



CHECKLIST OF INFORMATION REQUIRED FOR LOSS OF INCOME CLAIMS

- (1) Name, date of birth and date of accident of the injured party.
- (2) If the injured party is a minor child, then please obtain and provide us with a report from an Industrial Psychologist. If the injured party was an adult who was employed at the date of the accident, please proceed to point [3] onwards.
- (3) Earnings history in respect of the injured party by means of IRP5 tax documentation and pay-slips. For self-employed individuals, it may be worth considering a report from a Forensic Accountant.
- (4) If the injured party is a member of a pension/provident fund, then the rules of that fund should be obtained.
- (5) Consideration can be given to obtaining a report from an Industrial Psychologist if it is thought that the injured party may have received real increases or promotions during the balance of his/her working life.
- (6) Has the injured party returned to work? If so, please provide details of all earnings from the date of the accident until present time by means of IRP5's or pay-slips.
- (7) If the injured party has been medically boarded, please advise the date of medical boarding and provide details of any disability benefits that have been paid from the injured party's pension/provident fund. A copy of the rules governing the payment of any disability benefits must be obtained.
- (8) Please provide any reports that detail any possible reduction in life expectancy (for example a report by a Neurosurgeon or a Specialist Physician).
- (9) Please provide an instruction as to what pre-accident retirement age to assume and what post-accident retirement age to assume (if any).
- (10) Please provide an instruction concerning general contingency deductions (alternatively, whether these must be ignored).
- (11) Please provide details of any awards made to the injured party in terms of the Compensation for Occupational Injuries and Diseases Act, 1993. The final award from the Compensation Commissioner must be obtained.
- (12) Please provide details of any State Disability Grants that have been paid to the injured party.

Johannesburg North

Physical: Unit 5, Block E, Morningside Close Office Park, 222 Rivonia Road, Morningside, 2196
Email: gregory@algorithm-ca.com | **Tel:** (011) 802-0263 | **Fax2Email:** 086-428-1353

Johannesburg South

Email: tracy@algorithm-ca.com | **Tel:** (011) 867-0814 | **Fax2Email:** 086-428-1354



Members: Gregory Whittaker *B.Econ.Sc., M.A.A.A., F.S.A., F.A.S.S.A.* | Tracy Kotzé
Assisted by: Tanya Sheasby *B.Sc., L.I.I.S.A.* | Marinel Botes *B.Sc.(Hons) F.A.S.S.A.* |
David Bornman *B.Sc.* | Simon Kroon *B.Sc.(Hons), F.A.S.S.A.*