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]: _____

<table>
<tr><td>(1) Have all parties been brought in?

☐ Yes
☐ No
If no, which party is missing?
_____</td><td colspan="2">(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:
_____</td><td>(3) Has prosecution been instituted?
☐ No
☐ Yes
Against which party?
_____
Outcome: _____</td></tr>
<tr><td>(4) Was Notice of Accident lodged with MOM?
☐ No
☐ Yes
By which party? _____</td><td>(5) Are there scene / location photographs / video recording?
☐ Yes
☐ No</td><td colspan="2">(6) Is there a witness(es)?
☐ Yes
Witness for:_____
Statement/SD/AEIC available: _____
☐ No</td></tr>
<tr><td colspan="4">Other relevant details</td></tr>
<tr><td colspan="4">(7) Nature of Accident:
☐ Fall from height, e.g. ladder, scaffoldings, building etc.
☐ Lifting / hoisting / crane operations
☐ Injuries caused by tools /machinery / equipment
☐ Act / omission of co-worker(s) / supervisors
☐ Injuries caused by falling object(s)
☐ Injuries caused by burns / inflammable substances
☐ Others - Please specify: _____</td></tr>
<tr><td colspan="4">(8) Applicable statutory provision(s): _____</td></tr>
<tr><td colspan="2">Plaintiff's Case</td><td colspan="2">Defendant's/Other Party's Case</td></tr>
<tr><td colspan="4">Date and brief description of the Accident</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td></tr>
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