



LOSS OF EARNINGS AND SUPERANNUATION REPORT REQUEST

This data form can be used to request a calculation report into the value of earnings and superannuation lost due to a workplace or road injury, etc. This information may be needed for compensation purposes.

Contact Details:

Contact Name			
Firm			
Address			
State		Post Code	
Telephone		Fax	
Email			

Injured Party's Details:

Name	
Date of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Accident	
Start Date of Earning Loss	
Start Date of Super Loss	
End Date of Loss	(eg date age 65)
Discount To	(eg today's date)
Accident Type	<input type="checkbox"/> Work <input type="checkbox"/> Road <input type="checkbox"/> Other _____
Jurisdiction	(eg Vic, Qld)
Discount Rate % p.a.	

