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REPUBLIC OF SOUTH AFRICA
IN THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION, PRETORIA

CASE NO: 9271/2018

(1) REPORTABLE: NO

(2) OF INTEREST TO OTHER JUDGES: NO

(3) REVISED.

DATE: 7/11/2024

SIGNATURE

In the matter between:

ECHARDT DE ROULETTE TERBLANCHE

Plaintiff

and

THE ROAD ACCIDENT FUND

Defendant

(Claim No. 5[...])

(Link No. 369/5089)

J U D G M E N T

The judgment and order are accordingly published and distributed electronically. The date for hand down is deemed to be 7 November 2024

TEFFO, J:

[1] This is a claim for damages suffered as a result of the injuries sustained in a motor vehicle accident. The issue of liability has been previously resolved and the defendant is liable to pay 80% of the plaintiff's proven or agreed damages. In respect of the issue of quantum, I was

informed that general damages have been referred to the Health Professions Council of South Africa (the “HPCSA”) for determination. There is no claim for past medical and hospital expenses. Although the different experts in their medico-legal reports have indicated that the plaintiff needs future medical treatment for the injuries sustained in the collision, the defendant has not furnished the plaintiff with an undertaking for payment of future medical and ancillary expenses. The only issue for determination in these proceedings is the issue of loss of earnings.

[2] The defendant did not file any expert reports. The case only proceeded on the expert reports filed by the plaintiff. The plaintiff sought and was granted leave by this Court to proceed in terms of Uniform Rule 38(2) for the admission of the evidence of his expert witnesses on affidavit.

[3] On 14 July 2014 the plaintiff was driving a motor vehicle with registration letters and numbers M[...] 9[...] G[...] when it collided with a motor vehicle with registration letters and numbers K[...] 1[...] G[...] (the “*insured vehicle*”) on Beyers Naude Drive in Muldersdrift, Gauteng Province.

[4] As a result of the collision, the plaintiff sustained a mild brain injury and a lumbar spine fracture.

[5] In his report dated 27 March 2018, Dr Irsigler, the Independent Medical Examiner states that the plaintiff sustained a mild traumatic brain injury and a fracture of the L5 vertebrae with disc herniation. He further states that pain symptoms are impacting to a moderate degree on his daily routines. Furthermore, that the musculoskeletal syndrome is impacting to a moderate degree on his ability to perform normal daily activities.

[6] The doctor noted the radiological findings of 38% loss of central vertebral body height and 12% loss of anterior height. He calculated the plaintiff’s WPI to be 12%.

[7] Dr Lewer-Allen, the neurosurgeon, in his report dated 12 March 2019 described the brain injury as being in the form of a diffuse axonal injury (DAI) to the brain, particularly to the frontal lobes. He states that all it takes to cause DAI is a forceful enough acceleration-deceleration force applied to the brain – as can be generated not only by impacting the head, but also by the amount of force exerted on the brain in the process of a whiplash style injury. DAI can occur with or without LOC, so a postulated GCS of 15/15, does not exclude it.

[8] The neurosurgeon further states that since the plaintiff was fully functional pre-accident and since there is no alternative injury or illness to explain his shortcomings; the blame for his post-accident disability lies with the accident, no matter the finer details of how the accident caused one or other part of his disability. By as much as there may be psychological loading on top of whatever organic brain injury and physical injury he has, the differentiation is academic since the negative effect of either cause is mutually reinforcing, and neither is expected to become less of a problem in the future now that he has passed the two-year window of spontaneous recovery.

[9] Moreover, he states that in respect of the head injury, no future neurosurgical intervention is anticipated.

[10] Dr Botha, the specialist physician, states in his report dated 8 April 2019 that the plaintiff seems to cope with his current employment despite some concentration difficulties, increased anxiety, stress and possible minor cognitive dysfunction. From a general health perspective there is no reason to consider that he would have to retire prematurely. He also notes that the plaintiff suffers from bipolar disorder and has an abnormal cardiometabolic risk profile.

