

FORM OF AGREEMENT

THE POLICE REHABILITATION CENTRE

Surname: Forenames:

Address:

.....

Date of Birth: Rank/Warrant No:

Force: Date of Accident:

Name of Solicitors:

Solicitor's Address:

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Solicitor's Ref/Name:

Solicitor's Tel No.:

Solicitor's Email:.....

Date of Commencement of Treatment:

I, being a person entitled to the provision of treatment, facilities and services at the Police Rehabilitation Centre, undertake:-

- (i) to include in any claim for damages pursued by me in respect of the above accident such sums as may be specified by the Centre as the costs of its provision for me;
- (ii) to pay to the Centre any sum which I recover from a wrongdoer in respect of the cost of such provision.

I understand that in the event of the damages which I recover being reduced on account of contributory negligence my obligation to refund the Centre will be reduced on a pro-rata basis.

Signed: Date: