

Interim Response Form

Date created	14/12/2022		Portal number	OIC-12-22-2074
Section A Claimant's details				
Claimant's name				
Max Unturn				
Claimant representative's details Name				
Reference numb	er			
Compensator's details Name				
Marshall Insurers				
Reference number				
Sample Documents				
Section B Request details				
Date of request			Date of response	
14/12/2022			14/12/2022	
Amount requeste	ed			
£1000.00				
Reason for request				
I have had to barrow money to get my insurer to repair my vehicle. I need repay this money to my parents				
Amount offered				
Response to request We can not agree as there is receipts for the excess				

Interim Response Form v1 1