

### Schedule of Special Damages

**PIAB Claim Number:** \_\_\_\_\_

Claimant name: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Type	Amount Claimed
Application Fee	
Cost of medical report submitted with Application	
Loss of earnings – please tick the relevant box	No loss of earnings <input type="checkbox"/>
	Loss of earnings certificate attached <input type="checkbox"/>
	Loss of earnings certificate to follow <input type="checkbox"/>

**Please attach supporting receipts/vouchers**

I confirm that the details above are correct and represent the full extent of my claim for Special Damages in respect of an accident which occurred on «Date\_of\_Incident». I have not received payment for any of the amounts claimed from the respondent or their insurers.

Signed: \_\_\_\_\_  
 (Claimant)

Date: \_\_\_\_\_