

# PERSONAL INJURY PARTICULARS

## Magistrates Court of South Australia (Civil Division)

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Court Use

Date Filed:

Trial Court				Action No			
Address	<i>Street</i>			<i>Telephone</i>		<i>Facsimile</i>	<i>DX</i>
	<i>City/Town/Suburb</i>		<i>State</i>	<i>Postcode</i>	<i>Email Address</i>		
<b>BETWEEN</b>							
							<i>(Plaintiff)</i>
and							<i>(Defendant)</i>
<b>Plaintiff's details</b>							
Full Name							
DOB				Present age			
Address	<i>Street</i>			<i>Telephone</i>		<i>Facsimile</i>	<i>DX</i>
	<i>City/Town/Suburb</i>		<i>State</i>	<i>Postcode</i>	<i>Email Address</i>		
Marital Status				Dependant Children			
Occupation							
Educational, trade or other occupational qualifications							
<b>Accident/incident details</b>							
Date of accident/incident							
Place of accident/incident							
Type of accident/incident <i>(e.g. motor vehicle, assault, work injury, etc)</i>							
If the accident was a motor vehicle accident, was the plaintiff a: <i>(tick one)</i>							
<input type="checkbox"/> driver/motor cyclist					<input type="checkbox"/> passenger/pillion		
<input type="checkbox"/> cyclist					<input type="checkbox"/> pedestrian		
<input type="checkbox"/> or other, please specify							
<b>General damages</b>							
Part of body injured							
Describe nature of the injury: <i>(eg. broken bone, sprain, bruising, ligamentous, etc)</i>							

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Date

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Describe any scars:

Describe any parts of the body lost: *(eg. tooth, eye, finger, leg, etc)*

Dates of period spent in hospital: *(if more than one period, please particularise)*

Period off work: *(please give dates, name and address of employer)*

Describe any loss of ability to perform:

(a) Domestic task, type of task and for how long:

(b) Recreational activity – type of activity and how long: *(e.g. sport, gardening, etc)*

Describe any symptoms still being experienced:

State the highest permanent disability stated by your medical advisors:

Do you medical advisors state that you have any psychiatric problems caused by the accident?  Yes  No

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**Other injury**

If you have suffered any other injury before or after the accident/incident, give the following details.

Date of other injury, where and how it occurred:

Nature of other injury:

Any ongoing effects or disabilities from that injury:

Any compensation received for or in relation to the other injury. If Court proceedings were started with respect to that other injury, identify the Court, the Court action number and the result (you may get this information from the Court that you used):

State any WorkCover payments received for or in relation to the other injury and the period/s for which the payments were made:

**Medical treatment and expenses**

Give details of the names and addresses of all medical practitioners, dentists, physiotherapists, chiropractors, psychologists and any other health professionals whom the plaintiff has consulted in relation to the injury caused by the accident/ incident with the dates of each consultation. If a claim is being made for the cost of any consultation fill in the last two columns and be prepared to produce receipts for each amount claimed.

Name	Address	Dates Consulted	Fee	Tick if paid
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>

**IMPORTANT NOTICE**

If you intend to call any medical or similar witnesses at the trial, you must obtain a written report from the proposed witness and supply a copy of that report within 21 days of receiving the report to the Court and the defendant.

**Loss of income**

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Date

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Name and address of employer on the date of the accident/incident:

Approximate date of commencement of the employment held at the date of the accident/incident:

Period off work as a result of the injury: *(if more than one period give the details)*

Describe any change of duties resulting in a loss of income as a result of the injury, the loss of income after tax and the period during which the loss occurred:

Describe any money received from WorkCover, Department of Social Security, insurance or other compensation received with respect to loss of income and give details of the periods to which it related:

Give your gross annual taxable income and the total income tax paid with respect to that income for the 3 financial years immediately prior to the accident/incident:

Give your gross annual taxable income and the total income tax paid with respect to that income in relation to the financial years in respect of which any loss of income is claimed:

Describe attempts made by you to obtain alternative employment since the accident/incident:

**Future loss of income**

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Date

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Give details of any disability arising from the accident/incident which will in the future affect your ability to earn income and the expected effect:

**Claim for domestic help**

Describe the help given to you since the accident/incident by your parent, spouse or child and the periods during which the services were given by each:

If the accident/incident was not a motor vehicle accident, describe the periods in respect of which any other domestic help was obtained and the person supplying the help and any money paid to them:

**Threshold test**

If the accident was a motor vehicle accident, give details of how your ability to lead a normal life was significantly impaired by the injury and the periods of such impairment: *(note: damages for pain and suffering cannot be given unless it lasted for more than 7 days)*

**Summary of monetary claims**

For each of the following heads, state the amount claimed and how you worked it out.

Special damages, medical and other treatment expenses:      \$

Loss of past income:      \$

I, the abovenamed plaintiff, MAKE OATH AND SAY that the information contained in this form is true and correct to the best of my knowledge and belief.

SWORN before me at

on the      day of      20

Signature .....

(Person authorised to take Affidavits)  
(e.g. Justice of the Peace)

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PLAINTIFF