

**IN THE REPUBLIC OF TRINIDAD AND TOBAGO**

**IN THE HIGH COURT OF JUSTICE**

**HCA S-923 of 1999**

**BETWEEN**

**ROGER RAMPERSAD**

Plaintiff

**AND**

**TRINIDAD AND TOBAGO ELECTRICITY COMMISSION**

Defendant

\*\*\*\*\*

**Before: Master Alexander**

**Appearances:**

**For the Plaintiff:**

**Mr Richard Jagai, instructed by Ms Saajida Narine**

**For the Defendant:**

**Mr Ravindra Nanga, instructed by Ms Salma Rahaman**

**REASONS**

**Introduction**

1. On 15<sup>th</sup> September, 1998 the plaintiff, Roger Rampersad (hereinafter “Roger”), was employed with the defendant when he fell off the top of a 32 foot fibre glass ladder which collapsed under him. At the time of his fall, he was 38 years old and an acting linesman with the defendant, Trinidad and Tobago Electricity Commission (hereinafter “T&TEC”). By writ of summons filed on 14<sup>th</sup> September, 1999 he sought compensation for personal injuries and consequential loss caused by the negligence and/or breach of contractual obligation and/or breach of statutory duty of T&TEC, its servants or agents. He filed his statement of claim on 29<sup>th</sup> September, 1999 and an amended statement of claim on 1<sup>st</sup> May, 2001. On 1<sup>st</sup> May, 2008 Rajnauth-Lee J by consent gave judgment for Roger against T&TEC with damages to be

assessed by a master and costs to be taxed in default of agreement. This assessment took place on 6<sup>th</sup> October 2011, 13<sup>th</sup> October, 2011 and 3<sup>rd</sup> February, 2012.

### General Damages

2. In assessing general damages<sup>1</sup> the principles in *Cornilliac v St Louis*<sup>2</sup> were applied as follows:

#### Nature and extent of the injuries sustained

3. Dr Adams testified that Roger suffers with cervical spondylosis greater at C3/4 and lumbar spondylosis at L4/5 less L5; disc degeneration; post traumatic syndrome and scalp neuralgia; low back and neck strain on spondylosis and erectile dysfunction. By medical report dated 23<sup>rd</sup> April, 2007 (hereinafter “the updated report”) as supported by the evidence in chief of Dr Adams the nature and extent of Roger’s injuries detailed above were introduced into evidence before this court. Counsel for T&TEC has asked the court to note that the complaint of ‘erectile dysfunction’ was not supported by any medical assessment or examination but based on the word of Roger.
4. Further, Roger claims in his witness statement that after the surgery, he experienced blackouts whenever he felt dizzy and that he began to see double. In cross-examination, he states that he continues to experience blackouts. There is no medical evidence linking the complaint of double vision to the incident, nor is there such a particular injury. I am also not satisfied that the complaint that he has continued to date to experience blackouts is supported by the necessary or sufficient medical evidence. I note that Dr Adams has indicated in his evidence that after the initial period of visits, Roger did not complain about ‘blackouts’ nor of double vision. It is only reasonable to assume that if he had continued to suffer these alleged effects of his fall then he would have informed his attending doctor of same. For the purpose of this assessment, therefore, little or no weight is placed on this aspect of Roger’s evidence in determining the extent of his injuries.

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<sup>1</sup> Such damages are presumed by law to flow from the wrong committed by the defendant, as the direct, natural and probable consequences of it. It is the loss to the plaintiff that cannot be precisely quantified, namely past and future non-financial loss and future pecuniary loss. *Mario’s Pizzeria Ltd v Hardeo Ramjit* CA 146 of 2003

<sup>2</sup> *Cornilliac v St Louis* (1965) 7 WIR 491

The nature and gravity of the resulting physical disability

5. Immediately following the accident, Roger was reported to be experiencing dizziness and occasional blackouts. This is accepted. Dr Adams in his report dated 11<sup>th</sup> September, 2000 (hereinafter “the first report”) stated that the injury resulted in Roger suffering from daily headaches, nearly continuous, on the right side of the head, of moderate intensity. Dr Adams also indicated that Roger had lower back pain radiating to the right posterior thigh with numbness and neck pain. As a result of the continuing symptoms, Roger underwent lumbar laminectomy and discectomy on 14<sup>th</sup> September, 1999 at St Clair Medical Centre. There was initial improvement post surgery but he remained with residual pain in the right lower extremity plus dizziness. In the updated report, Dr Adams certified that Roger’s symptoms continue; he made the additional findings of post traumatic syndrome, scalp neuralgia, low back and neck strain on spondylosis and erectile dysfunction and awarded a permanent partial disability of 50%. A CT scan post surgery showed a minor increased density in the left frontal area and his programme of treatment was continued.
  
