

Personal injury claimant faces £18,000 legal bill for ‘fundamentally dishonest’ Mitsui claim

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A personal injury claimant who alleged he could not work for over a year and needed months of medical care and assistance is facing a legal bill of over £18,000 after being found to be fundamentally dishonest following an investigation by employer liability insurer Mitsui Sumitomo Insurance Co (Europe) Ltd and its lawyers Browne Jacobson LLP.

The claimant, Rashpal Sahota of Shenstone Road in Birmingham, was allegedly involved in an accident whilst operating a forklift truck at TT Assembly Systems, Meteor Park Way, Birmingham in January 2015.

Sahota had originally brought a claim alleging he could not work for 15 months after the accident and needed care and assistance for 9 months during this time saying “[he] found it hard going upstairs sometimes and [he] spent seven months on the sofa as [he] could hardly move”.

However, a full and thorough investigation into his claim by Mitsui and Browne Jacobson’s counter fraud team uncovered evidence which showed he had grossly exaggerated his claim for damages. He subsequently amended his claim to 12 weeks for “loss of earnings” and 12 weeks for “care and assistance” whilst still insisting he had not been dishonest. However, the investigation uncovered a different story.

Despite claiming “he could hardly move”, bank statements showed that Sahota had in fact undertaken paid employment ten weeks after the incident and had also attended a forklift refresher course just two weeks after the incident where he had passed a practical test.

The investigation also showed that he had misled two medical experts supporting his claim for damages by failing to disclose to them that he had suffered whiplash injuries following a road traffic accident only six months earlier. The symptoms from this road traffic accident were predicted to last until the time of the forklift truck accident and would have significantly impacted on his claim for damages had they been included in the subsequent medical reports prepared by two expert GPs.

Sahota eventually discontinued his claim for damages and as a result, there was no finding that the incident actually occurred as alleged. However, Browne Jacobson and Mitsui pursued a finding of fundamental dishonesty against him for dishonestly exaggerating the extent of his alleged injuries and in delivering his ruling in Birmingham County Court, Deputy District Judge Wyatt agreed.

Andrew Dodd, Head of Claims and Business Operations at Mitsui Sumitomo Insurance Co. (Europe) Ltd, said:

“We at Mitsui are delighted with the fundamental dishonesty finding by the judge in this case. As a result, the claimant has been rightly sanctioned, and will end up paying far in excess of the amount he was claiming for. This finding underlines our robust stance in respect of fraudulent and exaggerated claims. We believe it will send a clear message to anyone considering grossly exaggerating any claim. We will not hesitate in taking legal action to ensure that our customers are protected from fraud, which affects us all through rising premiums.”

Paul Wainwright, partner and head of counter fraud at Browne Jacobson, added:

“Grossly exaggerating the impact of a personal injury claim and lying to experts to support a fraudulent claim are very serious offences and undermine the proper administration of justice.

"This is the first fundamental dishonesty ruling for Mitsui and we hope it acts as a clear deterrent for anyone considering pursuing a fraudulent claim against our client in future."

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