

**ABRIDGED EARNINGS QUESTIONNAIRE (Form G)**

**DETAILS REQUIRED IN RESPECT OF CLAIM FOR DAMAGES  
ARISING FROM INJURY/DEATH OF**

.....(name)

Date commenced service ...../...../.....

Total earnings for 12 months prior to accident R.....  
(including the average yearly monetary value of all fringe benefits  
whether in cash or in kind such as: pension/provident fund  
contributions by the employer, medical benefits, bonuses, housing,  
transport/car, food, commissions, overtime).

Normal retirement age .....

**In event of injury:**

Date returned to work ...../...../..... (if applicable)

Total salary payments (including all fringe benefits) provided  
while off work (or until present)  
R..... Gratuitous - Yes/No .....

Disability pension/income currently being paid (if any)  
R.....py Gratuitous - Yes/No .....

Disability/retrenchment lump sum (if any)  
R..... Gratuitous - Yes/No .....

**If employee is still in your employment**

please state total remuneration package NOW:  
R.....py

**If employee is no longer in your employment**

please state probable estimated total remuneration package  
NOW had he/she still been in your employment:  
R.....py

**Name of officer completing this form (please print)**

.....

**DATE:**...../...../..... **TELEPHONE:** .....

PLEASE AFFIX OFFICIAL STAMP OR YOUR LETTERHEAD:

Print directly from [www.robertjkoch.com](http://www.robertjkoch.com)