6. From the medical evidence, it is clear that Roger’s injuries have resulted in restriction of his physical and social activities. It is Roger’s evidence that since his surgery, he can only walk, sit or stand for short periods; slouches when he walks and needs the aid of a cane constantly for walking. He claims that he gets strong pain in his back which brings on headaches and dizziness when he walks, sits, or stands for lengthy periods. Under cross-examination, he gave evidence that his dizziness continues to date, at least two to three times per day for a few seconds. It is also his evidence that he uses Viagra to have sex and this gives him headaches and upsets his belly. He also states that sex causes his lower back to hurt.
  
7. Counsel has submitted that there is no medical reason to believe that Roger’s condition will improve in the future and that his continued symptoms (dizziness, blackouts and pain in the lower back and neck) have not only affected his social and sexual activities but have rendered him continually unfit for future employment (discussed below). I note, however, that under cross-examination Dr Adams evidence as to the nature and resultant effects of Roger’s injuries

pointed to certain degenerative symptoms and changes. He gave evidence that, *“what he really had were symptoms of degenerative disease in the neck, similar symptoms of degenerative disease in the back additionally with more disc degeneration that would account for ...”* In effect, his evidence was that Roger’s neck pains were the result of normal degenerative changes that had nothing to do with the fall. With respect to the back, whilst there were also degenerative changes at the L5/S1 the injury would have contributed to this. Thus, I accept counsel for T&TEC’s submission that T&TEC is only responsible for the damages resulting from the fall and not for degenerative or progressive changes or their resultant effects.

#### Pain and suffering endured

8. Roger’s evidence is that sitting for more than 30 to 45 minutes is painful; standing for more than 15 minutes is painful and sex is painful. He states that he is on permanent painkillers of Beserol, Panadine F and Neurobine Forte which he takes daily but they do not relieve the pains. He states that immediately on impact from the fall, he was in a lot of pain in his neck, lower back and right foot - his whole body was hurting and he had daily headaches. The pains eased up a bit after surgery but the dizziness continued. He describes his pains as being a source of great distress and as ‘unbearable’. Initially, after the surgery he was weak and feeble; forced to lie down most of the day and needed his wife’s help to perform the most basic of hygienic functions. He states that this has caused him to feel like a cripple and a burden to his wife. He now has a diminished sense of self esteem and feels like giving up. Dr Adams described his pain thus, *“his injuries would have caused him severe to moderate pain which is expected to continue into the future.”* In his witness statement, Roger states, *“Since the accident I have not worked. I am unable to walk or sit or stand more than short periods at a time without getting strong pain in my back which brings on the headaches and then the dizziness. I use my cane constantly for walking and even today if I try walking with a plate of food I have to be extremely careful as my balance is poor due to my back pain and I constantly have to slouch and walk. The thing that I fear most is the blackouts which come about if the dizziness gets too much.”*

#### Loss of amenities suffered

9. Roger has suffered significant loss of amenities as a result of his injuries. It has affected his sex life, which was previously healthy. He now relies on Viagra tablets, and experiences the

side effects of headaches and upset stomach after taking same. For Roger, all the romance has been removed from his sex life as the sexual act is now a pre-planned event that he wants over quickly, stealing all enjoyment from it. He feels less than a man and ashamed by the ordeal. His injuries also affect his ability to perform domestic household tasks as well as to play sports. He states that pre-accident he was a member of the Arima T&TEC Sports Club, participated in marathons, enjoyed dances, swimming, going to the beach and rivers but now his back pain keeps him away from these activities. He is now depressed, frustrated and feels like giving up.

Extent to which pecuniary prospects have been materially affected

10. Roger states, *“All I know is T&TEC work. I never work anywhere else. All I know how to do is work with my hands but as a result of the pain I still have; the dizziness; the uncertainty when I will blackout; and this constant weak feeling, I was never able to work since the accident ...”* In his evidence in chief, Dr Adams stated that Roger was, *“medically unfit to continue working as a linesman and I assessed his permanent partial disability at 50%.”* He further stated that, *“as a result of his continued symptoms namely: pain in lower back and neck, dizziness and blackouts I do not believe Mr Rampersad would have been fit for employment since his fall nor do I believe he would be in the future.”* Under cross-examination, when asked as to the possibility of Roger doing sedentary work with medication, Dr Adams said that he did not think it is possible as sitting would cause increased pain in the back and standing or activity would aggravate the back.
  