[11] Dr Liebenberg, the Orthopaedic Surgeon, states in his report dated 14 January 2022 that the plaintiff sustained a burst fracture of the L5 vertebral body in the accident on 14 July 2014. He experiences low back pain with prolonged sitting and travelling which is essential for his work. Examination of the lumbar spine did not reveal gross abnormalities. No neurological deficit

was present and radiology revealed the compression of the L5 vertebral body. The fracture has consolidated and further progression of the deformity is unlikely, but should be monitored. Mild narrowing of the L4/5 disc is noted. The possibility of future lumbar spinal surgery is about 30% with the indication being disc degeneration with neurological signs, spinal stenosis or intractable pain.

[12] Dr Liebenberg further states that the plaintiff's work entails long hours of sitting and travelling. Following the proposed treatment, his symptoms should be somewhat improved and he could continue with his present or similar work to the normal retirement age.

[13] Dr Volkersz, also an Orthopaedic Surgeon, states in his report dated 17 October 2023 that the plaintiff sustained a burst fracture of L5 with a deformity in the sagittal plane. The initial compression was described as up to 38%. Over time this has progressed and now stands at 60%. His view is that this deformity puts the mechanical aspects of the facet joints at risk and also puts the discs in that region at risk of protrusion. It would have led to further progression of the compression of L5 and some more loss of lordosis. Dr Liebenberg estimated the chance of the plaintiff requiring surgery in the future to be about 30% and Dr Lewer-Allen says over time, the plaintiff's chances are almost 100%. Dr Volkersz states that he tends to sit in the middle. In his view the plaintiff has a 50% chance of surgery being required. In the meantime, he will require conservative management.

[14] In his report dated 11 July 2017, Dr Naidoo, the psychiatrist, states that the plaintiff's GCS is likely to have been between 13-15/15 at the accident scene and thus he may be considered to have sustained a mild traumatic brain injury in the accident in question and as such neuropsychiatric *sequelae* are not usually accepted. However, consideration must be given to his reported prior history of depression which is likely to have rendered his brain vulnerable to further, insult albeit, minor insults.

[15] Dr Naidoo is of the view that the plaintiff has depressive symptoms due to injuries sustained in the accident in question including a traumatic brain injury. He further states that his working diagnoses are: depressive disorder due to injuries sustained in the accident in question (including traumatic brain injury) Analgesic Abuse. In his opinion the plaintiff is presently in Class 2. He is unable to function at the same level that he had been at prior to the accident.

[16] In his report dated 21 November 2023, Dr Fine, also a psychiatrist, states that the plaintiff has sustained a traumatic head injury with organic brain damage, with a period of amnesia unconsciousness confusion where no GCS was recorded as he was not seen or hospitalised immediately after the accident. However, he has ongoing difficulties with memory, mood and behaviour, and neurocognitive difficulties were identified on neuropsychological testing.

[17] He further opined that the plaintiff also has symptoms of Post-Traumatic Stress Disorder due to Accident-Related Emotional shock, and Accident-Related Depression secondary to the psychiatric and emotional *sequelae* of his physical injuries and his experience of chronic pain and limitations, where all of these conditions have since become established in their chronic form due to the lengthy period of time that lapsed since the accident and also exacerbated by him being Bipolar. The combination of his physical and psychiatric *sequelae* is having an effect on his ability to perform and enjoy his normal activities of daily living and life amenities.

[18] Dr Fine further states that with having sustained a head injury with organic brain damage in the accident in question, the functional effects of the plaintiff as assessed now can be considered permanent and irreversible, and also leave the plaintiff vulnerable to the development of an array of organically based psychiatric disorders over his future life-time, and which would require treatment at those times.

[19] Ms Gibson, the Clinical and Educational Psychologist, states in her report dated 17 April 2018 that whilst the plaintiff denied major changes in cognitive functioning, such as attention and memory, he was found to have a moderately impaired rate of learning on a learning test. He was found to have mildly impaired immediate span of attention and variability in attention and consistency of functioning in learning, and moderately to severely impairment in visual memory.

[20] The report further stated that the test profile revealed difficulties in attention, learning and recall as well as greater than expected slowness in psychomotor speed. Learning was found to be moderately impaired and visual memory was found to be moderately to severely impaired. Quality of work and ability to maintain high standards of work are likely to have been affected by the *sequelae* to the accident and related injuries under review. Headaches and fatigue are likely to depress cognitive acuity and functioning. Increased anxiety and stress are likely to affect cognitive functioning and quality of output. The Clinical and Educational Psychologist opined that the plaintiff is considered to be less competitive and more vulnerable to loss of work contracts than if not for the injury.

