

**QUANTUM INDICATION FORM**

<b>PORTION TO BE COMPLETED BY SOLICITORS</b>			<b>PORTION FOR JO</b>
Case No: DC / MC _____ of _____	Nature of Claim: PIMA/IA/ _____	Interlocutory Judgment entered at _____ % in Plaintiff's favour	JO's signature
<b>Heads of Claim</b>	<b>Plaintiff's submissions</b>	<b>Defendant's submissions</b>	<b>Indication</b>
<b>(I) Pain and Suffering</b>	<i>Please state:-</i> - <i>The severity/treatment applied to the injuries. State residual disabilities (if any);</i> - <i>The relevant sections of the Guidelines for Assessment of General Damages in Personal Injury Cases (2010).</i>		
1.	<b>Nature of Injury:</b>  Pg. _____ of medical report by _____		
2.	<b>Nature of Injury:</b>  Pg. _____ of medical report by _____		
3.	<b>Nature of Injury:</b>  Pg. _____ of medical report by _____		
4.	<b>Nature of Injury:</b>  Pg. _____ of medical report by _____		

<p><b>(II) Loss of future earnings / Loss of earning capacity</b></p>	<p>Multiplier: _____ Multiplicand: _____</p> <p>Plaintiff's pre-accident age / occupation / salary: _____</p> <p>Plaintiff's current age / occupation / salary: _____</p>	<p>Multiplier: _____ Multiplicand: _____</p>	
<p><b>(III) Loss of Dependency</b></p>	<p>(State dependents' age / relationship to the Deceased and the proposed multiplier and multiplicand)</p>	<p>(State the proposed multiplier and multiplicand for each Dependent)</p>	
<p><b>(IV)</b> _____ <i>(other items of claim)</i></p>			
<p><b>(V)</b> _____ <i>(other items of claim)</i></p>			
<p><b>(VI)</b> _____ <i>(other items of claim)</i></p>			