11. Counsel for Roger has asked this court to accept that based on the evidence Roger’s injuries have rendered him unfit for work since the accident and for the rest of his life and to assess his disability on a 100% basis. I, however, am not so convinced as to 100% disability and note in particular that Dr Adams’ evidence, by which I am guided, did not rule out completely all forms of employment. He in fact assessed him at 50% disability, which was not altered on cross-examination. Whilst I do accept the evidence of his injuries having materially affected his pecuniary prospects, there is an insufficiency of evidence before me to rule conclusively that Roger is 100% unfit for any type of employment (discussed below).

## Case Law Analysis

12. Roger's counsel has suggested the sum of **\$225,000.00** as an appropriate award for the pain and suffering and loss of amenities consequent upon the injuries sustained. In support, he relied on the case of *Edmund Taitt v Kenny Rampersad & Ors*<sup>3</sup>. In *Edmund Taitt case* the plaintiff suffered with severe neck pains, erectile dysfunction and found standing or walking for a long period problematic. He was bedridden for approximately 4 to 6 months and it took him 6 months to shower on his own. There was evidence that the plaintiff experienced continuous pain throughout his body. His social activities were limited; he was unable to go to the beach or enjoy his pre-accident style of life. There was no surgery done as it would have been of limited value. In April, 2009 Ventour J awarded this plaintiff \$125,000.00 for pain and suffering and loss of amenities.
  
13. Counsel for T&TEC suggested several cases for consideration by this court including:
  - *Richardson v Kiss Baking Company Ltd*<sup>4</sup> where a plaintiff suffered a bulge at disc L4-L5-S1, post concussion syndrome and neck and lower back strain. There was evidence that his symptoms would continue indefinitely and might be permanent. His permanent partial disability was assessed at 30% and he was deemed medically unfit to continue his work as an electrician. He was awarded on 31<sup>st</sup> January, 2000 the sum of \$35,000.00; as adjusted to December, 2010 to \$71,385.00.
  
  - *Dayal Moonsammy v Rolly Ramdhanie & Capital Insurance*<sup>5</sup> where the plaintiff sustained an injury to the L4/5 and L5 S1, had pain in right hip and lower back, underwent surgery and his recovery was uneventful. The plaintiff was assessed as having recovered less than 50% of the L4 and L5 nerves. He was awarded on 18<sup>th</sup> April, 2005 \$75,000.00; as adjusted to December, 2010 to \$121,102.00.

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<sup>3</sup> *Edmund Taitt v Kenny Rampersad & Ors* HCA 1052 of 2006

<sup>4</sup> *Richardson v Kiss Baking Company Ltd* HCA 696 of 1996

<sup>5</sup> *Dayal Moonsammy v Rolly Ramdhanie & Capital Insurance* HCA 2316 of 2001/CA No 62 of 2003

- *Persad & ors v Seepersad*<sup>6</sup> where for a serious whiplash, cerebral concussion and wedge compression fractures of the L1 and L2 vertebrae, a prolapsed L5/S1 disc where there was pre-existing degeneration causing pain the plaintiff was awarded the sum of \$75,000.00; as adjusted to December, 2010 to \$129,578.00.
- *Valdez v Samlal*<sup>7</sup> where a 25 year old plaintiff suffered injury to his lower back which adversely affected his sexual life. A myelogram disclosed defects at the lumbar 4<sup>th</sup> and 5<sup>th</sup> and lumbar 5<sup>th</sup> and sacral 1<sup>st</sup> intervertebral spaces. Two discs were surgically removed. On 23<sup>rd</sup> November, 1976 the plaintiff was awarded the sum of \$8,000.00; as adjusted to December, 2010 to \$125,180.00.

