

TEMPLATE SCHEDULE OF DAMAGES

Personal Information

Name:

Date of Birth:

Date of Accident:

Schedule of Damages

Type	Total
Economic Loss	
Future Economic Loss	\$
Future Loss of Superannuation	\$
Past Economic Loss	\$
Interest	\$
Past Loss of Superannuation	\$
Gratuitous Care and Assistance	
Future Gratuitous Care and Assistance	\$
Past Gratuitous Care and Assistance	\$
General Damages for Pain and Suffering	\$
Out-of-Pocket Expenses	
Past Out-of-Pocket Expenses	\$
Interest	\$
Future Out-of-Pocket Expenses	\$
TOTAL	\$