**IN THE NORTHAMPTON (CCMCC) COUNTY COURT CLAIM NO: TBC**

**MR PERSON**

**Claimant**

**And**

**THE MOTOR PEOPLE**

**Defendant**

 **CLAIMANT’S SCHEDULE OF LOSS**

The Claimant claims for personal injuries and associated losses suffered as a result of a road traffic accident on or about 23 March 2020.

**Documentation in support**

1. Invoice for replacement tyres;
2. Invoice for insurance policy excess;
3. Invoice regarding golf membership.

**Care and Assistance**

The Claimant was restricted in relation to his ability to carry out shopping and household chores. The Claimant’s partner provided care and assistance for one week.

Care is claimed at a rate of £6.92 per hour to allow for the gratuitous nature of the care provided, as per *Evans v Pontypridd Roofing Ltd [2001] EWCA Civ 1657.*

The Claimant claims for 1 hour of care per day at £6.92 per hour for 2 weeks: **£96.88**

**Medical expenses**

The Claimant had to take over the counter painkillers on a regular basis: **£10.00**

**Travel Expenses**

The Claimant incurred additional travel expenses as a result of his injuries. Mileage is claimed at a rate of £0.45 per mile.

The Claimant attended his GP surgery twice after the accident

(5 miles per journey) **£4.50**

The Claimant attended hospital after the accident

(7 mile journey) **£3.15**

The Claimant attended an appointment with his Doctor on 23 March 2020

(5 mile journey) **£2.25**

The Claimant attended an appointment with his Doctor on 23 March 2020

(40 miles journey) **£18.00**

The Claimant attended 8 sessions of physiotherapy at a cost of £4.40 per journey **£35.20**

**Total mileage claimed: £63.10**

**Miscellaneous Expenses**

Doctor confirms in the ‘Leisure’ section of his report dated 23 March 2020 that the Claimant was unable to golf for 6 months.

**Golf Membership**

The Claimant was unable to play golf as a result of his injuries for a period of 6 months

Membership fee: **£640.00**

**Replacement Car Tyres**

The Claimant had to purchase replacement car tyres as the original tyres were damaged in the accident: **£287.18**

**Insurance Policy Excess**

The Claimant had to pay for his policy excess:  **£400.00**

**GRAND TOTAL £1497.16**

**Statement of Truth**

I believe the facts stated in this Schedule are true.

Signature…………………………………………………..

Print Name……………………………………………………

Date……………………………