

Schedule of Past and Future Losses

Claimant: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }

Date of Birth:

Introduction

Loss of Earnings

Past Loss of Earnings

Future Loss of Earnings

Loss of Pension

Value of Care and Assistance

Value of Past Care and Assistance

Value of Lost Services

Treatment Costs

Future Treatment Costs

Travel and Miscellaneous Expenses

Statement of Truth

[I believe][The Claimant believes] that the facts stated in this Schedule are true.

[I understand] [The Claimant understands] that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth.

[I am duly authorised by the Claimant to sign this statement]

Full name: [{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }] [{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }]

Signed:

[Claimant] [Claimant's Solicitor]

Date: