

NIHL Letter of Claim
(see the Pre-Action Protocol for Disease and Illness Claims, Annex E, appendix 1)

To be completed by claimant's Solicitors with sign off by claimant

Part A

We are instructed by xxxx in respect of a Noise Induced Hearing Loss claim against YYYY

To enable Defendants to fully investigate the matter, we attach the following information (tick to confirm attached):

- ELTO Search(es)
- HMRC
- Completed questionnaire
- Completed Part B for each proposed Defendant
- Audiogram
- GP and hospital records
- Anticipated valuation
- Provisional Schedule of Special Damages with supporting evidence
- Personnel/OH file or signed authority from claimant to obtain copy from insured
- Declaration of previous claims

1. Claimant's Details:

1.1 Full Name:

1.2 Address:

1.3 Date of birth:

1.4 National Insurance Number:

1.5 Solicitor's reference:

2. Employment History

2.1 The following table details our client's full working in both noisy and non-noisy environments:

Defendant	Employer	Employment dates	Exposure to noise? (Yes/No)	Hearing protection? (Yes/No)	Pursued? (Yes/No)	Lead Insurer details	FSCS Interest? (Yes/No)

3. Other exposure to noise

3.1 Has the Claimant served in H.M Armed Forces? If so please identify the service and unit, the period and exposure to noise such as weaponry:

3.2 Has the claimant been exposed to noise in any non-occupational activity such as, but not limited to shooting, motor sport, playing a musical instrument in a group, attending night clubs, prolonged listening to a personal music device? If so, please state the activity(ies) and the duration:

4. Claimant's symptoms

4.1 When did the claimant first notice significant hearing loss?:

4.2 Does the claimant suffer from tinnitus? If so, when did he/she first notice the onset and when did they first contact their GP?

4.3 When did the claimant first receive medical/occupational health advice about these symptoms?:

4.4 When did the Claimant first attribute his symptoms (including any Tinnitus) to exposure to noise in his employment?:

4.5 When, and in what circumstances, did the Claimant first learn that he might claim against the Defendant?:

Part B – to be completed for each proposed Defendant

5. Claimant's employment with the Defendant :

5.1 Company Name:

5.2 Company Address:

5.3 Business description:

5.4 Dates of Employment with proposed Defendant:

5.5 Which department(s) did the Claimant work in?

5.6 Job title(s):

5.7 Works or employee number:

5.8 Location(s) of work or site worked at:

5.9 Name of the Claimant's supervisor(s) or colleagues:

5.10 Contracted working hours:

5.11 Average overtime worked:

5.12 Number and duration of rest breaks:

5.13 Detailed description of each of the Claimant's main duties:

5.14 All sources of loud noise complained of:

a) The make and model of machinery or tools:

b) How long did the Claimant spend on each machine?

c) Period(s), frequency and duration of exposure to noise:

d) Claimant's proximity to source(s) of noise:

5.15 Please comments on changes in ambient noise levels throughout the period of employment.

6. Claimant's hearing protection and training

6.1 Was hearing protection provided?:

6.2 What type of hearing protection was provided?:

6.3 If appropriate, when was hearing protection first made available?

6.4 Did the Claimant wear hearing protection at any time?

6.5 If hearing protection was available but not worn, why not?

6.6 Was hearing protection enforced? If so, from when?:

6.7 Was noise awareness training conducted? If so, what advice or information was given?:

6.8 Are any allegations made regarding the efficacy of the hearing protection provided?

6.9 When was the Claimant last exposed to excessive noise levels without wearing hearing protection?

6.10 If Hearing Protection was provided or hearing tested, what did the Claimant think the purpose of them were?

6.11 Please advise whether any works audiograms were taken at the proposed Defendant or any other companies in which the Claimant was employed:

6.12 Please comment on any complaints made by the Claimant, or other employees in relation to noise:

7. Claimant's allegations of breach of duty

8. Claimant's Request for Disclosure

8.1 In accordance with the Pre Action Protocol for Disease and Illness Claims, please provide the following records at this stage:

- a. Occupational health records
- b. Personnel records

8.2 Please note your insurers may require you to advise them of this request. We enclose a request form and expect to receive the records within 40 days. If you are not able to comply with this request within this time, please advise us of the reason.

8.3 If you are denying liability, please provide the following information:

- a. Records of any previous complaints and/or claims
- b. Risk assessments including noise measurements for the different equipment referred to
- c. Records of hearing protection provided together with attenuation details
- d. Records of information provided, instruction and training given.
- e. Health surveillance records.
- f. Records of any preventative steps taken to reduce exposure to noise.
- g. Noise Surveys
- h. Health & Safety Minutes
- i. Any documents leading up to the obtaining of noise surveys.
- j. Any documents relating to the consideration of any noise surveys
- k. Any other relevant documents specified by the claimant

SOLICITOR’S DECLARATION

- We confirm that we are satisfied as to our client’s identity and understand that this will enable Defendants to make any payment to the claimant in the event of settlement.
- (Either), we attach our client’s signed authority to enable any payments to be made to this firm.
- (Or) We can confirm that any agreed damages should be made payable to the claimant.

Signed:

Dated:

CLAIMANT’S DECLARATION

I,.....(name of claimant)
of(address)

hereby confirm that:-

1. I have not at any time previously made any other claim for hearing loss of any description (regardless of whether any compensation was paid or not), to include Industrial Deafness and/or tinnitus against any party.
2. I have not made any claim through any scheme (Government, Trade Union or otherwise).
3. I have not previously instructed any solicitors with regard to a claim for Noise Induced Hearing Loss.

APPLICATION ON BEHALF OF CLAIMANT FOR OCCUPATIONAL HEALTH RECORDS & PERSONNEL FILE

Statement of Claimant

I, _____ authorise you to disclose all of my records relating to me to my solicitor and to your legal and insurance representatives.

Signature of claimant:

Date: