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DEPUTY REGISTRAR
LEE JIA EN GLORIA
20 MAY 2026

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

[2026] SGDC 167

District Court Suit No DC/S 1189/2018
Assessment of Damages No. 93 / 2024

Between

Jong Khee Beng Ainsley

... Plaintiff

And

Teo Kim Phang

... Defendant

JUDGMENT

[Damages] – [Measure of damages] – [Personal injury cases]
[Tort] — [Negligence] — [Causation]

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Jong Khee Beng Ainsley

v

Teo Kim Phang

[2026] SGDC 167

District Court Suit No DC/S 1189 of 2018

Assessment of Damages No. 93 of 2024

Deputy Registrar Lee Jia En Gloria

17 January 2025, 25 March 2025, 27 March 2025, 03 October 2025, 16

October 2025, 16 December 2025, 29 January 2026 and 16 April 2026.

20 May 2026

Judgment reserved.

Deputy Registrar Lee Jia En Gloria:

1 The Plaintiff was driving along Guillemard Road when he met with an accident on 25 April 2016 at around 11pm. Parties entered into a consent interlocutory judgment for 65% in favour of the Plaintiff with damages to be assessed.

The assessment hearing

2 I heard the present assessment of damages proceedings and one of the main disputes relate to the issue of causation for the neck and shoulder injuries. The Plaintiff gave evidence and the following expert witnesses gave evidence on his behalf: (a) Dr. Benjamin Tow from the Orthopaedic and Spine Clinic Pte Ltd, and (b) Dr. Chong Weng Wah Roland from Roland Shoulder & Orthopaedic Clinic. The attendance of Dr. Vincent Ng Yew Poh and Doctor.

Michael Chin Yih Chong were dispensed with. The Defendant only called one expert witness, namely, Dr. Kamal Bose from the Bose Bone, Joint and Spine Clinic. Their evidence will be considered in greater detail below.

General damages – Pain and suffering

3 Compensatory damages may be classified as (a) general and (b) special damages with general damages comprising of (i) pain and suffering and loss of amenity; and (ii) post-trial pecuniary losses such as the loss of earning capacity (“LEC”), loss of future earnings (“LFE”) and future expenses. Special damages, on the other hand, compensate for pre-trial pecuniary losses such as medical and transport expenses as well as pre-trial loss of earnings or profits: *Noor Azlin bte Abdul Rahman and another v Changi General Hospital Pte Ltd* [2022] 1 SLR 689 at [56].

Neck injury

4 It is not disputed that the Plaintiff sustained a neck injury. Instead, the dispute centres on the severity of the neck injury and whether it was caused by the accident. I first consider the available medical evidence.

Medical evidence

5 On the day of the accident, 25 April 2016, the Plaintiff was seen at Tan Tock Seng Hospital (“TTSH”) where it was documented that there was “no spinal tenderness” and the diagnosis was that contusion of the neck. A 4-day medical leave was issued and the Plaintiff was referred to the National

Neuroscience Institute (“NNI”). After the Plaintiff’s examination by Dr. Park, he was observed to be neurologically intact and was discharged.¹

6 The next documented medical consultation was on 09 September 2016 (close to 4.5 months after the accident) based on an invoice from Wong Clinic.² The invoice did not state the nature or reason for the Plaintiff’s visit and no medical report was obtained. According to the Plaintiff, he obtained a referral for a specialist appointment from Wong Clinic,³ before consulting Dr. Roland Chong, a Consultant Orthopaedic Surgeon.

(1) Dr. Chong’s evidence

7 Dr. Chong examined the Plaintiff on 14 September 2016 (which was 4 months 20 days after the accident) and explained that the consultation was a “direct referral from the patient himself”.⁴ In Dr. Chong’s medical report dated 15 September 2016, he documented that the Plaintiff’s “[n]eck range is full, power was full.” Additionally, the Plaintiff had “C6 dermatome numbness”.

8 Dr. Chong’s view was that the Plaintiff’s “shoulder and cervical spine injury [was] exacerbated and a result of the accident”.⁵ However, Dr. Chong explained during cross-examination that he did not do a “deep dive into

¹ Dr. Vincent Ng’s AEIC, p1. While the NNI medical report dated 29 August 2017 states that the Plaintiff was seen on 20 May 2017, this is presumably a typographical error. The Plaintiff gave evidence that shortly after his consultation at TTSH, he went to the NNI (see NE for 27 March 2026 at p6C). Further, I note that there was an invoice for the Plaintiff’s visit to NNI on 20 May 2016 at PAEIC p140.

² PAEIC, p135.

³ NE 17 January 2025 at p28A.

⁴ NE for 16 October 2025 at p7B.

⁵ AEIC of Dr. Roland Chong at p1.

causation” as his primary purpose was to treat the Plaintiff.⁶ Accordingly, Dr. Chong did not consider if the symptoms complained of were related to (a) age, (b) work or (c) past injuries.⁷

9 Dr. Chong referred the Plaintiff to Dr. Benjamin Tow for his neck issues.⁸

(2) Dr. Tow’s evidence

10 Dr. Tow first saw the Plaintiff on 29 November 2016 (about 7 months after the accident) and reported that the range of motion was limited on extension. His clinical impression was that of whiplash with aggravation of underlying C6/7 radiculopathy and degenerative disc disease of the cervical spine.⁹

11 Subsequently, when the Plaintiff was examined on 04 August 2023, it was reported that the Plaintiff developed right sided upper limb pain and numbness and continued to have left upper limb pain and numbness.¹⁰ In Dr. Tow’s medical reports, he provided the following explanations for the causes of these symptoms:

(a) These symptoms were likely to be a progression of the underlying degenerative disc disease of the cervical spine. ¹¹ In Dr. Tow’s further medical report dated 01 February 2024, he clarified that

⁶ NE for 16 October 2025 at p7E and p11E.