[21] She further opined that the plaintiff retains the ability to function as an independent person but with increased vulnerability for difficulties of various kinds but mainly in mild cognitive impairment, loss of efficiency and an increased risk for psychiatric difficulties.

[22] In her addendum report dated 2 February 2024, Ms Gibson further states that greater difficulties than previously identified were apparent on further assessment. In addition to what was previously found on assessment which was also found in the further assessment of the plaintiff, the further assessment revealed that he has significant deficiencies in information processing, rule adherence and application of complex instructions which had substantially poor effects on execution of two of three tasks of planning, problem solving for higher order reasoning.

[23] She further states that the plaintiff was found to have slow perpetual speed and tended to communicate in a slow manner which is not expected in his occupational requirements. He was also found to be lacking in confidence in his communication and tended to be pedantic. He overlooked the essence of comprehension of questions while giving factually correct answers which is perhaps somewhat autistic in presentation and also shows a high level of anxiety.

[24] The report further states that overall, there has been a significant deterioration in functionality with deficiencies found in attention, auditory-verbal information processing, learning, recall, visual memory, perceptual speed, executive functioning, problem-solving, communication and psychological condition.

[25] Ms Laura Kruger, the Occupational Therapist, in her report dated 15 October 2020 states that on a purely physical level, the plaintiff is considered suited to the weight handling demands of a project manager falling within sedentary, with aspects of light duty. However, he is considered as poorly suited to the inherent constant sitting demands of his pre-accident, post-accident and current occupations as a project manager supported by the incomplete job match secured (section 8. physical job match). His reported need for frequent positional adjustments is thus considered justified. In the event of adjacent/further lumbar spine surgery, he will furthermore no longer be regarded as suited to the light weight handling demands of such. On a mental level, and currently, the plaintiff appears to be coping at work with his work format, such as making notes/writing everything down, etc. despite the difficulties identified during the assessment.

[26] The above was corroborated by the plaintiff's manager who was reportedly very happy with the plaintiff's performance. Ms Kruger opined that should the symptomology of the plaintiff in this regard worsen and/or become more intrusive, the need for reasonable accommodation needed in an attempt to combat loss of efficacy may require some form of sympathetic employment, rendering him a vulnerable employee.

[27] According to her, the plaintiff will always be considered as vulnerable in his capacity to rely on his mental capacity to generate a viable income via work. He has suffered severe and permanent impairment on both physical and mental level due to his involvement in the accident under review. It should be accepted that the plaintiff will never again reach his pre-accident level of functioning when taking into consideration his accident related diagnosis and prognosis. His need for reasonable accommodations, special intervention and assistive devices require some form of sympathetic employment and renders him a vulnerable employee/competitor within the open labour market compared to his uninjured peers.

[28] In the addendum report by K van der Vyfer and R Walker dated 10 June 2024, the Occupational Therapists state that at the time of assessment, the plaintiff was working as a project manager at BMW International. His work as a project manager requires physical ability and strength of a sedentary nature with high executive function requirements regarding reasoning, mathematics and language. His agility was compromised by back pain and stiffness. The FCE indicated that he experiences the physical capacity of a medium physical nature regarding dynamic strength tasks, position tolerance, and mobility tasks. His overall level of work falls within the medium physical category.

[29] They further state that the plaintiff continued to work as an independent contracted project manager despite the difficulties expressed. It is evident from the test results that the plaintiff does not demonstrate the ability to meet the sitting requirement (constant sitting) as is needed for his occupation as a project manager. He suffers a mild impairment regarding resilience and employability as he needs accommodation in his current work to allow him to maintain efficacy and productivity. A level of improvement in his physical and psycho-social symptomology is expected with the recommended management. It is however, unlikely that he will return to his pre-accident level of function and his vulnerability in the workplace can be expected to be permanent.

[30] The Occupational Therapists opine that at the time of the spinal fusion, the plaintiff will continue to be suited for work of a sedentary physical nature. Regular changes of position would remain a necessity at this time, and he will be more reliant on the use of the recommended assistive devices within his working environment.

[31] While the assessment indicated that the plaintiff meets the weight-handling demands of his job as project-manager, their view is that he is not suited to the constant sitting demands for this job. It can be expected that he will not return to his pre-accident level of functioning when considering his accident-related diagnosis and prognosis. His loss of workability is therefore permanent.

