

(d) Claimant's occupation at time of accident:

(e) Claimant's income per month at time of accident:

(f) Claimant's present age:

(g) Claimant's present occupation:

(h) Claimant's present income per month:

4. A summary table of the parties' respective positions on quantum is annexed herewith as an "Annexure" to the opening statement.

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

Dated this ()

SOLICITORS FOR THE CLAIMANT

**SOLICITORS FOR THE DEFENDANT/
INTERVENER/ THIRD/ FOURTH PARTY
(Delete/Amend where necessary or mark as "N.A")**

ANNEXURE¹

<u>NO.</u>	<u>HEAD OF DAMAGES CLAIMED</u>	<u>CLAIMANT'S SUBMISSIONS ON QUANTUM</u>	<u>CLAIMANT'S EXPERT REPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>CLAIMANT'S DOCUMENTS IN SUPPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>DEFENDANT'S SUBMISSIONS ON QUANTUM</u>	<u>DEFENDANT'S EXPERT REPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>DEFENDANT'S DOCUMENTS IN SUPPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>
<u>(I)</u>	PAIN AND SUFFERING						
1	Nature of Injury	\$ <u>Authorities:</u> (1) Case Name Award Given (2) Case Name Award Given	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 _____

¹ Parties may modify the table above for the purposes of including the position(s) of additional parties in the action.

2	Nature of Injury	<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 _____</p> <p>Pg _____</p> <p>2) Medical Report by Dr _____</p> <p>Pg _____</p>	<p>1) _____</p> <p>Pg _____</p> <p>2) _____</p> <p>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 _____</p> <p>Pg _____</p> <p>2) Medical Report by Dr _____</p> <p>Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>
3	Nature of Injury	<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 _____</p> <p>Pg _____</p> <p>2) Medical Report by Dr _____</p> <p>Pg _____</p>	<p>1) _____</p> <p>Pg _____</p> <p>2) _____</p> <p>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 _____</p> <p>Pg _____</p> <p>2) Medical Report by Dr _____</p> <p>Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>

(II)	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>
(III)	LOSS OF FUTURE EARNINGS	<p>Multiplier: _____ years x 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 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 _____
	TOTAL	\$			\$		
	(at _____%)	\$ _____			\$ _____		