14. Whilst the cases provided by counsel for T&TEC were dated they were useful for comparative purposes. After carefully reviewing all authorities provided, I accept that the *Edmund Taitt case* bears similarities to the instant scenario but note that Roger's injuries were more extensive, given the medical evidence of post traumatic syndrome, scalp neuralgia and low back and neck strain on spondylosis. Further, I bore in mind the medical evidence that the neck strain on spondylosis can be linked to progressive changes affecting Roger's neck and that those pains are unrelated to the injury. In addition, I note that Roger underwent surgery (albeit of limited success) which, to my mind, would come with its attendant trauma, pain and stress. Nevertheless, I formed the view that the suggested compensation of \$225,000.00 is excessive in the circumstances of this case. Roger's injuries were more extensive than those in the *Edmund Taitt case* but the additional medical conditions do not justify such a large compensatory award, especially when pitted against the cases provided by T&TEC where all the injuries were extensive too, though not squarely on par with the instant case. Further, I also did not accept T&TEC's suggestion of \$110,000.00 as reasonable but as being on the lower side of the compensatory scale and as an attempt by T&TEC to trivialize the actual injuries sustained. It is clear from the evidence that Roger's injuries have disrupted his life, reduced his mobility and remains a source of pain and discomfort to him.

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<sup>6</sup> *Persad & ors v Seepersad* HCA 76 of 1999/CA Nos. 136 & 137 of 2000/PC No 86 of 2002

<sup>7</sup> *Valdez v Samlal* HCA 810 of 1972

15. In doing the comparative analysis of the cases, I bore in mind that although it is not possible to provide perfect compensation to an injured person, care must be taken to ensure as far as possible that he is fully and adequately compensated for the pain and suffering, which includes emotional distress, scars and general inconvenience that he has been put to. Further, it is understood that general damages must compensate for an established loss and not give unfair enrichment or benefit to an injured person. In arriving at the appropriate award, I therefore considered the evidence before me, the pain and suffering endured, the loss of amenities and the consequent impact on Roger's post-accident life. It cannot be doubted that Roger suffered a serious injury that continues to be a source of pain and discomfort to him. Yet, Roger is not entitled to over-compensation but a sum that is fair, reasonable and adequate, given the singular nature of this award. I am minded to award the sum of **\$155,000.00** for pain and suffering and loss of amenities, which in the circumstances I consider as fair and reasonable.

### Special Damages

16. A plaintiff approaching an assessing court must have pleaded, particularized and come armed with the necessary proof of losses sustained.<sup>8</sup> Any claim supported by the requisite receipts, bills, invoices, pay slips or other documentary proof, items of special damages will be allowed. See *British Transport Commission v Gourley*<sup>9</sup>. In the instant case, special damages have been pleaded for medical services, costs of medicines, costs of eye glasses, travelling and loss of earnings which are considered below.

- Medical Services \$2,500.00

17. A claim for medical services was made in the sum of \$2,500.00 which according to the evidence of Roger was spent for treatment at Medical Associates in January, 2001. This claim is supported by an invoice and is hereby allowed.

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<sup>8</sup> *Grant v Motilal Moonan Ltd.* (1988) 43 WIR 372 per Bernard CJ and reaffirmed in *Rampersad v Willies Ice-Cream Ltd* Civil App 20 of 2002

<sup>9</sup> *British Transport Commission v Gourley* (1956) AC 185

- Medical Attention to date and continuing \$2,700.00

18. The evidence of Roger is that this claim for medical attention to date and continuing has been satisfied by T&TEC, so no damages fall to be awarded here.

- Cost of Medicines to date and continuing \$32.20

19. A claim for cost of medicines to date and continuing was pleaded in the sum of \$32.20. Receipts were supplied in support of this continuing medical expenditure in the sum of \$496.41 so this claim is allowed.

- Eye Glasses \$1,721.00

20. Roger claims that he spent \$1,721.00 for the cost of an eye exam and glasses and supplied a receipt dated 2<sup>nd</sup> February, 2001 from Parillion Optical. It is to be noted that Roger's complaint was of 'double vision' but his eye examination revealed normal evaluations as confirmed by Dr Adams in his first report. Having regard to the evidence, it is my view that there is no correlation between this expense and Roger's injuries so it is disallowed.