[32] In their addendum report dated 10 June 2024 the Industrial Psychologist, De Bryn and Associates, state the following regarding the impact on career prospects of the plaintiff:

“The following, based on key medical expert opinion and this assessment, indicates which areas of Mr Terblanche’s career prospects have been impacted by the MVA under review ...:

10.3.1 His injuries and its consequences can be regarded as serious.

10.3.2 Mr Terblanche has suffered severe and permanent impairment on both a physical and a mental level. Dr Naidoo opines that consideration must be given to his reported prior history of depression which is likely to have rendered his brain vulnerable to further, insult albeit, minor insults. Deference is made to the relevant experts to comment on apportionment (if applicable) for his prior diagnosis of bipolar disorder.

10.3.3 Despite his previous vulnerability, his occupational functioning has been negatively impacted by the sequelae of the injuries sustained

in the MVA and resulted in a loss of productivity and efficiency. As per his own admission, the quality of his work outputs as well as a lower level of maintaining high standards of work are likely to have been affected by the sequelae to the accident and related injuries under review. Mr Terblanche's cognitive acuity and functioning has 'been depressed'. Increased anxiety and stress are likely to further affect cognitive functioning and quality of work outputs.

10.3.4 Given Mr Terblanche's work history of contract work, he is dependent on his mental and cognitive abilities to secure and execute new contracts. A contract employee's future contract work is dependent on his previous performance. Should Mr Terblanche, owing to accident related sequelae be unable to fulfil his contractual commitments, he may face formidable odds in securing future lucrative employment. He would experience longer periods of unemployment between contracts or have to accept lower remuneration for same. His challenges might not be communicated to his employers owing to fear of forfeiting his employment.

10.3.5 From a physical perspective, Mr Terblanche is poorly suited to the inherent constant sitting demands of his work role. To alleviate pain and discomfort he has to frequently change position and take rest and stretch breaks. This could impede his productivity and ability to meet quality, time and budgetary standards which form part of the PMBOK project management philosophy. Same could also negatively affect the renewal of his contract, although he is not at risk presently owing to being able to work from home and not complaining about pain and discomfort and being able to regulate his rest and stretch breaks. Deference is made to factual information.

10.3.6 In general, it is acknowledged that employees with impairments would be disadvantaged, to a greater or lesser extent, iro their competitiveness in the open labour market, especially in comparison with uninjured peers. This renders them occupationally more

vulnerable. This is even more so in the case of contract employees where relationships and commitments to contractors are less close than to permanent employees. Mr Terblanche should be considered a very vulnerable contractor.

10.3.7 It is also generally acknowledged that employees who suffer from pain and discomfort may be more prone to developing certain mood disorders; i.e. emotional lability, irritability and/or depression. This, in turn, may result in fluctuating drive and motivation. Note is taken of Dr Naidoo's diagnosis of depressive disorder due to injuries sustained in the MVA in question (including traumatic brain injury) and analgesic abuse. The author opines that his pre-MVA psychological vulnerability has been compounded by the mild traumatic brain injury and the resulting sequelae increases his vulnerability to secure contract employment in the open labour market.

10.3.8 Should the recommended treatment be unsuccessful, and the current MVA-related symptoms remain unchanged, or even exacerbated he would in all probability, be more prone to displaying counterproductive work-related behaviour, i.e. absenteeism, a proneness to error and stifled work relationships. This, in turn, may lead to disciplinary action which could impact on his ability to maintain employment."

[33] In conclusion the Industrial Psychologist opined that the plaintiff's career prospects and associated probable earnings have been truncated to a mild degree by the *sequelae* of the sustained MVA-related injuries. To quantify the claim, since a direct loss of future earnings cannot be easily expressed in monetary terms, a higher contingency deduction should be applied in respect of the truncation of the plaintiff's future career prospects and probable earnings. Some earnings cannot be excluded. The current verified income could be used as a basis to quantify the claim. Past loss of earnings seems to be inapplicable to this case. Future sick leave could

constitute a loss of income should treatment be required, i.e. if employed at the time and/or forfeited leave. Early retirement is not indicated.

[34] In *Southern Insurance Association Ltd v Bailey* NO¹, the Court had this to say:

“Any enquiry into damages for loss of earning capacity is of its nature speculative, because it involves a prediction as to the future without the benefit of crystal balls, soothsayers, augers or oracles. All that the Court can do is to make an estimate, which is often a very rough estimate, of the present value of a loss.

