

Form 9B

<i>QUANTUM INDICATION FORM</i>			
<i>PORTION TO BE COMPLETED BY SOLICITORS</i>			<i>PORTION FOR JO</i>
Case No: DC / MC _____ of _____ Nature of Claim: PIMA/IA/ _____		Interlocutory Judgment entered at _____ % in Plaintiff's favour	JO's signature
Heads of Claim	Plaintiff's submissions	Defendant's submissions	Indication
(I) Pain and Suffering	<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.	Nature of Injury: Pg. _____ of medical report by _____		
2.	Nature of Injury: Pg. _____ of medical report by _____		
3.	Nature of Injury: Pg. _____ of medical report by _____		

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