**IN THE PROPOSED ACTION Claim no: TBC**

**BETWEEN:-**

**Claimant**

**[NAME OF THE CLAIMANT]**

**And**

**Defendant**

**[NAME OF THE DEFENDANT]**

**SCHEDULE OF LOSS**

**Date of accident:**

**Claimant’s date of birth:**

**PAST LOSSES**

**1. Loss of Earnings**

[There is no claim for loss of earnings.]

OR

[Usual average earnings per week= £

Total time off work= weeks

Loss of earnings= £ x =

LESS any sick pay/state benefits received as a result of the accident

**TOTAL LOSS OF EARNINGS= £**

**2. Travel Expenses**

The claimant has incurred additional travelling expenses as a result of the accident in attending physiotherapy.

[ ] x visits – [ ] mile round trip at 45p per mile = £

**TOTAL TRAVEL EXPENSES= £**

**3. Care and Assistance**

As a result of the accident the Claimant required care/assistance/services over and above that which would have been given in the ordinary course of family life.

The Claimant required care and assistance from his [mother/father/partner] with washing, cleaning, cooking and bring him medication. He required assistance for [ ] hours per day for [ ] weeks.

[ ] hours at £6.90 per hour = £[ ]

**TOTAL CARE AND ASSITANCE ELEMENT = £**

**4. Medical Treatment**

The Claimant incurred expenses with medication and claims a modest sum in respect of this.

£20.00

OR

As a result of the accident the Claimant needed the following treatment for which he/she had privately paid.

[Treatment] [Cost of Treatment]

**TOTAL MEDICAL TREATMENT = £**

**5. Other Expenses**

[Details of any other expenses]

 **TOTAL OTHER EXPENSES = £**

 **TOTAL PAST LOSSES= £**

**FUTURE EXPENSES**

 [Details of any future losses, e.g. future physiotherapy, medication, treatment]

**TOTAL FUTURE LOSSES= £**

 **TOTAL CLAIMANT’S LOSSES= £**

**Statement of Truth**

I believe that the facts stated in this Schedule of Loss are true.

Full name………………………………………………….

Signed……………………………………………………….

Dated………………………………………………………..