before the court on your behalf without the need to beat a PIAB assessment, as no assessment was made by PIAB. This means you have almost no risk of having to pay the othersides cost in relation to the court proceedings.

The files in relation to your matter are currently being reviewed by a Barrister who specialises in Personal Injuries and we are currently awaiting the Barrister to revert to us with their advices in order to ascertain how best to proceed with your matter.

It is important that you note that six months from the date of the letter from PIAB declining to assess your matter the Statute of Limitations will start running again.

We will contact you as soon as we have an update on the progress of your matter. In the meantime, please do not hesitate to contact the team in [SYS:CON:Name], Solicitors at any time, should you have any queries in relation to your matter.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[CAN:SolRef.Doctors#??]

[DATE:Today]

[CAN:Name.Doctors#??]

[CAN:Address.Doctors#??]

Re: [MAT:Description]

Our Client: [CNT:Name], DOB: [CNT:DOB], [CNT:LinearAddress]

Dear [CAN:Salutation.Doctors#??]

Thank you for your medical report dated on the injuries suffered by our client [CNT:Name] in a road traffic collision at [UDF:u.whereabouts] on [UDF:u.acc.date]. We have now had the opportunity to discuss the report with our client, who has made the following observations:

In the light of these comments, we shall be grateful if you will provide us with an amended report. Many thanks for your assistance in this case.

Yours sincerely,

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CAN:Name.Barristers#??]

[CAN:LegalAddress.Barristers#??]

[CAN:DXRef.Barristers#??]

Re: [MAT:Description]

Our Client: [CNT:Name]

Dear [CAN:Salutation.Barristers#??]

We refer to our letter of enclosing brief to advise on the assessment by the PIAB in this case. In view of the urgent deadline for acceptance of the assessment, i.e. , we shall be most grateful to receive your opinion at the earliest possible date.

If you have any queries please do not hesitate to contact us. Many thanks for your assistance in this matter.

Yours sincerely,

[MAT:FeName]

[SYS:CON:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut]

I am happy to tell you that I have now received Counsel's opinion on the assessment made by the Injuries Board and I shall be grateful if you will contact this office immediately to make an appointment to discuss that advice.

As I have advised you previously, if you should decide to accept the assessment, your acceptance must reach the Board by at the latest, so it is vital that we discuss the question of acceptance or rejection as a matter of urgency. I look forward to meeting with you in the next few days.

Yours sincerely,

[MAT:FeName]
[SYS:CON:Name]

**ATTENDANCE on [CNT:Name] to take instructions on acceptance or rejection of Injuries
Board assessment**

Client: [CNT:Name]
Case Reference [MAT:Code]/[MAT:FeCode]
Description: [MAT:Description]
Date: [DATE:Today]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[UDF:PIABREF]

[DATE:Today]

PIAB
PO Box 8
Clonakilty
Co Cork

Our Client: [CNT:Name]

Dear Sirs

Please find enclosed PIAB Acceptance of Assessment signed by the claimant. Please acknowledge
receipt of same by return.

Thank you for your assistance in this matter.

Yours sincerely,

[SYS:CON:Name] Solicitors

SIGNED INSTRUCTION

I, [CNT:Name], of [CNT:LinearAddress] acknowledge that I have been advised by my solicitor that I should seek the opinion of counsel in relation to the quantum of the assessment made by PIAB and have declined to do so. I acknowledge that I have been informed that by accepting the PIAB assessment I will be barred from taking any further action in relation to this matter even if I should develop complications later on. I wish to accept the PIAB assessment of €[UDF:PIABAssessment]

Signed: _____ Date: _____
[CNT:Name]

I, [CNT:Name], of [CNT:LinearAddress] acknowledge that I have been advised by my solicitor that counsel is of the opinion in relation to the quantum of the assessment made by PIAB, that there is a risk that I might not beat the PIAB assessment in court and could end up having to pay the costs of the otherside. I acknowledge that I have been informed that by accepting the PIAB assessment I will be barred from taking any further action in relation to this matter even if I should develop complications later on. I wish to accept the PIAB assessment of €[UDF:PIABAssessment]

Signed: _____ Date: _____
[CNT:Name]

I, [CNT:Name], of [CNT:LinearAddress] acknowledge that I have been advised by my solicitor that counsel is of the opinion in relation to the quantum of the assessment made by PIAB, that I have the potential to achieve a higher settlement by issuing Court proceedings. I understand that there is a risk that I might not beat the PIAB assessment in court and could end up having to pay the costs of the otherside. . I wish to reject the PIAB assessment of €[UDF:PIABAssessment]

Signed: _____ Date: _____
[CNT:Name]

[MAT:Code]/[MAT:FeCode]/[UDF:SecRef]

[DATE:Today]

[CNT:Name]
[CNT:Address]

Re: [MAT:Description]

Dear [CNT:Salut],

We refer to the above and wish to advise that we have now received your settlement cheque in relation to the above matter. Can you please call our office to make an appointment to collect your settlement cheque.

Yours sincerely,

[SYS:CON:Name]