

Your Ref:

Our Ref: Y/105092/rotaru

Date: 19th April 2012

Mr Nish Bhimji  
142-144 East End Road  
London  
N2 0RZ

Dear Mr Bhimji

Re:	Our Client:	Mr Sergiu Rotaru
	Vehicle Reg:	S267CNU
	Accident Date:	16/04/2012
	Location:	East End Road
	Your Insured:	Mr Nish Bhimji
	Your Vehicle Reg:	S111FUS
	Policy Number:	MTP6711678

We are instructed by the above named to claim damages in connection with a road traffic accident, which occurred on the above date.

The circumstances of the accident are:

Our client was driving vehicle registered S267CNU on East End Road when a vehicle travelling in front of our client made a left turn causing our client to reduce the speed of his vehicle. You were driving vehicle registered S111FUS and failed to maintain a safe braking distance and keep proper lookout and collided into the rear of our client's correctly proceeding vehicle.

In addition, we are alleging fault for:

Failing to keep any or any proper lookout.

Failing to have any or any sufficient regard for traffic that was or might reasonably be expected to be at a junction.

Failing to stop, to slow down, to swerve, or in any other way to control your vehicle as to avoid collision.

We reserve the right to raise further allegations in due course and this list is not exhaustive.

From the information currently available it appears that our client has incurred the following losses, namely: **damage to vehicle, personal injury and special damages.** We will inform you or your insurers of any further losses, should they arise.

We will forward our Engineer's Report in due course. If you wish to inspect our client's vehicle please let us know immediately.



We trust that you will help our client mitigate his losses and make an interim payment for vehicle damage.

If required you should make arrangements, through this office, for our client's vehicle to be inspected by an engineer of your choice, and such arrangements should be made within the next 21 days, as at the expiration of that time we shall advise our client to deal with or dispose of the vehicle as he things fit and without further reference to you.

As a result of the accident our client has suffered injuries, the full extent of which has yet to be determined.

**We will be appointing GP's from a medical agency to medically examine our client and to provide a medical report.**

**Please note we are also willing to consider reasonable pre-medical offers in settlement of our client's personal injury claim.**

We do not obtain medical records. There is a presumption, agreed by the Law Society, Association of British Insurers of Personal Injury Lawyers that subject to the expert witness view, no patient records will be required for claims below £ 10,000. Should you insist on obtaining previous medical records then your insurers should provide a medical release consent form which will be duly completed by our client and returned to the insurers so that the information can be obtained.

In addition, to general damages we will also be serving a schedule of special damages in due course.

**Please note that we are acting under a Conditional Fee Agreement relating to this claim dated 19th April 2012 within the meaning of Section 58(2) of the Courts and Legal Services Act 1990.**

**Please note that at the conclusion of this claim we shall require the agreement and/or alternatively the payment of our costs within a period of not more than 14 days from the date of submitting details of our costs to you. If you fail to respond within 14 days we reserve the right to commence Part 8 Action for recovery of our costs and reliance will be made upon the procedure set out in Part 44.12A and 45.7 of the Civil Procedure Rule.**

**We will be claiming our costs under the predictable fee on both special and general damages or in the alternative will be serving a schedule of our costs for both special and general damages.**

**Please confirm you will pay our costs on all damages recovered including special and general damages at the conclusion of the case. We await your agreement no later than 21 days from the date of this letter. If you fail to respond we will assume our costs are protected.**

Please confirm the identity of your insurers. Please note that the insurers will need to see this letter as soon as possible and it may affect your insurance cover and/or the conduct of any



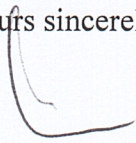
subsequent legal proceedings if you do not send this letter to them. Under the Road Traffic Act s152 this is a legal requirement, and your failure to do this may lead to our client reporting this matter to the Police.

Kindly, complete and return the enclosed form providing your insurance details.

A copy of this letter has also been sent to your insurers. We expect an acknowledgement of this letter within 21 days by yourselves or your insurers.

Finally, we would also take this opportunity to advise you that, at this stage of our enquiries, the documentation as per the attached Schedule will be relevant to this action, and so would ask you to ensure they are preserved in their entirety pending the resolution of this matter.

Yours sincerely

A handwritten signature in dark ink, consisting of a stylized 'M' followed by a horizontal line.

**Mirza Solicitors LLP**

Enc



### **Schedule of Relevant Documents**

#### General

All documents identifying the nature, extent and location of the damage to your vehicle.

Your MOT Certificate

Your Insurance Certificate

Maintenance records where a defect in the vehicle is alleged.

Where a commercial vehicle is involved

The tachograph charts or entry from the individual control book

Maintenance and repair records required for operators' license where a defect in the vehicle is alleged

Where Highway Design Defect is alleged

Documents to comply with Section 39 of the Road Traffic Act 1988 in respect of the future designed to promote road safety to include studies into road accidents in the relevant area and documents relating to measures recommended to prevent accidents in the relevant area.



**DEFENDANT INSURANCE DETAILS**

Our Ref: Y/105092/rotaru

Your full name:

Name of your motor insurers:

Address of your motor insurers:

Policy number:

Your vehicle's registration number: