



Claim Form

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.

In the	<input type="text"/>
Fee Account no.	<input type="text"/>
Help with Fees - Ref no. (if applicable)	H W F - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
For court use only	
Claim no.	<input type="text"/>
Issue date	<input type="text"/>

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

109 Burncroft Avenue
Enfield
London
EN3 7JQ



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

Brief details of claim

Subject: Official Insurance Claim for Damages and Vicarious Liability.

Value

Total Requested: --
£180.000.00....
one hundred and eighty thousand United Kingdom Sterlin Pounds....

Defendant's name and address for service including postcode

£

Amount claimed	£180.000.
Court fee	
Legal representative's costs	
Total amount	

For further details of the courts www.gov.uk/find-court-tribunal.

When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Claim no.

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

Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

- Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

- No

Does, or will, your claim include any issues under the Human Rights Act 1998?

- Yes

- No

Particulars of Claim

Claim no.

attached

to follow

- **PLEASE DO NOT IGNORE THIS CLAIM.**
- **Below Is A Drafted List Of Particulars Of Our Claims On Behalf Of The Now Claimant & For What Is An Amicable Settlement (In Or Out Of Court) Due To Incidents That The Listed As Below Are Vicariously Liable For.**

Dear Mr. and/or Mrs.

The Now Claimant is a Mr. Simon Cordell, & he resides at the listed address above, and this letter is to formally file a civil insurance claim on his behalf against the following companies: --

1. METROPOLITAN POLICE FORCE: --

- Date: [Date of the incident]
- Specific details of the incident and damages caused.

2. TRADEX INSURANCE: --

- Date: [Date of the incident]
- Specific details of the incident and damages caused.

3. KGM INSURANCE: --

- Dates:
 1. 00/00/2000 - 00/00/20
 2. 00/00/2000 - 00/00/20
 3. 00/00/2000 - 00/00/20
 4. 00/00/2000 - 00/00/20
 5. 00/00/2000 - 00/00/20
 6. 00/00/2000 - 00/00/20
 7. 00/00/2000 - 00/00/20

4. BROADSHAW INSURANCE: --

- Date: [Date of the incident]
- Specific details of the incident and damages caused.

5. LLOYDS BANK ***: --**

- Date: [Date of the incident]
- Specific details of the incident and damages caused.

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Particulars of Claim

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Continuation From The Last Page!

Vicarious Liability: --

The named liable companies, [1), 2), 3) , 4) , 5)], are held accountable for damages inflicted, including physical, mental, and financial harm, as well as the deprivation of the way of the Now Claimants life during these incidents.

Our Particulars of the Claim are: --

The Now Claimant held insurance policies with the listed as liable companies, [2), 3) , 4) , 5)], which he purchased with the expectation that they would provide coverage as they outlined in their terms and conditions, but the companies failed the Now Claimant with their legal obligations to him as the insurance policies did not show up on the insurance MID Database as they must and this caused The Listed As Liable Company, [1)], to take wrongful legal actions against the Now Claimant as described in the outlined above.

The Legal Basis For The Claim Therefore: --

Rests with the named companies, [2), 3) , 4), & 5)], due to violations of their legal principles or contractual obligations as to when they signed into as a mutual agreement between themselves and the Now Claimant they failed to provided the services & products agreed to be rendered.

Damages: --

The failures of the insurance policy have led to the following damages: --

1. Wrongful Seizure of Vehicles: --

- Claim for damages resulting from the wrongful seizure of the Now Claimants vehicle on multiple occasions.

2. Breach of Bail Conditions: --

- Claim for damages and emotional distress due to being arrested for a **perceived breach of bail conditions**, which were later proven to be inaccurate.

3. Insurance Verification Errors: --

- Claim for damages and financial losses incurred due to repeated errors in the Motor Insurance Database (MID) and subsequent police stops.

4. False Accusations: --

- Claim for damages resulting from false accusations of no insurance coverage, despite providing evidence of valid insurance.

5. Court Fines and Points: --

- Claim for damages resulting from fines and points imposed on the Now Claimants driving record in the absence of accurate information about the Now Claimants insurance coverage.

