

Frenkel Topping Loss of Earnings, Pension Loss, Loss of Dependency, Lost years

Free Viability Check



We are delighted to help you with your financial expert witness reports and subsequently post-settlement. We are always asked what is best to provide for an initial overview or full report. The simple answer is, If you are rushed, simply send across your LOE and/or draft schedule and we can advise next steps, alternatively, if you have a little more time, we have provided a summary below for you of the typical information required.

If you would like us to combine the loss of earnings figures into the report along with the pension figures, then this is no problem and provides you with one place for your calculations. Often with Pension Loss, LOD and Lost Years there is overlap between the loss of earnings and pension so it makes sense to complete in one set of calculations.

Please complete as much as you have available at this time and email to enquiries@frenkeltopping.co.uk along with your schedule or draft and any earnings/pension information you currently hold on file.

If you would like us to check your calculations then just send across the schedule and if you are requiring a number of different scenarios, please make this clear.

Solicitor/Barrister:

Name of client(s):

Date of birth:

Date of death:
*(If relevant)

Preferred phone number:

Preferred email address:

Date of negligence/accident:

Date of trial/JSM:

Brief background/summary
of matter:

Does your enquiry relate to: (please tick all relevant)

Loss of Earnings

Pension Loss

Loss of Dependency

Lost Years

Calculation Check

Clarity if you have a claim

Pre- Negligence/Accident



Employment and earnings details.
(If your client is a child, overview of family employment or LOE):

Intended retirement age:

Promotion prospects and salary increases (including assumed dates):

Were they contributing to a pension? If **YES**, please detail known information:

Earnings anticipated but for the negligence/accident:

Any pensions from past employment:

Date earning capacity reduced/ceased:

Does your enquiry relate to: (please tick all relevant)

Death in Service

Private Medical Insurance

Critical illness Cover

Staff Discounts

Please Specify:

Post- Negligence/Accident



Can the claimant work again?

If YES, what are the reduced earnings due to the negligence/accident:

Date post negligence/accident earnings commence:

Does the employer offer a pension scheme (now compulsory):

Has the expected retirement age changed:

Are they in receipt of any ill health benefits:

Loss of Dependency



Spouse name:

Spouse pre-
death earnings:

Spouse post -
death earnings:

Spouse post -
death pension:

Life Expectancy:
(Both)

Please provide
full details of all
pension
schemes:

Surviving Spouse



Spouse name:

Spouse pre-death
earnings:

Spouse post-
death earnings:

Spouse post-
death pension:

Please provide
full details of all
pension schemes:

FREE

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<p>5. Application of Periodical Payment Orders</p> 	<p>6. Trusts for Minors</p> 	<p>7. Financial Implications for Vulnerable Clients</p> 	<p>8. Loss of Earnings Self Employed Claimants</p> 



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