

Form 10

**CHECKLIST FOR ASSESSMENT OF DAMAGES COURT DISPUTE RESOLUTION CONFERENCES
("ADCDR")**

Case Number: DC/MC OC _____ of _____ Interlocutory judgment entered on: _____

Directions to file NOAD issued on: _____ Date on which this Checklist is filed: _____

This Checklist is to be duly completed by all legally represented parties. Please provide the confirmations in respect of all the conditions in Sections (A), (B) and (C) below with the necessary deletions made where required to ensure that confirmations provided are accurate.

A duly completed Checklist is to be filed as a supporting document to the Notice of Appointment for Assessment of Damages, under the document name "NOAD Checklist" on eLitigation.

I/We, counsel acting for the **claimant and defendant, intervener and third/fourth party (*delete as applicable)** do confirm as follows:

☐

(A) All expert reports that the claimant, 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 claimant's medical condition or claimant's claim for loss and damage up to the date of this checklist) have been filed and/or exchanged between parties and are available for parties to tender to the Court as at the date on which this Checklist is filed;

OR

No expert reports will be tendered at the said conference and the Assessment of Damages; **(*delete as applicable)**

☐

(B) All affidavits of evidence-in-chief that the claimant, 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) have been filed and/or exchanged between parties and are available for parties to tender to the Court as at the date on which this Checklist is filed; and

☐

(C) The claimant has already attended medical re-examination by the medical expert of the defendant/ intervener / third party.

OR

The defendant/intervener/third party confirms that no medical re-examination of the claimant is required.

OR

No medical re-examination is applicable in the present matter. **(*delete as applicable).**

Counsel for the claimant

Name of law firm:

DID fax number:

Counsel for the defendant/intervener/third/fourth party **(Delete where necessary or mark as "N.A.")**

Name of law firm:

DID fax number:

Note: This Checklist shall be filed via eLitigation in PDF format. Please note that the claimant need not obtain the endorsement of unrepresented individual(s)/entit(ies) for the purposes of completing the Checklist, as per the State Courts Practice Direction 45(4)(b) and should choose the option "N.A" in the signature block above.