One is for the judge to make a round estimate of an amount which seems to him fair and reasonable. That is a matter of guesswork, a blind plunge into the unknown.

The other is to try to make an assessment, by way of mathematical calculations, on the basis of assumptions resting on the evidence. The validity of this approach depends of course upon the soundness of the assumptions, and these may vary from the strong probable to the speculative. It is manifest that either approach involves guesswork to a greater or lesser extent ...

In the case where the court has before it material on which an actuarial calculation can usefully be made, I do not think that the first approach offers any advantage over the second. On the contrary, while the result of an actuarial computation may be no more than an ‘informed guess’, it has the advantage of an attempt to ascertain the value of what was lost on a logical basis; whereas the trial judge’s ‘gut feeling ... as to what is fair and reasonable is nothing more than a blind guess’.”

¹ 1984 (1) SA 98 AD at 113F-114A

[35] Factually based calculations should be preferred over a court's blind guess, the court still has at its disposal a '*levelling instrument to ensure that the calculations are reasonably in line with the probabilities of each plaintiff's factual circumstances*'. This instrument is referred to as '*contingencies*'. Matters which cannot otherwise be provided for or cannot be calculated exactly, but which may impact upon the damages claimed, are considered to be contingencies. They include any possible relevant future event which might cause damage or a part thereof or which may otherwise influence the extent of the plaintiff's damage².

[36] Mr E J Erasmus for the plaintiff argued for contingency deductions of 15% for the pre-accident scenario and 25% for the post-accident scenario whereas Ms Mothata for the defendant argued for contingency deductions of 5% and 10%.

[37] Experts have described the plaintiff's injuries, viz, the brain injury, the fracture on the lumbar spine and the *sequelae* thereof as mild or moderate. It also appears that with these injuries and the *sequelae*, the plaintiff will be able to work until his age of retirement. Dr Botha, the specialist physician opined that the plaintiff seems to cope with his current employment despite some concentration difficulties, increased anxiety, stress and possible minor cognitive dysfunction. He further says from a general health perspective there is no reason to consider that the plaintiff would have to retire prematurely.

[38] Dr Liebenberg, the Orthopaedic Surgeon opined that although the plaintiff experiences low back pain with prolonged sitting and travelling which is essential for his work, examination of the lumbar spine did not reveal gross abnormalities. He did not find any neurological deficit and the radiology revealed the compression of the L5 vertebral body. He stated that the fracture has consolidated and further progression of the deformity was unlikely. However, it should be monitored. He further mentioned that with

² *Erdmann v SANTAM Insurance Co Ltd* 1985 (3) SA 402 (C) 404-405; *Burns v National Employers General Insurance Co Ltd* 1988 (3) SA 355 (C) 365

treatment, the plaintiff's symptoms should improve and he could continue with his present or similar work to his normal retirement age.

[39] Dr Volkersz, the Orthopaedic Surgeon who did a follow up report from Dr Liebenberg, states that the plaintiff mentioned to him during consultation on 17 October 2023 that he has been living with the lower back pain since the accident. He does not take any painkillers. He walks around normally. He is not a walker as such but the main problems arise when he sits for long periods which he has to do for his work.

[40] Dr Volkersz further states that the plaintiff also informed him that in 1998 he had a fracture of the right collar bone which was treated conservatively and ended up in a non-union. As a result, he is unable to wear a regular three-point seatbelt.

[41] The orthopaedic surgeon concluded his report with an opinion that the plaintiff sustained a burst fracture of L5 with a deformity in the sagittal plane. The initial compression was described as up to 38%. Overtime this has progressed and currently stands at 60%. This deformity puts the mechanical aspects of the facet joints at risk and also puts the discs in that region at risk of protrusion. Fortunately, that has not happened and the plaintiff has not developed any neurological symptoms over the last 9 (nine) years. He further states that the plaintiff was lucky that there were no symptoms from the cauda equina and no accompanying pelvic fractures. The burst fracture was treated conservatively.

[42] There is also evidence that the plaintiff has a bipolar disorder and this disorder existed prior to the accident. Dr Fine, the psychiatrist, opined that the fact that the plaintiff is bipolar exacerbates his symptoms of Post-Traumatic Stress Disorder due to the accident-related emotional shock and the accident-related depression secondary to the psychiatric and emotional *sequelae* of his physical injuries and his experience of chronic pain and limitations.

