

Form 9B

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

QUANTUM INDICATION FORM				
PORTION TO BE COMPLETED BY SOLICITORS				PORTION FOR JO
Case No: DC / MC _____ of _____		Interlocutory Judgment entered at _____ % in Plaintiff's favour		JO's signature
Nature of Claim: PIMA/IA/ _____				
Heads of Claim	Plaintiff's submissions	Defendant's submissions	Indication	
(I) Pain and Suffering	<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.	Nature of Injury: Pg. _____ of medical report by _____			
2.	Nature of Injury: Pg. _____ of medical report by _____			
3.	Nature of Injury: Pg. _____ of medical report by _____			

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