⁷ NE for 16 October 2025 at p11C.

⁸ NE for 16 October 2025 at p14A.

⁹ Dr. Benjamin Tow’s AEIC, p1.

¹⁰ Dr. Benjamin Tow’s AEIC, p3.

¹¹ Dr. Benjamin Tow’s AEIC, p3.

injuries to the cervical spine often worsen or exacerbate symptoms of pain and numbness or cause previously quiescent disease to become symptomatic.¹² As the symptoms of persistent pain and numbness only manifested after the accident. Dr. Tow concluded that the accident exacerbated or caused the previously quiescent disease to become symptomatic.¹³ However, he was unable to comment on the extent to which the accident caused the Plaintiff's symptoms.¹⁴

(b) It was also Dr. Tow's view that the injuries to the Plaintiff's left shoulder, neck and cervical spine "are consistent with the accident". Dr. Tow explained during re-examination that he came to the conclusion as the "Accident was quite a high-speed accident, the accident was quite bad. Hit a stationary object. The speed looks quite fast."¹⁵

(c) Thirdly, symptoms of neck pain and numbness are commonly seen in degenerative disc disease of the cervical spine.¹⁶ These symptoms could solely be due to aging (without an accident).¹⁷

12 Dr. Tow clarified during cross-examination that the nerve compression may be caused by (i) injury, (ii) degeneration, or (iii) degeneration that became worst after injury.¹⁸ As to which was the cause of the Plaintiff's condition, Dr. Tow repeatedly confirmed that he could not tell. Additionally, Dr. Tow

¹² Dr. Benjamin Tow's AEIC, p6 at [11].

¹³ Dr. Benjamin Tow's AEIC, p6 at [12].

¹⁴ Dr. Benjamin Tow's AEIC, p6 at [14].

¹⁵ NE for 03 October 2025, p22B.

¹⁶ Dr. Benjamin Tow's AEIC, p6, [11].

¹⁷ NE for 3 October 2025, p21B.

¹⁸ NE for 3 October 2025, p14B.

explained that without a pre-accident scan he would not be able to ascertain if the Plaintiff's injury worsened after the accident or whether he was malingering.¹⁹ Without any pre-accident scans, Dr. Tow relied on the Plaintiff's recount that the pain worsened after the accident in arriving in his conclusion that the Plaintiff's condition was caused by the accident.²⁰

(3) Dr. Bose's evidence

13 The Defendant's expert took a different view from Dr. Tow and maintained that the Plaintiff's symptoms were not caused by the accident but by the pre-existing degenerative condition of the Plaintiff's cervical spine.

14 Dr. Bose referred to the CT scan of the cervical spine which recorded that "[d]egenerative changes are seen with anterior and posterior osteophytes, further narrowing the canal, especially from C3-4 to C6-7. The paravertebral soft tissue is not thickened".²¹ Based on the CT scan, Dr. Bose concluded that it was unlikely that the Plaintiff had any significant injury to his neck or the muscles or ligaments of the cervical spine as a result of the road traffic accident.

15 Dr. Bose also observed that when the Plaintiff was seen as NNI, he was "neurologically intact", however, when he was seen by Dr. Chong, he appeared to have developed a new symptom, namely, "C6 dermatome numbness".²² As such, Dr. Bose formed the view that the subsequent neck symptoms and signs of mild sensory and motor deficit resulted from the Plaintiff's pre-existing degenerative problem and narrowing of the spinal canal and that the "accident

¹⁹ NE for 3 October 2025, p14B.

²⁰ NE for 3 October 2025 at p15A.

²¹ Dr. Bose's AEIC, p7 at [6.2].

²² Dr. Bose's AEIC, p7 at [6.6].

had very little to do with [the Plaintiff’s] present neck pain and changing clinical observation”.²³

16 Dr. Tow disagreed with Dr. Bose’s interpretation of the CT scan and explained during cross-examination that CT scans cannot be used to look at soft tissues.²⁴ Dr. Bose explained during cross-examination that the CT scan may not be the best or preferred method to determine soft tissue damage.²⁵

The Plaintiff’s evidence

17 According to the Plaintiff:

(a) He received a job offer dated 02 May 2016.²⁶ The Plaintiff requested for an extension of time of 2-3 weeks to consider the offer and turned down the offer due to the injuries from the accident.²⁷

(b) The Plaintiff sought massage treatments but did not explain the necessity of these massages in his AEIC. The Plaintiff simply adduced various invoices for the massage services engaged. Based on the invoices, the Plaintiff first massage treatment was on 08 June 2016.²⁸ The invoices were for “member body” and no witnesses were called to give evidence on the massage treatment received. The Plaintiff

²³ Dr. Bose’s AEIC, p7 at [6.11].

²⁴ NE for 3 October 2025, p20B.

²⁵ NE for 16 December 2026, p9C-E.

²⁶ NE for 17 January 2025 at 19C.

²⁷ NE for 17 January 2025 at 22D.

²⁸ PAEIC 127-128.

acknowledged that the massages were not considered medical treatments and were not administered by any medical professionals.²⁹

(c) During re-examination, the Plaintiff explained that as his pain was getting worst, the doctor at NNI recommended that he try massages.³⁰ While the Plaintiff obtained a clarification report from the NNI, none of the NNI reports include a recommendation for massages.

