

(b) Gender of Plaintiff:

(c) Plaintiff's Age at time of accident:

(d) Plaintiff's Occupation at time of accident:

(e) Plaintiff's Income per month at time of accident:

(f) Plaintiff's Present Age:

(g) Plaintiff's Present Occupation:

(h) Plaintiff's Present Income per month:

4. A summary table of the Plaintiff's and Defendant's respective present positions on quantum is annexed herewith as an "Annexure" to the opening statement.

5. Item number(s) () and () of the Plaintiff's claim has/have been agreed between the parties.

Dated this ()

SOLICITORS FOR THE PLAINTIFF

SOLICITORS FOR THE DEFENDANT

<u>(II)</u>	LOSS OF EARNING CAPACITY	<p>\$</p> <p><u>Authorities:</u> (1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>	<p>\$</p> <p><u>Authorities:</u> (1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>
<u>(III)</u>	LOSS OF FUTURE EARNINGS	<p>Multiplier: _____ years</p> <p>x</p> <p>Multiplicand: \$ _____ = \$</p> <p><u>Authorities:</u> (1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>	<p>Multiplier: _____ years x</p> <p>Multiplicand: \$ _____ = \$</p> <p><u>Authorities:</u> (1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>

(IV)	FUTURE MEDICAL EXPENSES & TREATMENTS	\$	1) Medical Report by Dr _____ Pg _____ _____ 2) Medical Report by Dr _____ Pg _____ _____	1) _____ Pg _____ 2) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____ _____ 2) Medical Report by Dr _____ Pg _____ _____	1) _____ Pg _____ 2) _____ Pg _____
(V)	OTHER ITEMS OF GENERAL DAMAGES [Includes Dependency Claims]	\$	1) Medical Report by Dr _____ Pg _____ _____ 2) Medical Report by Dr _____ Pg _____ _____	1) _____ Pg _____ 2) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____ _____ 2) Medical Report by Dr _____ Pg _____ _____	1) _____ Pg _____ 2) _____ Pg _____

(VI)	SPECIAL DAMAGES						
1	Medical Expenses	\$		1) _____ Pg _____ 2) _____ Pg _____	\$		1) _____ Pg _____ 2) _____ Pg _____
2	Transport Expenses	\$		1) _____ Pg _____ 2) _____ Pg _____	\$		1) _____ Pg _____ 2) _____ Pg _____
3	Pre-Trial Loss of Earnings	\$_____ per month for _____ month = \$		1) _____ Pg _____ 2) _____ Pg _____	\$_____ per month for _____ month = \$		1) _____ Pg _____ 2) _____ Pg _____

4	Other items of Special Damages	\$		1) _____ Pg _____	\$		1) _____ Pg _____
				2) _____ Pg _____			2) _____ Pg _____
	TOTAL	\$			\$		
	(at _____%)	\$ _____			\$ _____		