

ADJUDICATION REVIEW APPLICATION

FORM ARA-1

INSTRUCTIONS:

1. Please submit 4 signed copied of the Adjudication Review Application form and accompanying documents by hand to:

Singapore Mediation Centre
1 Supreme Court Lane
Level 4
Singapore 178879
Tel: 63324117

Opening Hours:
9.00 am to 4.30 pm (Mon to Fri, except public holidays)
9.00 am to 12.00 noon (Eves of Christmas, New Year
and Chinese New Year)

- 2. To be accompanied by cheque or cashier's order made payable to the "Singapore Mediation Centre" being payment for Adjudication Review Application fee and deposit for Adjudicator Fee.
- 3. To be duly completed, signed/stamped and submitted by the Respondent. The Singapore Mediation Centre ("SMC") may reject incomplete Adjudication Review Applications.
- 4. SMC does not accept lodgement of documents by facsimile or post.
- 5. SMC reserves the right to reject documents submitted after opening hours. If however SMC accepts such documents, they shall be treated as being filed the next working day.

SECTION A

RIGHT TO ADJUDICATION REVIEW APPLICATION

Adjudication application reference no:	
Adjudicated amount:	S\$
(Less) Response amount:	S\$
Adjudication Review amount:	S\$

Notes:

- (a) Adjudication Review amount must be S\$100,000.00 or more.
- (b) **One Review Adjudicator** shall be appointed if the adjudicated amount exceeds the relevant response amount by S\$100,000.00 or more but less than S\$1 million.
- (c) A **panel of 3 Review Adjudicators** shall be appointed if the adjudicated amount exceeds the relevant response amount by S\$1 million or more.

SECTION B

LIST OF ATTACHMENTS (Please provide 4 sets of each attachment.)

<input type="checkbox"/> Relevant proof of payment of adjudicated amount to Claimant
<input type="checkbox"/> Copy of the adjudication determination
<input type="checkbox"/> Copy of adjudication application

- please "✓" accordingly
- * please delete accordingly

SECTION E
INFORMATION ON CLAIMANT

Name of Claimant / Registered company / organisation*:	
Service address:	Tel: S() Fax: Email:
Name/Designation of authorised representative:	Tel: Fax: Email:

The Respondent hereby applies for Adjudication Review of the adjudication determination under the Building and Construction Industry Security of Payment Act 2004 and requests the Authorised Nominating Body (ANB) to appoint Review Adjudicator(s) for the Adjudication Review. The Respondent hereby agrees to abide by the Adjudication Procedure Rules.

Name of Respondent / authorised representative*:

Authorised signature & Organisation stamp (if applicable):

Date:

(dd/mm/yy)

OFFICIAL USE	
Filing Date:	
Date the adjudication determination served:	
Remarks (if any):	

please “✓” accordingly
* please delete accordingly