(d) According to the Plaintiff, it was only in July 2016 that he consulted a Chinese physician and was informed that “the injuries caused blood clot in the shoulder and caused spasm in [his] arms”.³¹ It was only then that he realised the severity of his condition and began his quest for medical assistance.

(e) However, the only evidence adduced by the Plaintiff in his AEIC was a *price list* from Perfect Acupuncture & Tui Na Therapy (“Perfect Acupuncture”) dated 22 July 2016 with the annotations “neck, shoulder, upper back, left and right and lower back pain (injuries)”.³² No official receipt from Perfect Acupuncture was provided and no medical report was obtained.³³ The Plaintiff did not elaborate on this price list in his AEIC.

(f) Eventually on 09 September 2016, the Plaintiff consulted a doctor at Wong Clinic who helped set him up with a specialist

²⁹ NE for 17 January 2025 at p26B.

³⁰ NE for 27 March 2026 at p6C

³¹ NE for 17 January 2025 at p27D.

³² PAEIC 136.

³³ This is unlike the invoices provided for the Plaintiff’s visits on 13 November 2016 and 08 December 2020 where official receipts were exhibited in the Plaintiff’s AEIC, p126 and 173.

appointment.³⁴ The Plaintiff subsequently consulted Dr. Chong and Dr. Tow for his neck and shoulder injuries.

Causation

18 The following evidence and events are significant:-

1	25 April 2016	Date of the accident.
2	25 April 2016	The Plaintiff was diagnosed with a “neck contusion” at TTSH.
3	02 May 2016 – 23 May 2016	The Plaintiff gave evidence that he had to turn down a lucrative job offer (that was dated 02 May 2016). According to the Plaintiff, he requested for an extension of time of 2-3 weeks to consider the offer before declining it.
4	20 May 2016	The Plaintiff was referred to the NNI where he was described as “neurologically intact”.
5	08 June 2016	Based on the invoice exhibited in the AEIC, the Plaintiff first engaged massage services at Green Apple Spa on 08 June 2016.
6	09 September 2016	The Plaintiff was seen at Wong Clinic.
7	14 September 2016	The Plaintiff was examined by Dr. Chong where it was documented that the Plaintiff’s “[n]eck range is full, power was full.” Additionally, the Plaintiff had “C6 dermatome numbness”.

³⁴ NE for 17 January 2025 at p28A.

19 Based on the above chronology, there is a gap of close to 5 months between the TTSH diagnosis of a “neck contusion” and when the Plaintiff’s symptom of numbness was first medically documented.

20 While the burden of proving causation falls on the Plaintiff, he did not provide any explanation in his AEIC for the lack of medical records during this 5-month period. Instead, it was only during cross-examination and more substantially during re-examination that the Plaintiff sought to explain this absence of any medical evidence of his symptoms.

21 I am not persuaded by the Plaintiff’s explanation for this 5-month gap for the following reasons:-

(a) The absence of any medical records is significant in light of the Plaintiff’s circumstances. According to the Plaintiff’s account, he was presented with a job offer shortly after the accident and had concerns about his injuries. The Plaintiff thus requested for 2-3 weeks to consider the offer. Under such circumstances, it would be reasonable to presume that a person would seek out medical advice on his recovery, treatment and fitness for the job. However, no such medical record was adduced in evidence. The lack of any such medical records during this period is inconsistent with common sense or ordinary experience and the Plaintiff offered no credible explanation for the absence of medical records.

(b) Even during the Plaintiff’s consultation at NNI (based on TTSH’s referral), it was not documented that the Plaintiff informed Dr.

Park of any disabilities and he was discharged after being found to be neurologically intact.³⁵

(c) The Plaintiff’s explanation that he sought massages to alleviate the pain is not persuasive. The invoices do not assist the Plaintiff’s case as they were for “member body” and does not appear to be specific to his injuries. No witness(es) were called to testify on the nature and purposes of the massages.

(d) During re-examination, the Plaintiff gave evidence that the massages were at the recommendation of the doctor at NNI. However, this was not borne out in any of the NNI medical reports nor was any clarification sought. It is implausible that a doctor would prescribe massages by a non-medical professional and for it to be the only course of treatment instead of referring the Plaintiff to a medical institution or registered medical practitioner.

(e) No explanation was provided for the Plaintiff’s having persisted with this course of non-medical massages for sustained period of time without seeking medical attention. This is notwithstanding the Plaintiff’s acknowledgement that these massages were not administered by medical professionals and did not amount to medical treatment.³⁶

(f) It was only in July 2016 that the Plaintiff claimed to have consulted a TCM physician. The only evidence adduced by the Plaintiff was a *price list* from Perfect Acupuncture & Tui Na Therapy (“Perfect Acupuncture”) dated 22 July 2016 with the annotations “neck, shoulder,

³⁵ The complaint of left upper limb shooting pain only surfaced when the Plaintiff was seen by Dr. Vincent Ng on 20 June 2017 for the purposes of the specialist medical report.

³⁶ NE for 17 January 2025 at p26B.

upper back, left and right and lower back pain (injuries)".³⁷ No official receipt from Perfect Acupuncture was provided and no medical report was obtained. It is not apparent if the Plaintiff had proceeded with the consultation or whether he merely obtained the price list. The identity and credentials of this TCM physician was not adduced as evidence and the TCM physician was not called as a witness. This lack of evidence does not assist the Plaintiff's case.

