

**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):** \_\_\_\_\_

<b>(1) Case type</b>		<input type="checkbox"/> NIMA; or <input type="checkbox"/> Chain Collision involved <input type="checkbox"/> PIMA; or      (Use pg 2) <input type="checkbox"/> NIMA & PIMA	<input type="checkbox"/> Accident involving motor vehicles only <input type="checkbox"/> Pedestrian involved <input type="checkbox"/> Cyclist involved <input type="checkbox"/> Claim by passenger
<b>(2) Other relevant details</b>			
<b>(a) Quantum of claim (if not agreed)</b> Cost of repair: \$ _____ Loss of use/rental: \$ _____ General damages: \$ _____ Special damages: \$ _____		<b>(b) Have all parties been brought in?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Which party: _____	
<b>(d) Has police action been taken?</b> <input type="checkbox"/> Yes Which party: _____ Type of action: _____ <input type="checkbox"/> No		<b>(e)(i) Are there scene photographs? ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(ii) Is there a a video recording?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Have parties exchanged these? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(c) Is there a related suit?</b> <input type="checkbox"/> Yes Suit No: _____ Status/outcome: _____ <input type="checkbox"/> No		<b>(f) Is there an independent witness?</b> <input type="checkbox"/> Yes Witness for: _____ Statement/SD/AEIC available: _____ <input type="checkbox"/> No	
<b>(3A) PLAINTIFF'S CASE</b>		<b>(3B) DEFENDANT'S / OTHER PARTY'S CASE</b>	
<b>Is there a relevant scenario in the Motor Accident Guide?</b> <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		<b>Is there a relevant scenario in the Motor Accident Guide?</b> <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	
<b>The following are enclosed with the indication form:</b> <input type="checkbox"/> GIA or police reports <input type="checkbox"/> Scene / damage photographs <input type="checkbox"/> Witness' statement/SD/AEIC (delete where inapplicable) <b>Sketch of accident</b> (if none in GIA/police report):		<b>The following are enclosed with the indication form:</b> <input type="checkbox"/> GIA or police reports <input type="checkbox"/> Scene / damage photographs <input type="checkbox"/> Witness' statement/SD/AEIC (delete where inapplicable) <b>Sketch of accident</b> (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 of collisions involving five vehicles, arranged vertically from bottom to top. Each vehicle is represented by a box containing 'Vehicle No:' and 'Party:'. Arrows point upwards from each vehicle to the one immediately above it, indicating the direction of the collision chain. Each vehicle is also connected 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, with the vehicle boxes in the center and the detail boxes on either side.

**Vehicle 1 (Bottom):** Vehicle No: \_\_\_\_\_ Party: \_\_\_\_\_

**Vehicle 2:** Vehicle No: \_\_\_\_\_ Party: \_\_\_\_\_

**Vehicle 3:** Vehicle No: \_\_\_\_\_ Party: \_\_\_\_\_

**Vehicle 4:** Vehicle No: \_\_\_\_\_ Party: \_\_\_\_\_

**Vehicle 5 (Top):** Vehicle No: \_\_\_\_\_ Party: \_\_\_\_\_

**Detail Boxes (Left Side):**

- Stopped in time Y/N
- Alleging Prior Collision Y/N
- Photos Available Y/N
- Felt \_\_\_ impacts from behind
- Other Facts:

**Detail Boxes (Right Side):**

- Stopped in time Y/N
- Alleging Prior Collision Y/N
- Photos Available Y/N
- Felt \_\_\_ impacts from behind
- Other Facts: