VECTOR ACTUARIES

LOSS OF EARNINGS

Attorney Checklist

INJURED CLAIMANT

[Enter name]

ATTORNEY'S FILE REFERENCE

[Enter file reference]

DATE OF ACCIDENT

[Enter date of accident]

INSTRUCTING ATTORNEY / FIRM

[Enter attorney or firm]

	HAVE	NEED	N/A
CLAIMANT & INSTRUCTION			
Claimant's identity number or date of birth	☐	☐	☐
Letter of instruction, including scenarios or assumptions	☐	☐	☐
EMPLOYMENT & EARNINGS BEFORE THE ACCIDENT			
Employment history, including employment and termination dates	☐	☐	☐
Employment contract or employer confirmation letter	☐	☐	☐
Payslips from before the accident	☐	☐	☐
IRP5 certificates and relevant SARS income tax records	☐	☐	☐
Details of bonuses, overtime, commission and allowances	☐	☐	☐
Employer pension, medical aid and other employment benefits	☐	☐	☐
Self-employed: financial statements, tax returns and bank statements	☐	☐	☐
EARNINGS & EMPLOYMENT AFTER THE ACCIDENT			
Payslips or other proof of earnings after the accident	☐	☐	☐
Sick / unpaid leave and remuneration received during absence	☐	☐	☐
Job loss, redeployment, medical boarding or other job changes	☐	☐	☐
Periods of unemployment or changes in earnings	☐	☐	☐
EXPERT REPORTS & EDUCATION			
Industrial psychologist's report (required)	☐	☐	☐
Medical specialist / occupational therapist reports, if available	☐	☐	☐
School / tertiary records and qualifications, where relevant	☐	☐	☐
Other evidence of work capacity or future career prospects	☐	☐	☐

NOTES: MISSING INFORMATION, ASSUMPTIONS OR SPECIAL INSTRUCTIONS

[Click to add notes]