(g) Lastly, for completeness, I do not find the Plaintiff's consultation at Wong Clinic to be of significance as the invoice does not state the reason for the Plaintiff's consultation and whether it was related to the Plaintiff's symptoms. It is unclear what was discussed during the Plaintiff consultation at Wong Clinic and whether it was related to the accident.

22 In light of the lack of any credible explanation and cogent evidence, I am not persuaded that the symptoms occurred after or shortly after the accident. There remains an unexplained gap of close to 5 months between the date of the accident and when the symptoms were first documented. Against these factual findings, I now consider the medical evidence.

23 Both Dr. Bose and Dr. Tow had differing views. Dr. Bose explained that as the symptoms were not recorded when the Plaintiff was first seen and TTSH and only occurred belatedly, these symptoms were not causally linked to the accident. On the other hand, Dr. Tow was of the view the accident exacerbated the symptoms. He premised this on the Plaintiff's account that he was

³⁷ PAEIC 136.

asymptomatic before the accident and only developed the symptoms after the accident.

24 Given the absence of any medical evidence of the symptoms of pain until about 5 months after the accident, I find that the factual basis of Dr. Tow’s assessment was not substantiated by the Plaintiff and the evidence before me. Accordingly, I am unable to accept Dr. Tow’s conclusion that the accident aggravated the Plaintiff’s pre-existing degenerative condition. Further, Dr. Tow’s evidence was that it is speculative if the Plaintiff could have developed the symptoms 7 months after the accident.³⁸

25 While Dr. Tow also explained that the injuries were consistent with the mechanics of the accident given that it was a “high-speed accident”, the basis of this is not known. Further, it is not apparent if Dr. Tow has the requisite expertise and facts to opine on the mechanics of the accident.

26 Instead, I preferred Dr. Bose’s evidence as it was founded in objective evidence, namely, the CT scan result. This CT scan result was adduced by the Plaintiff and it stated that the “paravertebral soft tissue is not thickened”. The maker of the CT scan result, Dr. Tiong Siew Ching, was not called to explain the CT scan report concerning soft tissues.³⁹ While Dr. Bose agreed during cross-examination that the CT scan may not be the best or preferred method to determine soft tissue damage,⁴⁰ he did not go so far to say that the CT scan is inherently inaccurate or completely unreliable in assessing soft tissue injuries.

³⁸ NE for 03 October, at p20E.

³⁹ Dr. Michael Chin’s AEIC, p2.

⁴⁰ NE for 16 December 2026, p9C-E.

Accordingly, while there may be some limitations in relying on the CT scan, it may nevertheless be used in assessing the Plaintiff's injuries.

Quantum

27 Based on the Dr. Chin (TTSH) and Dr. Bose's diagnosis and evidence, the Plaintiff sustained a neck contusion. Dr. Chin gave the Plaintiff an "open date" and the Plaintiff did not return for any further consultation(s). In the reply submissions, the Plaintiff submitted that "it is more likely than not that the Plaintiff was one of the numerous patients at the A&E and in the absence of gross serious injury, TTSH would process him and discharge him with an open date, which was what was done".⁴¹ I decline to accept the Plaintiff's submission as it is based on pure conjecture and there is no evidence to even suggest that TTSH adopts a practice of processing and discharging their patients if no "gross serious injury" was detected.

28 In the Joint Opening Statement ("JOS"), the Plaintiff submitted that \$20,000 should be awarded for the Plaintiff's "spinal cervical injury". This was revised downwards in the Plaintiff's written submissions where he submitted that \$12,000 should be awarded for the Plaintiff's neck injury. The only authority cited was the Guidelines for the Assessment of General Damages in Personal Injury Cases (Academy Publishing, 2010) (the "Guidelines") without elaborating further.

29 While Dr. Bose estimated that the Plaintiff's neck contusion should improve in 6 to 8 weeks,⁴² there is no evidence if the Plaintiff required the full 6 to 8 weeks for his recovery. This is in light of the fact that (a) the Plaintiff did

⁴¹ Plaintiff's reply submissions ("PRS"), p6 at [17].

⁴² Dr. Bose's AEIC, p8 at [6.10].

not return to TTSH for a follow up after being given an “open date” and (b) there is no evidence that he sought medical attention (for his injuries) from any other medical institution until 14 September 2016. The lack of medical consultations lends itself to the inference that recovery was not prolonged. As such, the Plaintiff’s injury may be classified in the “minor” range of the Guidelines for which an award of \$1,500 to \$3,000 is recommended.

30 The case of *Ong Zern Chern Philip v Wong Siang Meng* [2004] SGHC 256 as cited by the Defendant is of little assistance given that damages (for the neck injuries) have been agreed on by parties. Considering the Plaintiff’s 4 days of medical leave and his probable recovery period,⁴³ the cited cases of *Yan Chao v Lee Swee Teck* (MC Suit No. 9294 of 2000) and *Joey Tan v Nor Azam Bin Ahmad* (MC/MC 6142/2020) are more applicable. As such, \$2,000 is awarded for the Plaintiff’s neck injury.

Shoulder injury

31 Causation is disputed.

32 On the day of the accident, 24 April 2016, the Plaintiff attended at the emergency department of TTSH and was diagnosed with contusions of the right hand and neck and minor head injury.⁴⁴ The Plaintiff was issued 4 days of outpatient sick leave.⁴⁵ When it was highlighted to the Plaintiff during cross-examination that there was no record of pain to the Plaintiff’s shoulder, the

⁴³ PBOD 203.

⁴⁴ PBOD 201.

⁴⁵ PBOD 203.