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Particulars of Claim

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6. Emotional Distress and Harassment: --

- Claim for emotional distress and harassment caused by repeated stops and legal proceedings despite having valid insurance.

7. Financial Losses: --

- Claim for financial losses incurred in **paying fines, retrieving impounded vehicles**, and other related expenses.

8. Impact on Daily Life: --

- Claim for damages related to the significant impact on your daily life, such as missed work, travel disruptions, and stress.

9. Failure to Update Police Systems: --

- Claim for damages resulting from the failure of police systems to update and reflect accurate information about the Now Claimants insurance **and bail conditions**.

10. Insurance Verification Process: --

- Claim for damages resulting from the inadequacies in the insurance verification process and its impact on your reputation and financial stability.

Impact On The Now Claimants Life: --

The actions of these entities have led to significant damages, both physical and financial, as well as mental distress due to the failures and breaches of the insurance policies, which have resulted in substantial damages to the Now Claimants personal life, business, reputation, and financial well-being.

Theses incidents occurred during various interactions with law enforcement and issues related to insurance coverage.

Time Limitation Acts: --

In light of any Time Limitation Acts that may bear relevance to these ongoing proceedings, we, along with the claimant, kindly request the following considerations: --

We are committed to adhering to any requests from the accused party for additional evidence that may be required in relation to the following statement. Our delay in the processing of this claim is due to several unforeseen and mitigating circumstances, which are as follows: --

1. Government Data Retrieval: --

- The application and receipt of necessary data from government computer systems took longer than anticipated. This crucial step in the claim process has consequently affected the overall timeline.

Continued on the Next Page!

Particulars of Claim

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Continuation From The Last Page!

2. Emergency Situations: --

- The claimant has been persistently pursued by The Listed As Liable Company, [1], without just cause. This has hindered the claimant from addressing other necessary aspects of his life, thereby causing further delays.

3. Legal Exceptions & Humanitarian Considerations: --

- It is important to note that the claimant has not committed any offence or crime. The undue suffering endured by the claimant should be taken into account.

4. National Security: --

- The Listed As Liable Company, [1], has misused their powers of trust, undermining the claimant's credibility in public sectors through unfair practices.

5. Medical Emergencies: --

- The Listed As Liable Company, [1], has made unfounded allegations regarding the claimant's mental health as a diversion, which has resulted in additional delays.

6. Public Health Crises: --

- The ongoing COVID-19 pandemic has also contributed to the delay.

7. Technological Advancements: --

- The Now Claimant received no assistance or support in processing his claim initially. However, with the advent of advanced technologies such as AI, he has gained access to previously unavailable information. This newfound access to data has enabled him to integrate this information into the claim process.

8. Acts of God: --

- Unforeseen natural events have also played a role in the delay.

We would also like to highlight that The Listed As Liable Company, [1], has attempted to prevent the claimant from making an insurance claim against them. This matter is being addressed in separate proceedings.

As Also, Attached: --

Continued on the Next Page!

Particulars of Claim

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We trust that you will take these points into consideration when reviewing the claim.

Requested Remedies: --

In light of the above, we are now seeking the following remedies:

Q

What Is 180.000 Divided Between 4 Over 5 Years?

A

If you divide 180,000 by 4, you get 45,000. If you then spread this amount over 5 years, you would have 9,000 per year. So, 180,000 divided by 4 over 5 years is 9,000 per year.

In Clarity: --

We are seeking an amicable settlement, either out of court or in an inner court, to resolve these matters promptly. Please acknowledge receipt of this Official Claim and provide a point of contact for further communication regarding the resolution of these claims.

Continued on the Next Page!

Statement of truth

Note: you are reminded that a copy of this claim form must be served on all other parties.

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I believe that the facts stated in this claim form and any attached sheets are true.

The claimant believes that the facts stated in this claim form and any attached sheets are true. **I am authorised** by the claimant to sign this statement.

Signature

- Claimant
- Litigation friend (where claimant is a child or protected party)
- Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day Month Year

--	--	--

Full name

Name of claimant's legal representative's firm

If signing on behalf of firm or company give position or office held

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

--	--	--	--	--	--	--	--

If applicable Phone number

DX number

Your Ref.

Email