

DETAILS REQUIRED IN RESPECT OF CLAIM FOR DAMAGES (Form E)

ARISING FROM INJURY TO(name of injured)

DATE OF ACCIDENT: .../.../...

(For injuries resulting in death use forms B and C).

Employment details

IMAGINING THAT INJURY HAD NOT OCCURRED (Form E):

1. Date commenced service: .../.../...

2. Occupation at time of accident:

3. Basic salary at time of accident: R per week/month/year

4. BASIC HYPOTHETICAL SALARY NOW IMAGINING THAT INJURY HAD NOT OCCURRED AND THAT VICTIM HAD REMAINED IN YOUR EMPLOYMENT IN GOOD HEALTH:

R per week/month/year Effective from date:.../.../...

Present salary scale or salary range, if applicable:

R.....

5. Additional **ANNUAL** remuneration: At time of accident Notionally at present

5.1 13th cheque/annual bonus R.....py R.....py

5.2 Overtime (rands p/year) R.....py R.....py

5.3 House/rent benefits R.....py R.....py

5.4 Car/travel benefits R.....py R.....py

5.5 Medical aid subsidy R.....py R.....py

5.6 Benefits in kind R.....py R.....py

5.7 Any other benefits R.....py R.....py

6. Normal retirement age: imagining that employee had worked that long.

7. Date on which he/she joined pension fund .../.../...

8. Pension contribution% (employee)% (employer) of basic salary.

9. Formula by which pension calculated:

Years service x% x average salary over last ... years.

Formula by which lump sum retirement benefit calculated, if any:

Years service x% x average salary over last ... years.

10. If this employee had prospects for promotion had he not been injured state likely date/s of such promotion/s (past or future), salary and benefits presently applicable to such position/s and percentage chance/s that such promotion/s would have taken place:

Position:..... Salary: R..... Date:.../.../... Chance :%
..... R..... .../.../...%
..... R..... .../.../...%

11. Workmen's Compensation Claim Number (if applicable)

Name of company/business

Employee's company no:.....

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

DATE:.../.../...

TELEPHONE:

PLEASE AFFIX OFFICIAL STAMP OR YOUR LETTERHEAD:

Take care - errors or omissions above can cause substantial financial loss.
For greater detail see Koch 'Reduced Utility of a Life Plan' pp 179-271

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