Plaintiff explained that “layman answer is neck and shoulder is the same”.⁴⁶ No clarification report was obtained from TTSH.

Medical evidence

(1) Dr. Chong’s evidence

33 The first time a shoulder injury was recorded was in Dr. Chong’s medical report. The Plaintiff consulted Dr. Roland Chong, a consultant Orthopaedic Surgeon at Roland Shoulder & Orthopaedic Clinic, on 14 September 2016 (4 months 20 days after the accident).⁴⁷ The Plaintiff relied on Dr. Chong’s evidence in support of his claim for shoulder injuries.⁴⁸ Dr. Chong’s evidence may be summarized as follows:-

(a) The Plaintiff complained of “left trapezius and pectoralis major pain with left C6 dermatome numbness” and “persistent left deltoid pain”.⁴⁹ Clinically, it was observed that the Plaintiff had multiple trigger points felt over his left trapezius and periscapular region. It was also observed that the Plaintiff’s left shoulder range was full and impingement is slightly positive.⁵⁰

(b) Dr. Chong’s view was that the “shoulder and cervical spine injury is exacerbated and a result of the accident”.⁵¹

⁴⁶ NE for 25 March 2025, at p4D.

⁴⁷ Dr. Roland Chong’s AEIC, p7 and p11.

⁴⁸ PAEIC 10 at [46].

⁴⁹ Dr. Roland Chong’s AEIC, p1.

⁵⁰ Dr. Roland Chong’s AEIC, p1.

⁵¹ Dr. Roland Chong’s AEIC, p1.

(c) At the 17 November 2016 examination, the “range was full” and the Plaintiff had “minimal pain”.⁵² At the review on 21 December 2016, Dr. Chong also documented that the range was full and impingement was mild.⁵³

Disabilities and recovery

(d) Additionally, Dr. Chong reported that the Plaintiff has “persistent pain and numbness of his left upper limb”.⁵⁴ During cross-examination, Dr. Chong explained that this was based on what the Plaintiff informed him and that he did not conduct any test to verify what the Plaintiff informed him.⁵⁵

(e) Dr. Chong recommended a total projected permanent disability of 24% based on “A Guide to the Traumatic Injuries and Occupational Diseases for Workmen’s Compensation”.⁵⁶

(f) On the Plaintiff’s recovery, Dr. Chong observed that the Plaintiff’s symptoms improved until 21 December 2016 when the Plaintiff had some pain while he was swimming.⁵⁷

⁵² Dr. Roland Chong’s AEIC, p7.

⁵³ Dr. Roland Chong’s AEIC, p7.

⁵⁴ Dr. Roland Chong’s AEIC, p8.

⁵⁵ NE for 16 October 2025 at p12C.

⁵⁶ Dr. Roland Chong’s AEIC, p10.

⁵⁷ NE for 16 October 2021 at p13C.

(g) At the latest review on 27 July 2023, the Dr. Chong noted that the Plaintiff still had left shoulder pain that affected his sleep (on the left side) and the wearing of a coat.⁵⁸

Causation

(h) Dr. Chong, in his medical report dated 15 September 2016, concluded that the shoulder injury resulted from the accident.⁵⁹

(i) During cross-examination, Dr. Chong conceded that as he did not do a “deep dive into causation” as his primary purpose was simply to treat the patient.⁶⁰ Accordingly, Dr. Chong did not consider if the symptoms complained of were related to (a) age, (b) work or (c) past injuries.⁶¹

(2) Dr. Tow’s evidence

34 Dr. Chong referred the Plaintiff to Dr. Benjamin Tow for his neck injuries. Dr. Tow saw the Plaintiff on 29 November 2016 and observed that the range of motion for the Plaintiff’s shoulder was normal.⁶²

35 Dr. Tow saw the Plaintiff again on 04 August 2023 where the Plaintiff was observed to have developed right sided upper limb pain and numbness and continued to have left upper limb pain and numbness. According to Dr. Tow,

⁵⁸ Dr. Roland Chong’s AEIC, p11.

⁵⁹ Dr. Roland Chong’s AEIC, p1.

⁶⁰ NE for 16 October 2025 at p7E and p11E.

⁶¹ NE for 16 October 2025 at p11C.

⁶² Dr. Benjamin Tow’s AEIC, p1.

this is likely to be progression of underlying degenerative disc disease of the cervical spine.⁶³

(3) Dr. Bose's evidence

36 The Plaintiff was examined by Dr. Bose on 27 July 2023. Dr. Bose was of the opinion that the pain and discomfort over the left shoulder was unlikely to be due to the accident as there was no documentation of the injury after the accident and this pain and discomfort only arose 6 months later.⁶⁴ According to Dr. Bose, any shoulder symptoms was due to a pre-existing problem as the MRI showed degenerative changes in the shoulder.⁶⁵ Dr. Bose's evidence was largely unchallenged during cross-examination, and he explained that it is not necessary that an accident would exacerbate and bring about the onset of the symptoms.

Causation

37 The Plaintiff bears the burden of establishing that causation is *probable* as opposed to it being simply *possible*.⁶⁶ I find that the Plaintiff has not discharged this burden on the facts.

(a) Firstly, when the Plaintiff was first seen at TTSH immediately after the accident, no shoulder injury was documented.

(b) In the Plaintiff's reply submissions, the Plaintiff submitted that he was still in a state of shock when he was at the A&E, as such, the fact that no shoulder injury was recorded or reported should not be

⁶³ Dr. Benjamin Tow's AEIC, p3.

⁶⁴ Dr. Bose's AEIC, p8, at [6.12].

