

DETAILS REQUIRED IN RESPECT OF CLAIM FOR DAMAGES (Form F)
ARISING FROM INJURY TO.....(name)

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

Employment details

HAVING REGARD TO THE CONSEQUENCES OF THE INJURY (Form F):

Section 1: Benefits/payments provided while off work (See Section 2 if a disability pension or income is payable).

- 1.1) Sick pay/salary/UIF payments:..... Gratuitous? YES/NO.
- 1.2) Lump sum: R..... date paid on .../.../... Gratuitous? YES/NO.
- 1.3) Amount (if any) to be repaid if damages claim successful: R.....
- 1.4) Date of termination of services (if applicable) .../.../....
- 1.5) Date returned to work (if applicable) .../.../....

Section 2: Disability benefits (if any).

- 2.1) Date of commencement of disability pension/income .../.../...
- 2.2) Pension/income at that date R.....per month and now R.....per month
- 2.3) Percentage increase in pensions over past 5 years:
 ...% (yr.....) ...% (yr.....) ...% (yr.....) ...% (yr.....) ...% (yr.....)
- 2.4) Continuing medical aid contribution by employer R..... per month.
- 2.5) Continuing pension contribution by employee ...%

Section 3: To be completed only if claimant has returned to work:

- 3.1) Date returned to service: .../.../... Position
- 3.2) Basic salary at that date: Rper week/month/year.
- 3.3) Basic salary **now**: Rper week/month/year.
- 3.4) Date from which current salary was effective .../.../....
- 3.5) Additional **ANNUAL** remuneration:

	At time of return	Now if still employed
13th cheque/annual bonus	R.....py	R.....py
Overtime (rands p/year)	R.....py	R.....py
House/rent benefits	R.....py	R.....py
Car/travel benefits	R.....py	R.....py
Medical aid subsidy	R.....py	R.....py
Benefits in kind	R.....py	R.....py
Any other benefits	R.....py	R.....py

- 3.6) If claimant has left your employment since rejoining advise when .../.../... and reason why services were terminated.....
- 3.7) If any of the benefits set out above were provided other than in the normal course of business (ie were provided as a special act of charity) please indicate benefits.....
- 3.8) Likely future retirement age having regard to injuries :
- 3.9) Promotion prospects (if any): state likely date of such promotion/s, salary and benefits presently applicable to such position/s **and** percentage chance/s that such promotion/s will take place:
 Position:..... Salary: R..... Date:.../.../... Chance:...%

Name of company/business
Employee'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 greater detail see Koch 'Reduced Utility of a Life Plan' pp 179-271
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