**\* To be signed by the Parties before the start of the mediation / neutral evaluation session.**

**MEDIATION NO. LSMS - PIPD of 20 .**

**NEUTRAL EVALUATION NO. LSNEDS - PIPD of 20 .**

**Instructions: Where liability indication is required, this Form is to be completed.**

1. **Case Type –**
	* Personal Injury - Motor Accident
	* Personal Injury – Non- Motor Accident [Please give details, e.g. Industrial accident] \_\_\_\_\_\_\_\_\_
	* Property Damage - Motor Accident
2. **Other Relevant Details**
	* Motor Accident
		+ Accident involving motor vehicles only
		+ Pedestrian involved
		+ Cyclist involved
		+ Claim by passenger
	* Non-Motor Accident
		+ Accident on employers’ work site
		+ Falling object
		+ Defective equipment
		+ Others -
3. **Criminal action against any party, if so, type of action taken?**
	* Yes - Against: ; Type of action:
	* No
4. **Any photographs or video recordings available?**
	* Yes - From: .
	* No
5. **Any independent witnesses?**
	* Yes - Witness for: . Statements/ statutory declarations or AEICs
	* No
6. **Quantum of Claim**
7. **General Damages - $**
8. **Special Damages - $**
9. **Relevant Scenario in the Motor Accident Guide (“MAG”)**
10. **Claimant (“C”)**
	* Yes - Page/Serial No. in MAG: . Proposal on liability : C: %; D: %; OP: %.
	* No
11. **Defendant (“D”)**
	* Yes - Page/Serial No. in MAG: . Proposal on liability : C: %; D: %; OP: %.
	* No
12. **Other Party (“OP”)**
	* Yes - Page/Serial No. in MAG: . Proposal on liability : C: %; D: %; OP: %.
	* No
13. **Parties Case Statement (with supporting documents to be attached)**

|  |  |
| --- | --- |
| Claimant’s Counsel / Signature: |  |
| Respondent’s Counsel / Signature: |  |
| Other Party Counsel / Signature: |  |