

Form 9L

**CHECKLIST FOR  
PRE-ASSESSMENT OF DAMAGES ADR CONFERENCES**

Case Number DC/MC \_\_\_\_\_ of \_\_\_\_\_ Interlocutory judgment entered on \_\_\_\_\_

Order 37 directions issued on: \_\_\_\_\_

Date on which Checklist is filed: \_\_\_\_\_

(Please confirm that parties have satisfied the conditions stated below before filing the Notice of Appointment for the Assessment of Damages)

I/We, counsel acting for the Plaintiff and Defendant, Intervener and Third/Fourth party, (\*Delete where applicable), do confirm as follows:

(A) All expert reports that the Plaintiff, the Defendant, Intervener and/or Third/Fourth Party intend to rely on at the Assessment of Damages [including any medical re-examination, clarification report(s) and/or any report(s) necessary to update the evidence available on the Plaintiff's medical condition or Plaintiff's claim for loss and damage **up to the date of this checklist**] are available for parties to tender for an indication on quantum at the first Assessment of Damages ADR conference to be convened OR No expert reports will be tendered at the said conference and the Assessment of Damages (\*Delete where necessary);

(B) All Affidavits of Evidence-in-Chief that the Plaintiff, the Defendant, Intervener and/or Third/Fourth Party intend to rely on at the Assessment of Damages [including any Supplementary Affidavits of Evidence-in-Chief which are required to update the evidence relied on by parties **up to the date of this checklist**] are available for parties to tender for an indication on quantum at the first Assessment of Damages ADR Conference to be convened; and

(C) The Plaintiff has already attended medical re-examination by the Defendant's/Intervener's/Third Party's medical expert OR the Defendant/Intervener/Third Party confirms that no medical re-examination of the Plaintiff is required OR No medical re-examination is applicable in the present matter (\*Delete where necessary).

\_\_\_\_\_  
Counsel for the Plaintiff

\_\_\_\_\_  
Counsel for the Defendant/Intervener/Third/Fourth Party (Delete where necessary or mark as "N.A")

Name of law firm:

Name of law firm:

DID fax No.:

DID fax No.:

\*NOTE: The Form shall be filed via the Electronic Filing Service in PDF Format.