

## Form 9B

NOTE: Actual Form is in landscape orientation and may be downloaded at <http://www.statecourts.gov.sg>

<b>QUANTUM INDICATION FORM</b>			
<b>PORTION TO BE COMPLETED BY SOLICITORS</b>			<b>PORTION FOR JO</b>
Case No: DC / MC _____ of _____		Interlocutory Judgment entered at _____ % in Plaintiff's favour	
Nature of Claim: PIMA/IA/ _____		JO's signature	
Heads of Claim	Plaintiff's submissions	Defendant's submissions	Indication
<b>(I) Pain and Suffering</b>		<i>Please state:-</i> - <i>The severity/treatment applied to the injuries. State residual disabilities (if any);</i> - <i>The relevant sections of the Guidelines for Assessment of General Damages in Personal Injury Cases (2010).</i>	
1.	<b>Nature of Injury:</b>  <b>Pg. _____ of medical report by</b> _____		
2.	<b>Nature of Injury:</b>  <b>Pg. _____ of medical report by</b> _____		
3.	<b>Nature of Injury:</b>  <b>Pg. _____ of medical report by</b> _____		

<b>(II) Loss of future earnings / Loss of earning capacity</b>	Multiplier: _____ Multiplicand: _____  Plaintiff's pre-accident age / occupation / salary:  _____  Plaintiff's current age / occupation / salary:  _____	Multiplier: _____ Multiplicand: _____	
<b>(III) Loss of Dependency</b>	(State dependants' age / relationship to the Deceased and the proposed multiplier and multiplicand)	(State the proposed multiplier and multiplicand for each dependant)	
<b>(IV)</b> _____ <i>(other items of claim)</i>			
<b>(V)</b> _____ <i>(other items of claim)</i>			