⁶⁵ Dr. Bose's AEIC, p10, at [7.4(a)].

⁶⁶ Choo Yew Liang Sebastian v Koh Yew Teck and Anor [2024] SGHC 212 at [63].

determinative.⁶⁷ This submission is without evidential support. On the contrary, the Plaintiff's evidence, during cross-examination, was not that he was in a state of shock but that he thought that the "neck" and "shoulder" were the same.

(c) In this regard, I am not persuaded by the Plaintiff's explanation that to the layman both the neck and shoulder are the same as these are anatomically distinct parts of the body that serve different function.

(d) In any event, the Plaintiff was put on notice that the Defendant was disputing the shoulder injury as pleaded in the Defence and the Plaintiff could have sought clarification from the doctor(s) at TTSH for the purposes of the assessment hearing but did not do so.⁶⁸

(e) The first time an injury to the shoulder was documented by a medical professional was on 14 September 2016, 4 months and 20 days after the accident, when the Plaintiff was seen by Dr. Chong.

(f) The Plaintiff did not provide any explanation for the gap in time in his AEIC. It was only during cross-examination and re-examination that the Plaintiff sought to proffer an explanation for this gap, namely that he sought massages and consulted a TCM practitioner. As I have explained earlier, the Plaintiff's explanation lacks credibility and is unpersuasive.

⁶⁷ PRS, p4 at [12].

⁶⁸ In the Defence filed on 28 December 2018, the Defendant specifically pleaded at paragraph 3.1. that "The defendant denies that the plaintiff had suffered any shoulder injury including tendinosis and/or labral tear in the accident in question."

38 On the medical evidence, Dr. Bose gave evidence that this 6-month gap rendered it “unlikely” that the shoulder pain and discomfort was due to the accident. This was largely unchallenged by the Plaintiff.

39 The Plaintiff’s expert, Dr. Chong, did not focus his enquiry on the issue of causation. His only comment was that the shoulder pain developed 3 months after the accident (instead of 6 months). This was based on the Plaintiff’s own account to Dr. Chong who candidly admitted that he had not taken steps to verify the Plaintiff’s account. Further, I have earlier found that the Plaintiff has not shown that he had shoulder pains or discomfort 3 months after the accident.

40 Dr. Tow’s evidence does not assist the Plaintiff. While Dr. Tow stated in his report that the accident “likely injured” the Plaintiff’s cervical spine and resulted in the shoulder pain, he did not provide any basis for his conclusion. During cross-examination, Dr. Tow identified three causes for the nerve compression but admitted that he did not know which of the three causes resulted in the Plaintiff’s shoulder pain. As such, this does not assist the Plaintiff in proving his case on a balance of probabilities.

41 On the evidence, I find that causation has not been made out as (a) there was no contemporaneous record(s) of the shoulder injury after the accident, (b) there was a gap of close to 5 months between the date of the accident and the first medical documentation of the shoulder injury, (c) the lack of any credible records of the shoulder injury in that 5 months and (d) the medical evidence does not show, on a balance of probability, that the shoulder injury was caused by the accident. As the Plaintiff has not established that the shoulder injury was caused by the accident, I decline to award any damages for Plaintiff’s claim for his shoulder injury.

Right hand injury

42 In the Plaintiff’s written submissions, the Plaintiff submitted that \$750 should be awarded for the Plaintiff’s “right hand erythema”.⁶⁹ However, this injury was not particularized in the JOS filed.

43 As a starting point, the JOS does not stand as a pleading and parties are not bound by it the way parties are confined to their pleaded case. Parties may depart from their submissions stated in the JOS subject to certain commonsensical considerations.⁷⁰

44 As this TTSH report on the right-hand injury was included in the Plaintiff’s Statement of Claim,⁷¹ and the injury was stated in the Plaintiff’s AEIC,⁷² I am of the view that sufficient notice was given to the Defendant of the Plaintiff’s claim for his hand injury. The Defendant was also given an opportunity to submit on this head of claim by way of Registrar’s Directions dated 06 May 2026.

45 As sufficient notice was given to the Defendant to defend and submit on this head of claim, I will consider this head of claim for this assessment notwithstanding the fact that it was omitted from the JOS.

46 In the TTSH medical report dated 31 March 2017, it was documented that there was “erythema seen over the right thumb region” and the diagnosis

⁶⁹ Plaintiff’s written submissions (“PWS”), p11 at [39].

⁷⁰ Ng Kah Ming v Tan Sok Hui Jessical, [2024] SGDC 158 at [23].

⁷¹ Plaintiff’s Statement of Claim at p6.

⁷² PAEIC 9 at [42(a)].

was that of contusion of the right hand.⁷³ In the NNI medical report dated 19 August 2017, it was reported that the Plaintiff was noted to have “a small right base of thumb redness”.⁷⁴

47 The Plaintiff’s injury was limited to his thumb and was described a “small” in the NNI report. Further, there is no evidence of any residual disabilities. As such, the Plaintiff’s injury may be classified as being of a minor nature.

48 The Plaintiff cited the Guidelines and submitted that for contusions, the awards typically range from \$500 to \$2,500 but did not provide any specific page reference. I considered the Guidelines:-

(a) Based on page 59 of the Guidelines, an award of \$500 is recommended for a “single contusion” and the range of \$500 to \$1,500” for “multiple contusions”.

(b) Further, page 36 of the Guidelines recommends an award of \$5,000 or less for cases of minor hand injury that includes contusions with recovery within a few months. The upper limit would be appropriate where there are hairline fractures that are likely to resolve in a few months.

