

## **List of Losses**

11/15/21 Portal number Date created Section A Claimant losses Category **Total value** Property - repairs / total loss Category **Total value** Property - storage / recovery Category **Property - temporary vehicle Total value** Category Property - loss of use **Total value** Category **Total value Property - travel expenses** Category **Property - excess Total value** Category **Property - diminution Total value** Category **Total value Property - other items** Category Injury related - treatment costs **Total value** Category Injury related - prescription costs **Total value** Category Injury related - loss of earnings **Total value** Category Injury related - care costs **Total value** Category Injury related - travel costs **Total value** Category

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Category	Total calca
Tariff amount	Total value
Category	
Tariff uplift	Total value
Category	
Injury - non-tariff	Total value
Total	
Section B Claimant fees	
Category	
Fees - medical report	Total value
Category	
Fees - other expert's fee	Total value
Category	
Fees - police report	Total value
Category	
Fees - medical records	Total value
Category	
Fees - court fee	Total value
Category	
Fees - fixed legal representative costs	Total value

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Total

## Section C Statement of Truth

Name of signatory	
First name	Middle name
Last name	

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