**\* To be signed by the Parties before the start of the mediation / neutral evaluation session. MEDIATION NO. LSMS – PIPD of 20**

**NEUTRAL EVALUATION NO. LSNEDS - PIPD of 20**

**Instructions: Where quantum indication is required, this Form is to be completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Heads of Claim** | **Claimant’s Submissions** | **Defendant’s Submissions** | **Indication** |
| **(A) Pain & Suffering and Loss of Amenities** |
| Nature of Injury & Medical Report Reference |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **(B) Loss of Future Earnings / Loss of Earning Capacity** |
| Plaintiff's pre-accident age / occupation / salary: |

|  |  |
| --- | --- |
| Multiplier: |  |
| Multiplicand: |  |

  |

|  |  |
| --- | --- |
| Multiplier: |  |
| Multiplicand: |  |

 |  |
| Plaintiff's current age / occupation / salary: |
| **(C) Loss of Dependency** |
| Dependent’s date of birth, age at time of death and current age:- |

|  |  |
| --- | --- |
| Multiplier: |  |
| Multiplicand: |  |

 |

|  |  |
| --- | --- |
| Multiplier: |  |
| Multiplicand: |  |

 |  |
| 1. Parent
 |  |  |  |
| 1. Spouse
 |  |  |  |
| 1. Child
 |  |  |  |
| (4)Others (Please give details) |  |  |  |
| **(D) Future Medical & Transport Expenses** |
| Type of Treatment / Claim |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **(E) Special Damages** |
| Type of Treatment / Claim |  |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |  |
| --- | --- |
| Claimant’s Counsel / Signature: |  |
| Respondent’s Counsel / Signature: |  |
| Other Party Counsel / Signature: |  |