49 Having considered the size or extent of the Plaintiff’s injury to his hand and the absence of any disabilities, \$750 is awarded.

⁷³ Dr. Michael Chia’s AEIC, p1.

⁷⁴ Dr. Vincent Ng’s AEIC, p1.

Minor head injury

50 Similarly, while this head of claim was not particularized in the JOS, I find that the Defendant was given sufficient notice of the Plaintiff’s intention to seek damages for the minor head injury. The Defendant was also offered an opportunity to submit on this head of claim. As such, I will consider this claim for the purposes of the assessment.

51 In TTSH’s medical report dated 31 March 2017, Dr. Chin documented that the Plaintiff had “minor head injury”.⁷⁵ In the NNI medical report, the Plaintiff was reported to be “neurologically intact” and an open date was issued. The Plaintiff did not return to NNI for any consultation except for the purposes of the specialist medical report.

52 The Plaintiff quantified his head injury at \$2,000 based on the Guidelines. Again, it is unclear which portion of the Guidelines the Plaintiff seeks to rely on for his submissions that “awards are commonly between S\$1,000 and S\$10,000”. Having considered the Plaintiff’s recovery period, and the extent of his injury, \$1,500 is awarded.

General damages (pecuniary)

53 The next component of general damages would be post-trial pecuniary losses such as the loss of earning capacity (“LEC”), loss of future earnings (“LFE”) and future expenses. LEC and LFE are separate and distinct claims and the Plaintiff must produce evidence for each. This claim for general damages is to be differentiated from special damages such as pre-trial loss of earnings. However, these distinctions were not made by the Plaintiff.

⁷⁵ Dr. Michael Chin’s AEIC, p1.

(a) In the Statement of Claim, the Plaintiff included in his “Statement of Special Damages” a claim for “Loss of earning capacity / future earnings” without specifying if his claim was for LEC and/or LFE.⁷⁶

(b) In the Plaintiff’s AEIC, reference was made to the actuarial tables and the multiplier-multiplicand approach was adopted.⁷⁷ As such, it appears that the substance of the Plaintiff’s evidence was for LFE even though the heading was for “My Loss of Earning Capacity / Loss of Future Earnings”.

(c) In the JOS, the Plaintiff eventually drew a distinction between his claim from LEC and LFE. However, the Plaintiff’s “pre-trial loss of income” referred to his submissions for “loss of earning capacity”. Based on the submissions in the JOS, it appears that the Plaintiff’s claim for LEC was in substance a claim for pre-trial loss of income as it was premised on the purported loss of income from a job offer and loss of opportunity regarding the sale of security laminates.

(d) In the Plaintiff’s closing submissions, under the heading pecuniary losses, the Plaintiff submitted:

(i) A sum of \$3,107,250 for the Plaintiff’s pre-trial loss of earning;

⁷⁶ Statement of Claim, p23.

⁷⁷ The Plaintiff adopted a multiplier of 7.87 based on the actuarial table and a multiplicand of \$414,300.

(ii) An additional \$3,260,541 for the LEC (without further elaboration). However, when compared with the JOS, it appears that this claim for \$3,260,541 was for his LFE;⁷⁸ and

(iii) The Plaintiff also included a claim for the loss of his introducer earnings for the security laminates at \$760,350 for a 3-year period.

54 The Plaintiff's failure to state his claim precisely and accurately did not assist the Court. I will begin with the Plaintiff's claim for LEC.

Loss of Earning Capacity

55 Preliminary, it does not appear that the Plaintiff intends to claim for LEC. As outlined above, the Plaintiff's evidence in his AEIC is, substantively, for LFE and not LEC. Similarly, in the JOS filed, the Plaintiff's submissions for LEC were in fact for pre-trial loss of earnings. Even in the Plaintiff's closing submissions, the claim for LEC was in substance a claim for LFE. Nevertheless, for completeness, I consider if a claim for LEC can be made out on the evidence before me.

56 At the time of the accident, the Plaintiff was 47 years of age. At the time of the assessment hearing, the Plaintiff was 57 years of age and was unemployed.⁷⁹

57 Conceptually, an award for LEC is meant to compensate an injured plaintiff for the prospective *financial harm* occasioned by the weakening of his competitive position in the labour market. Where the plaintiff is currently

⁷⁸ JOS-8, item III where \$3,260,541 was claimed based on the multiplier-multiplicand approach.

⁷⁹ NE for 17 January 2025 at p41E.

employed, LEC can only be awarded if (1) there is a substantial or real risk that he could lose his present job at some time before the estimated end of his working life and that he will, (2) because of the injuries, be at a disadvantage in the open employment market.⁸⁰ In the present case, as the Plaintiff was unemployed at the time of the accident, the focus is on whether he has been prevented from competing in the market for his pre-accident job.⁸¹

58 The Plaintiff would have to show that he would suffer such risk or disadvantage from the injuries *caused* by the accident. In the Plaintiff's AEIC, he listed five broad areas of disabilities that affected his daily life and work.⁸² These were similar to the disabilities outlined in Dr. Chong's medical report of 21 December 2016 and 07 February 2017 as well as Dr. Tow's medical report of 01 February 2024.

59 My earlier findings on the Plaintiff's injuries would be relevant, namely, that (a) the Plaintiff had not established on a balance of probabilities that the neck symptoms complained of was an exacerbation of his pre-existing degenerative condition and (b) that the shoulder injuries were not caused by the accident. Specifically, I preferred Dr. Bose's evidence that the symptoms complained of were degenerative in nature.

