

Form 9A(A)

**LIABILITY INDICATION FORM
(INDUSTRIAL ACCIDENT CLAIMS)**

Instructions: Where liability indication is required, this form is to be completed before the CDR session by all solicitors having conduct of the case.

Case Number: _____ Plaintiff's Counsel/Signature: _____

CDR Date: _____ Defendant's Counsel/Signature: _____

[Other Party's Counsel/Signature]: _____

<p>(1) Have all parties been brought in? <input type="checkbox"/> Yes <input type="checkbox"/> No Which party: _____</p>	<p>(2) Capacity of Defendant(s) – e.g. Work permit employer / occupier of worksite / sub-contractor etc : 1st Defendant: _____ 2nd Defendant: _____ 3rd Defendant/3rd Party/4th & Subsequent Party: _____</p>	<p>(3) Has prosecution been instituted? <input type="checkbox"/> No <input type="checkbox"/> Yes Which party: _____ Outcome: _____</p>		
<p>(4) Was Notice of Accident lodged with MOM? <input type="checkbox"/> No <input type="checkbox"/> Yes By which party: _____</p>	<p>(5) Are there scene / location photographs / video recording? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(6) Is there a witness(es)? <input type="checkbox"/> Yes Witness for: _____ Statement/SD/AEIC available: _____ <input type="checkbox"/> No</p>		
<p>Other relevant details</p>				
<p>(7) Nature of Accident:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Fall from height, e.g. ladder, scaffoldings, building etc. <input type="checkbox"/> Lifting / hoisting / crane operations <input type="checkbox"/> Injuries caused by tools /machinery / equipment </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Act / omission of co-worker(s) / supervisors <input type="checkbox"/> Injuries caused by falling object(s) <input type="checkbox"/> Injuries caused by burns / inflammable substances <input type="checkbox"/> Others - Please specify: _____ </td> </tr> </table>			<input type="checkbox"/> Fall from height, e.g. ladder, scaffoldings, building etc. <input type="checkbox"/> Lifting / hoisting / crane operations <input type="checkbox"/> Injuries caused by tools /machinery / equipment	<input type="checkbox"/> Act / omission of co-worker(s) / supervisors <input type="checkbox"/> Injuries caused by falling object(s) <input type="checkbox"/> Injuries caused by burns / inflammable substances <input type="checkbox"/> Others - Please specify: _____
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<p>(8) Applicable statutory provision(s): _____</p>				
Plaintiff's Case		Defendant's/Other Party's Case		
<i>Date and brief description of the Accident</i>				

Plaintiff's Documents	
<i>Have these been attached to this Form?</i>	<i>Have these been exchanged?</i>
Photographs of accident scene/location/video recording <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice of Accident lodged with MOM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
MOM Notice of Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of Prosecution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement/AEIC/SD of witness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No witness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical report(s) of treating doctor(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicable statutory provisions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant documents: Please specify: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Defendant's/Other Party's Documents	
<i>Have these been attached to this Form?</i>	<i>Have these been exchanged?</i>
Photographs of accident scene/location/video recording <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice of Accident lodged with MOM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
MOM Notice of Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of Prosecution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement/AEIC/SD of witness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No witness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicable statutory provisions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant documents: Please specify: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No