

**DETAILS REQUIRED IN RESPECT OF CLAIM FOR DAMAGES (Form B)**

ARISING FROM DEATH OF.....(name of deceased)

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

DATE OF DEATH: .../.../...

**EMPLOYMENT DETAILS OF DECEASED (Form B):**

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

2. Occupation at time of death: .....

3. Basic salary at time of accident: R ..... weekly/monthly/yearly

**4. BASIC HYPOTHETICAL SALARY NOW HAD THE DEATH NOT OCCURRED AND DECEASED IS NOTIONALLY STILL IN YOUR EMPLOYMENT:**

R.....weekly/monthly/yearly Effective from date: .../.../...

Present salary scale, 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 the deceased had lived that long.

7. Date on which deceased 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 the deceased had prospects for promotion state likely date 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 .....

Deceased'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 the dependants.

For greater detail see Koch 'Reduced Utility of a Life Plan' pp 273-351

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