[43] The Industrial Psychologists mentioned in their report that post-accident, the plaintiff returned to work and continued with his normal duties of project management. He concluded his project but experienced difficulties with pain management and concentration. The Industrial Psychologist opined that it was for this reason that the plaintiff's contract with FNB in Fairlands, Johannesburg was not extended or renewed end of April 2015. There is no collateral evidence to support what the Industrial Psychologist says to the effect that the plaintiff's contract with FNB was not extended or renewed because of the difficulties he experienced with pain management. Instead, the plaintiff's career progression post-accident proves that he has not struggled to find work. Immediately after his contract had ended in April 2015, he secured a contract with Mutual and Federal in May 2018 until July 2018. After July 2018 he secured another contract at Lesedi PFS Services and was thereafter seconded to BMW, Midrand in December 2018, which position he still holds currently. The plaintiff's manager at BMW is happy with his work. It does not appear in any of the expert reports that the plaintiff's previous employers post accident and the plaintiff himself ever complained about his work.

[44] Ms Kruger mentioned that at the time she assessed the plaintiff, on a mental level he appeared to be coping at work with his work demands although with some adaptations to his work format like making notes or writing everything down, etc. despite the difficulties she identified during assessment.

[45] According to the Industrial Psychologist, the plaintiff's career prospects remain unchanged. When the accident happened, he had already reached his career ceiling. He would still continue to work on a contract basis and he is not at a risk of going on early retirement.

[46] The actuaries have calculated the plaintiff's earnings pre-accident and post-accident to be the same in the amount of R12 438,601.

[47] Having considered the totality of the evidence, I am inclined to accept the contingency deductions of 15% pre-accident and 20% post-accident.

Applying the contingency deductions on the amount of R12 438,601, the total loss of earnings will be an amount of R621 930 and 80% thereof is the amount of R497 544. In my view this is the amount that will fairly compensate the plaintiff for his future loss of earnings.

[48] In the result I make the following order:

1. That the plaintiff is granted leave to present his evidence and that of his expert witnesses by way of affidavit in terms of Rule 38(2), the court further admits into evidence in terms of section 3(1)(c) of the Law of Evidence Amendment Act 45 of 1988 the following:
 - 1.1. The plaintiff's hospital and clinical records;
 - 1.2. Collateral evidence provided to the plaintiff's experts.
2. The defendant shall pay to the plaintiff the capital amount of R497 544 (four hundred and ninety-seven thousand five hundred and forty-four rand) in respect of loss of earnings, together with interest *a tempore morae* calculated in accordance with the Prescribed Rate of Interest Act 55 of 1975, read with section 17(3)(a) of the Road Accident Fund Act 56 of 1996.
3. The issue of general damages is separated and referred to the HPCSA.
4. Payment will be made directly to the trust account of the plaintiff's attorneys within one hundred and eighty days (180) days from the granting of this order:

Holder De Broglia Attorneys

Account Number: 1[...]

Bank & Branch: Nedbank – Northern Gauteng

Code: 1[...]

Ref T549

5. The defendant is ordered in terms of section 17(4)(a) of the Road Accident Fund Act 56 of 1996 to reimburse 80% of the plaintiff for the costs of any future accommodation of the plaintiff in a hospital or nursing home, or treatment or rendering of service to him or supplying goods to him arising out of injuries sustained by plaintiff in a motor vehicle accident on which the cause of action is based, after such costs have been incurred and upon proof thereof.
6. The defendant is to pay the plaintiff's agreed or taxed High Court costs as between party and party, such costs to include the costs for the 29th and the 30th of July 2024, the costs of those expert witnesses in respect of which the plaintiff had delivered reports in terms of rule 36 (9)(b), and the fees in respect of the preparation of the expert reports, and the costs in respect of the employment of counsel in terms of scale B, including costs for the preparation of the plaintiff's heads of argument and subject to the discretion of the taxing master.
7. There is no contingency fee agreement between the plaintiff and his attorneys.

M J TEFFO
JUDGE OF THE HIGH COURT
GAUTENG DIVISION, PRETORIA

Appearances

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Date of hearing

30 July 2024

Date of judgment

7 November 2024