

LOSS OF SUPPORT Instruction Checklist

Items marked with an asterix () are essential*

Case Details

* Date of Instruction:	<input type="text"/>
* Client:	<input type="text"/>
* Client Reference:	<input type="text"/>
IAC Reference:	<input type="text"/>
Name for Case:	<input type="text"/>

Instructions

Assumed Retirement Age: Deceased: Spouse:

Contingency Deductions:	Past Loss	Future Loss
Spouse:	<input type="text"/> %	<input type="text"/> %
Children:	<input type="text"/> %	<input type="text"/> %

Remarriage Contingency: %
 Other Contingency: % Type:

Dependency Age for Children: 18 or 21 or 18 & 21 or other

Other Instructions:

Notes:

LOSS OF SUPPORT Data Checklist

Items marked with an asterisk () are essential, for others fill or attach any available information*

1. Case Details

* Client Reference:

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IAC Reference:

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2. Deceased - Personal Details

* Name:

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* Date of Birth:

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* Date of Accident:

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* Date of Death:

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* Sex:

M	F
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Marital Status:

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(Married / Single / Divorced / Widowed)

Nature of Marriage:

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(e.g. CoP, ANC, Customary Union, 2 Wives, etc)

3. Dependants - Personal Details

	Spouse	Child 1	Child 2	Child 3	Child 4										
* Name:	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>						
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	Child 5	Child 6	Child 7	Child 8	Child 9										
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	Other Dependant 1	Other Dependant 2	Other Dependant 3	Other Dependant 4	Other Dependant 5										
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Relationship: <i>(e.g. Father / Mother / etc)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>						

4. Earnings Details Prior to Accident

Supply earnings for all dependants, whether they have a right to support or not

If more than two other's earnings details are applicable, attach details on a separate sheet

	Deceased	Spouse	Other (Specify)	
Occupation:				
Employer:				
Date Started:				

Earnings Details

Applicable Period for Earnings (e.g. 12 months prior to accident, etc)

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For each below, specify whether per annum, per month, etc.

Basic salary:				
Overtime:				
Annual bonus:				
Holiday bonus:				
Housing Subsidy:				
Motor Subsidy:				
Medical Subsidy:				

Other (specify):

Pension Details

Date Joined:				
Normal Retirement Age:				
E'er Contr's (%):				
E'ee Contr's (%):				
Pension Formula: <i>(e.g. Yrs service x 1/55 x average 2 yrs salary)</i>				
Lump Sum Formula:				
Existing Pension:				
Other Details:				

5. Details of Estate and Inheritance

For joint estates (e.g. marriage in community of property), specify only under deceased

List of Assets:	Deceased	Spouse

List of Liabilities:	Deceased	Spouse

6. Other Details

Specify only if relevant and attach any relevant evidence/certificates

1. COID payments:

2. If Divorced - Details of last support provided and divorce order:

3. If not yet married - Support provided at death and plans for marriage:

4. Young Couple - Plans for future children; and/or
 - Future employment prospects of wife during subsistence of
 marriage *(only where this would have applied but for the accident)*

5. Details of State Welfare Benefits and Grants Payable
(Applicable to any of the dependants listed above)