- Travelling to date and continuing \$1,900.00

21. This claim in the sum of \$1,900.00 was supported by the necessary receipts so is allowed.

- Loss of earnings

22. Generally, a claim for loss of earnings is one capable of substantially exact calculation so a plaintiff is obligated to plead and particularize this head in fairness to the defendant. See ***Charmaine Bernard v Seebalack***.<sup>10</sup> Roger gave evidence that at the time of the accident, his net weekly salary was around \$993.00. There is evidence that for the period 1998-2008, workers in similar job positions as Roger obtained increases in their weekly pay rates. As a rule, Roger is entitled to his actual loss of earnings together with increases up to the date of

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<sup>10</sup> *Charmaine Bernard v Seebalack*, PC No 0033 of 2009 @ page 7

trial. This was established in *Cookson v Knowles*<sup>11</sup> and adopted in *Ramesh Harry and Jattan Jonathan and anor*<sup>12</sup>

23. He was paid injury pay or full salary from the 15<sup>th</sup> September, 1998 to 19<sup>th</sup> July, 2000. It is accepted based on the evidence that Roger is entitled to loss of earnings for the period 20<sup>th</sup> July, 2000 to the date of assessment after a 25% discounting for holidays, sickness and other vagaries of life in accordance with the *Peter Seepersad* principles. In issue is whether Roger is entitled to 100% loss of earnings on the basis that he is totally unable to earn income. Roger's counsel has submitted that he was absolutely incapable of earning income since the fall and is entitled to full compensation up to 3<sup>rd</sup> February, 2012 based on the increasing rates of pay in the sum of \$730,523.62. Counsel for T&TEC accepted the rates of wages used by Roger's counsel but has argued that as Roger was assessed with a permanent partial disability of 50%, the evidence does not support total incapacity. The court was asked to apply the *Nerahoo* principles and discount his net earning loss by 50% plus 25% to take account for the vagaries of life.
24. Roger's evidence is clear that given his pains, he did not work after the fall. It is also apparent that post-surgery his pains were not maintained at its initial level and intensity. I note also that whilst surgery did reap some benefits to Roger (easing his pains somewhat), it did not fully rehabilitate him to return to his former employment with T&TEC. I accept that his last medical report was dated 2007 and did pronounce him medically unfit to work as a linesman. Under cross-examination, some 4 years after the last report, the evidence of Dr Adams also points to Roger's likely inability to do sedentary or desk duties. Dr Adams admitted under cross examination that he had not seen Roger since 6<sup>th</sup> June 2008 and the absence of a finding of a complete incapacitation to work in his latest report is questionable. There is, thus, an insufficiency of medical evidence of Roger's inability carte blanche to do any other type of work, whether in the form of lighter duties or not. Based on the evidence before me, I was not satisfied that Roger has proved he was totally incapacitated and his actual earning power

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<sup>11</sup> *Cookson v Knowles* [1978] 2 AER @ page 604

<sup>12</sup> *Ramesh Harry and Jattan Jonathan and anor* HCA S1050/1988

has been completely eroded as a result of his injuries from the fall. I am thus prepared to apply the *Nerahoo* principles and reduce this claim by 35% (inclusive of 25% for contingencies of life) bearing in mind Roger’s health, limited skill set and education which may all militate against him finding suitable alternative employment.

25. His claim for loss of earnings is as follows:

PERIOD & NO OF WEEKS	PAY RATE FOR PERIOD	NET PAY LOSS
20.07.00 – 26.12.00/21 weeks	\$1,013.22	\$21,277.62
27.12.00 – 18.12.01/50.85 weeks	\$1,059.66	\$53,883.71
19.12.01 – 24.12.02/52.85 weeks	\$1,095.55	\$57,899.81
25.12.02 – 30.12.03/52.85 weeks	\$1,169.60	\$61,813.36
31.12.03 – 28.12.04/51.85 weeks	\$1,255.70	\$65,108.04
29.12.04 – 27.12.05/51.85 weeks	\$1,345.21	\$69,749.13
28.12.05 – 26.12.06/51.85 weeks	\$1,528.15	\$79,234.57
27.12.06 – 25.12.07/51.85 weeks	\$1,907.94	\$98,926.68
26.12.07 – 30.12.08/52.85 weeks	\$2,056.28	\$108,674.39
31.12.08 – 03.02.12/161.25 weeks	\$2,216.42	\$357,397.72

