

Form 9A

**LIABILITY INDICATION FORM
(NIMA AND PIMA 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: _____
CDR Date: _____

Plaintiff's Counsel/signature: _____

Defendant's Counsel/signature: _____

(Other Party's Counsel/signature): _____

(1) Case type <input type="checkbox"/> NIMA; or <input type="checkbox"/> PIMA; or <input type="checkbox"/> NIMA & PIMA	<input type="checkbox"/> Chain Collision involved (Use pg 2)	<input type="checkbox"/> Accident involving motor vehicles only <input type="checkbox"/> Pedestrian involved <input type="checkbox"/> Cyclist involved <input type="checkbox"/> Claim by passenger
(2) Other relevant details		
(a) Quantum of claim (if not agreed) Cost of repair: \$ _____ Loss of use/rental: \$ _____ General damages: \$ _____ Special damages: \$ _____	(b) Have all parties been brought in? <input type="checkbox"/> Yes <input type="checkbox"/> No Which party: _____	(c) Is there a related suit? <input type="checkbox"/> Yes Suit No: _____ Status/outcome: _____ <input type="checkbox"/> No
(d) Has police action been taken? <input type="checkbox"/> Yes Which party: _____ Type of action: _____ <input type="checkbox"/> No	(e)(i) Are there scene photographs? <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is there a video recording? <input type="checkbox"/> Yes <input type="checkbox"/> No Have parties exchanged these? <input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Is there an independent witness? <input type="checkbox"/> Yes Witness for: _____ Statement/SD/AEIC available: _____ <input type="checkbox"/> No
(3A) PLAINTIFF'S CASE		(3B) DEFENDANT'S / OTHER PARTY'S CASE
Is there a relevant scenario in the Motor Accident Guide? <input type="checkbox"/> Yes Page / Serial number in MAG: _____ Plaintiff's proposal on liability: Plf: _____% Def: _____% Other Party: _____% Date proposal was made: _____ <input type="checkbox"/> No		Is there a relevant scenario in the Motor Accident Guide? <input type="checkbox"/> Yes Page / Serial number in MAG: _____ Defendant's proposal on liability: Plf: _____% Def: _____% Other Party: _____% Date proposal was made: _____ <input type="checkbox"/> No
The following are enclosed with the indication Form: <input type="checkbox"/> GIA or police reports <input type="checkbox"/> Scene / damage photographs <input type="checkbox"/> Witness' statement/SD/AEIC (delete where inapplicable) Sketch of accident (if none in GIA/police report):		The following are enclosed with the indication Form: <input type="checkbox"/> GIA or police reports <input type="checkbox"/> Scene / damage photographs <input type="checkbox"/> Witness' statement/SD/AEIC (delete where inapplicable) Sketch of accident (if none in GIA/police report):

Instructions: Please indicate the area of damage to the front and rear of each vehicle. Use a separate sheet of paper to represent accident if not a straight line front to rear collision.

First vehicle cut in from another lane, causing chain collision → YES /NO

The diagram illustrates a chain collision involving four vehicles. Each vehicle is represented by a box containing 'Vehicle No:' and 'Party:'. Arrows indicate the direction of the collision chain, pointing upwards from the bottom-most vehicle to the top-most. Each vehicle is linked to a large rectangular box containing a checklist of accident details. The checklist items are: 'Stopped in time' (Y/N), 'Alleging Prior Collision' (Y/N), 'Photos Available' (Y/N), 'Felt ___ impacts from behind', and 'Other Facts:'. The boxes are arranged in a staggered pattern: the first and third vehicles are on the left, while the second and fourth are on the right.

Vehicle 1 (Top):

- Vehicle No: _____
- Party: _____
- Stopped in time: Y/N
- Alleging Prior Collision: Y/N
- Photos Available: Y/N
- Felt ___ impacts from behind
- Other Facts:

Vehicle 2:

- Vehicle No: _____
- Party: _____
- Stopped in time: Y/N
- Alleging Prior Collision: Y/N
- Photos Available: Y/N
- Felt ___ impacts from behind
- Other Facts:

Vehicle 3:

- Vehicle No: _____
- Party: _____
- Stopped in time: Y/N
- Alleging Prior Collision: Y/N
- Photos Available: Y/N
- Felt ___ impacts from behind
- Other Facts:

Vehicle 4 (Bottom):

- Vehicle No: _____
- Party: _____
- Stopped in time: Y/N
- Alleging Prior Collision: Y/N
- Photos Available: Y/N
- Felt ___ impacts from behind
- Other Facts: