

SCHEDULE OF LOSS

Schedule of Past and Future Losses and Expenses

	{ MERGEFIELD "TK_PICOURTDETS_tkCIVILCRT_name" }
Claim No	{ MERGEFIELD "TK_PICOURTDETS_tkCLAIMNO " }
Claimant (Including Ref)	{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } { MERGEFIELD "client_no" }/{ MERGEFIELD "matter_no" }
Defendant (Including Ref)	{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME } = "" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FOREN AME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNA ME }" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME }" } { IF { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONA ME } = "" " { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FOREN AME } { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2SURNA ME }" ", { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONA ME }" }

GENERAL DAMAGES

(1) Pain, suffering and loss of amenity	To be assessed
(2) Handicap on the labour market	To be assessed

I. PAST EXPENSES AND LOSSES

Receipts and documentary evidence are attached where available and exhibited in the attached bundle.

(1) Loss of Earnings

The Claimant's pre-accident average pay was £[] per week and the Claimant was unable to work for a total period of [] weeks.

Sub Total £

(2) Medical Expenses

- (a) Physiotherapy
- (b) Prescription charges

Sub Total £

(3) Travel Expenses

- (a) To and from GP
X visits – X miles return trip @£0.45 per mile
- (b) To and from Hospital
X visits - X miles return trip @£0.45 per mile
- (c) To and from Physiotherapist
X visits - X miles return trip @£0.45 per mile
- (c) To and from Orthopaedic Expert
X visits - X miles return trip @£0.45 per mile

Sub Total £

(4) Gratuitous Care

The Claimant claims the hourly commercial rate of £8.50 (sourced from the British Medical Association Rates 2008) multiplied by the amount of hours per day less 25% representing the consequential discount for care provided by family in line with Evans v Pontypridd Roofing [2001]ECWA Civ 1657:-

The assistance consisted of:-

*Delete as applicable

- Dressing
- Bathing/Personal Care
- Cooking
- Cleaning
- Shopping
- Gardening

(a) From date of accident to []

[] hours per day x [] weeks

Less 25%

(b) From [] to []

[] hours per day x [] weeks

Less 25%

Sub Total £

(5) Miscellaneous

- (a) Clothing
- (b) Aids and Equipment
- (c) Policy excess

- (d) Postage, stationery, telephone calls and photocopying

III. FUTURE EXPENSES AND LOSSES

(1) Future Medical Expenses

- (a) Physiotherapy
- (b) Prescription charges
- (c) Surgery/After-care

Sub Total **£**

(2) Future Travel

- (a) In view of the above medical costs as per the medical report attached, associated travel costs are claimed as a lump sum.

Sub Total **£**

(3) Future Care

- (a) A claim for future care costs as per the medical report and care reported attached is pleaded.

Sub Total **£**

IV. INTEREST

(1) General Damages

Interest is claimed at 2%

To be assessed

(2) Past Expenses and Losses

Interest is claimed at the full special account rate of % amounting to a total of £ to date.

Statement of Truth

I believe that the facts stated in this schedule of special damages are true.

Full name: { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }

Name of Claimant's solicitor's firm: { MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

Signed:

Position or office held:

*(Claimant) (Litigation friend)

* delete as appropriate

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD PRACTICEINFO_DX_NO }
{ MERGEFIELD PRACTICEINFO_HOUSE }
{ MERGEFIELD PRACTICEINFO_AREA }
{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN }
{ MERGEFIELD PRACTICEINFO_POSTCODE }

{ DATE \@ "dd MMMM yyyy" * MERGEFORMAT }