



Claim Form

In the
High Court of Justice, QBD

Fee Account no.

Help with Fees -
Ref no. (if applicable)

H W F - [] [] [] [] [] []

For court use only

Claim no.

Issue date

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode

Master Adam James Glover
(a child suing by Shirley Maureen Glover, his Litigation Friend)
13 Tudor Gardens
Southcliffe
SC17 16Y

SEAL

Defendant(s) name and address(es) including postcode

Mr Vincent Crawford
1 Banbury Court
Exford, EX12 4RF

Brief details of claim

The Claimants claim is for loss and pain, suffering and loss of amenity (PSLA), following a road traffic accident on the 9 March 2019, which was caused by the Defendants negligence.

 - the legal principle

Value

The Claimant expects to recover more than £50,000. - HIGH COURT
UNSPECIFIED AMOUNT.

You must indicate your preferred County Court Hearing Centre for hearings here (see notes for guidance)

Exbridge High Court

Defendant's
name and
address for
service including
postcode

Mr Vincent Crawford
1 Banbury Court
Exford
EX12 4RF

if legally represented, the
firm's details would be
inserted here.

	£
Amount claimed	TBA
Court fee	2,500.00
Legal representative's costs	TBA
Total amount	TBA

Claim No.

Does, or will, your claim include any issues under the Human Rights Act 1998? ☐ Yes ☒ No

Particulars of Claim (attached) ~~(to follow)~~

- if to follow - needs to be within 14 days.

Statement of Truth

*(I believe) ~~(The Claimant believes)~~ that the facts stated in these particulars of claim are true.

* ~~I am duly authorised by the claimant to sign this statement~~

Full name Shirely Maureen Glover

Name of claimant's legal representative's firm Hughes and Robson

signed _____ position or office held _____

*(Claimant)(Litigation friend)

(if signing on behalf of firm or company)

~~(Claimant's legal representative)~~

**delete as appropriate*

Hughes and Robson
Hugh Aston House
Exbridge
EX23 7YH

Ref: glover/1285/1

Claimant's or claimant's legal representative's
address to which documents or payments
should be sent if different from overleaf including
(if appropriate) details of DX, fax or e-mail.