



Financial Losses Diary

Introduction

Special damages is the name given to any financial losses you have suffered and/or will suffer in the future as a result of your injury. It is extremely important that you keep an accurate record of your losses using this diary so that when we have to prepare our calculation, nothing is omitted. Please remember that you will have to prove your losses so you must obtain and keep wage slips, invoices and/or estimates.

This diary is divided into sections. Each section deals with a different type of loss. Please insert the details of any losses you have suffered or are likely to suffer in the appropriate section. The final section is for miscellaneous losses and it is in this section that you should insert the details of any losses which don't belong in the other sections.

If you have any suggestions to make about the content or format of the diary, we shall be pleased to hear from you.

Loss of Earnings

Have you lost any earnings as a result of the accident? YES/NO

If yes, what was the full name/address of your employer:

What was your occupation?

What was your works/clock number?

What was your gross/net take home pay per week? Gross £
Net £

Are you back at work?

If yes, what was the date of your return?

Are you performing the same job as before?

If no, what job are you now performing and are you losing any money?

Is your job any less secure as a result of your injury?

If yes, please explain why



If you are **self employed**, please do **not** send us any documentation.

In support of your claim **other than** your Inland Revenue Self Assessment Tax Calculations/Returns.

We will write to you **if** we require any further documentation

Loss of Pension

Do you have a company pension?

If yes, is your pension entitlement likely to be affected?

If it is, please explain why

Personal Care Support

We can recover a sum of money for any care which you have received. To calculate this part of your claim, we need to try to assess how many hours have been spent over a given period of time in caring for you. We need to show the things that were done for you either by way of domestic tasks or matters of personal care. We appreciate that you received care out of love and loyalty and we by no means wish to underestimate this by asking you to undertake this difficult task.

We have listed below some of the things which may have been done for you. This list is not exhaustive and indeed not all the suggestions may apply to you. We have left space for you to add your own. Please try to indicate the amount of time spent on a particular task/activity per day and the approximate date/.month from which that task/activity began. The person from who you received help and support should help you complete the form.

Type of Care/Activity	Time spent (in minutes per day)	Dates between which care needed
Assistance in getting out of bed each morning		
Assistance with washing/cleaning teeth/showering/brushing hair (morning)		
Assistance with dressing		
Assistance with coming downstairs		



<p>Making drinks, throughout the day</p> <p>Preparing meals (only if you were not the meal preparer before your partner's illness)</p> <p>Helping your partner with his/her food</p> <p>Preparing your partner's medication (e.g. counting tablets and giving to your partner)</p> <p>Generally attending to your partner to make him/her more comfortable</p> <p>Assistance in using the bathroom – help up and down stairs/going to the toilet, throughout the night</p> <p>Assistance with undressing/getting ready for bed</p> <p>Assistance with washing/showering/bathing/cleaning teeth etc. (evening)</p> <p>Extra time spent washing, ironing etc.</p> <p>Please use the space below to list further details of care provided</p>		
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Miscellaneous

If you have suffered any other losses, please give full details in this section.

Thank you for taking the time to provide this information.