**TOTAL NET PAY LOSS = \$973,965.03**

**TOTAL AFTER 35% DISCOUNT = \$633,077.27**

26. Given the above, the total sum of special damages due to Roger is **\$637,973.68**.

### Loss of Future Earnings

27. Roger claims loss of future earnings in the sum of \$459,731.85 on the basis that he is unable to work in the future and that this is supported by the evidence of Dr Adams. Dr Adams evidence in chief is clear that as at 11<sup>th</sup> September, 2000 Roger’s symptoms severely restricted his physical activities. In his 2007 updated report, Roger was deemed to be “*medically unfit to continue working as a linesman on a permanent basis*” and assigned a 50% permanent partial disability. He states further in his evidence in chief that, “*I have assessed Mr Rampersad to have a permanent partial disability of 50% however, as a result of his continued symptoms namely: pain in lower back and neck; dizziness; and blackouts I do not believe Mr Rampersad would have been fit for employment since his fall nor do I believe he would be in the future.*” [emphasis mine] Under cross-examination, Dr

Adams stated that he did not think there was any possibility of Roger doing sedentary work with medication, as sitting, standing or activity would cause increased pain in the back and aggravate his injury. To be noted, however, is the fact that Dr Adams in his initial and updated report never certified Roger unfit on a total loss basis.

28. Roger’s injuries have severely impacted his earning capacity. Did the fall reduce or result in a total loss of Roger’s earning capacity? I note the words of Hamel-Smith JA that, “[I]t is true that a man may be disabled for heavy work, that he has no talent for anything else and is unable to find light work. Such a man has obviously lost all his earning capacity and it is only fair that he be compensated on the basis of total loss.”<sup>13</sup> But can this be said without reservation of Roger? I am not satisfied on the evidence that Roger is 100% incapable of making a living. I note that Dr Adams has admitted that he has not seen Roger since 2008 and the updated report tendered into evidence was dated 2007 (more than 3 years before the assessment). Further, there is evidence of degenerative changes due to aging linked to Roger’s neck pain. I also take note of Roger’s evidence that he only knows to work with his hands and “*T&TEC work.*” According to Roger, with the dizziness and, “*this constant weak feeling, I was never able to work since the accident ...*” It is clear that Roger’s complaints of his limitations and continuing inability to work are insufficient on its own and without medical evidence to disqualify him from performing any and all types of job functions. In the circumstances, I applied the **Nerahoo** principles<sup>14</sup> and used 65% of Roger’s multiplicand to allow reduction to his earning power. His multiplicand would be \$2,216.42 weekly and as he is currently 51 years, with a prospective retirement age of 60 he as at the date of assessment had approximately 9 years to retirement. Applying the **Peter Seepersad** (supra) principles to take account of the contingencies of life a multiplier of 6 is deemed appropriate. The calculation is reflected below:

$$\begin{aligned}
 \text{Multiplicand } (\$2,216.42 \text{ per week} \times 52.14 \text{ weeks per year}) &= \$115,564.13 \text{ per year} \\
 65\% \text{ of } \$115,564.14 &= \$75,116.70 \text{ per year} \\
 \$75,116.70 \times 6 &= \$450,700.20
 \end{aligned}$$

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<sup>13</sup> *Public Transport Service Corporation v Nerahoo Sookhoo Civ App No 21 of 1993*

<sup>14</sup> Assessment done on a partial loss basis (not a total loss)

29. From this sum is to be deducted \$60,306.69 paid to Roger in workman's compensation in accordance with the *T&TEC v Keith Singh*<sup>15</sup> decision. The further sum of \$112,731.42 paid to Roger under T&TEC's internal insurance scheme is also to be deducted. See the Court of Appeal decision of *T&TEC v Keith Singh* (supra) as followed by Jones J in *Andre Marchong v T&TEC*<sup>16</sup> which held that lump sums paid for a claimant's benefit under an employer's non-contributory insurance fall to be deducted from loss of earnings. The total sum payable to Roger after deductions for loss of future earnings is **\$277,662.09**.

### **Conclusion**

30. It is ordered that the defendant do pay to the plaintiff (Roger) the following:
- i. General damages in the sum of **\$155,000.00** with interest at the rate of 6% per annum from 12<sup>th</sup> October, 1999 to 28<sup>th</sup> September, 2012;
  - ii. Special damages in the sum of **\$637,973.68** with interest at the rate of 3% per annum from 15<sup>th</sup> September, 1998 to 28<sup>th</sup> September, 2012;
  - iii. Loss of future earnings in the sum of **\$277,662.09**.
  - iv. Costs of the assessment to be taxed by the Registrar in default of agreement.

Dated 28<sup>th</sup> September, 2012

**Martha Alexander**  
**Master**

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<sup>15</sup> *T&TEC v Keith Singh* CA Civ 180 of 2008

<sup>16</sup> *Andre Marchong v T&TEC* CV2008-04045