60 As causation for the disabilities as claim has not been proven on a balance of probabilities, I decline to award any damages for the Plaintiff's claim for LEC.

⁸⁰ Chai Kang Wei Samuel v Shaw Linda Gillian [2010] 3 SLR 587 at [36].

⁸¹ Lua Bee Kiang (administrator of the estate of Chew Kong Seng, deceased) v Yeo Chee Siong [2019] 1 SLR 145 at [50].

⁸² PAEIC 9 at [45].

Loss of future earnings

61 In the JOS, the Plaintiff’s claim for LFE was quantified at \$3,260,541 based on a multiplier of 7.87 years (age 55 to 63) and a multiplicand of \$42,000 (being the difference in nett income).⁸³ According to the Plaintiff, this \$42,000 was calculated based on the difference between the Plaintiff’s pre-accident salary of \$52,000 per month and his post-accident salary of \$10,000 a month.

62 In the Plaintiff’s written submissions, he adopted an annual multiplicand of \$414,300 and submitted that that was premised on him drawing a pre-accident annual income of \$534,300 from Hung Hiep (Cambodia) Co Ltd (“Hung Hiep”) less an annual salary of \$120,000.⁸⁴

63 Before assessing the Plaintiff’s claim for LFE, it would be useful to set out some legal principles that are relevant to the present case.

(a) The overarching objective would be to restore the Plaintiff to the position had the accident not happened.⁸⁵

(b) LFE seeks to compensate the plaintiff for any reduction of his earnings as a result of the disabilities suffered, i.e. the difference between the plaintiff’s post-accident earnings and the earnings he would have made at the time of the assessment of damages proceedings, *but for the accident*.⁸⁶

⁸³ JOS-8.

⁸⁴ PAEIC 20 at [91].

⁸⁵ Chai Kang Wei Samuel v Shaw Linda Gillian [2010] 3 SLR 587 at [29].

⁸⁶ Chai Kang Wei Samuel v Shaw Linda Gillian [2010] 3 SLR 587 at [27].

- (c) The onus is on the Plaintiff to prove that he suffers from a permanent disability as a result of the injury.⁸⁷

64 Having found that the symptoms (of persistent pain and numbness) and the shoulder pain were not caused by the accident, I am of the view that the Plaintiff has not even crossed the threshold of establishing that he suffers from a permanent disability as a result of the accident. Accordingly, I reject the Plaintiff's claim for LFE.

Future expenses

65 In the JOS, the Plaintiff is seeking future medical expenses of \$40,000. The Plaintiff referred to:⁸⁸

- (a) Dr. Chong's report where he recommended treatment and physiotherapy in the event that the Plaintiff's shoulder pain recurs or worsens. The estimated cost of this treatment was \$40,000 on the basis that it was for a single bed in a private hospital.

- (b) Dr. Tow's report where he estimated the cost of an anterior cervical discectomy and fusion C67 for relief of the Plaintiff spinal nerve compression at \$35,000 to \$40,000 for a single room ward in Mount Elizabeth.

66 The Plaintiff's closing and reply submissions made no mention on the Plaintiff's future medical expenses and it is presumed that the Plaintiff has abandoned this head of claim. In any event, I find that the Plaintiff has not established this head of claim and will elaborate further below.

⁸⁷ Wang Jianbin v Hong De Development Pte Ltd and another [2015] SGHC 242 at [19].

⁸⁸ PAEIC 26, [99] and [100].

67 The Plaintiff sought to rely on Dr. Tow’s first medical report of 28 February 2017 to support his claim for surgical expenses.⁸⁹ However, in Dr. Tow’s subsequent medical report dated 05 August 2023,⁹⁰ Dr. Tow documented that no surgery was planned and the Plaintiff was given an open date.

68 During cross-examination, Dr. Tow explained that no surgery was planned because “[o]bviously [the Plaintiff] could get by without surgery” and elaborated that such orthopaedic surgeries are “very lifestyle dependent”.⁹¹ As such, it would appear that the surgery is purely elective and is more of a lifestyle choice rather than a necessity. The Plaintiff’s evidence is simply that “there is a chance” that he would undergo surgery in future and did not provide a definitive response as to whether he will proceed with surgery.⁹²

69 More importantly, as I have found that the Plaintiff has not established that the symptoms complained of were caused or aggravated by the accident, the future medical expenses claimed is unsustainable and I make no award for the Plaintiff’s claim for future medical expenses.

Special damages

Pre-trial loss of income

70 It is trite that pre-trial losses must be proven as special damages, reflecting actual losses sustained by the Plaintiff. This is unlike loss of earning capacity, which considers prospective rather than past losses. The Court of

⁸⁹ Dr. Benjamin Tow’s AEIC, p2.

⁹⁰ Dr. Benjamin Tow’s AEIC, p3.

⁹¹ NE for 03 October 2025 at p12D.

⁹² PAEIC, p26, at [101].

Appeal in *Yap Boon Fong Yvonne v Wong Kok Mun Alvin and another and another appeal* [2018] SGCA 80 at [41] explained:

“In our jurisprudence, our courts have clearly taken the position that a plaintiff must prove his pre-trial losses as a matter of special damages. Past events must be capable of proof. In the same vein, all pre-trial losses must be losses that have actually been incurred by the plaintiff and that can be specially proved. This, we think, also explains why the existing local authorities such as Samuel Chai ([30] supra) refer to the concept of earning capacity only when the courts are making an inquiry that looks towards the future rather than the past.”

71 At the time of the accident, the Plaintiff was unemployed and the onus would be on the Plaintiff to prove that he suffered a loss of income during this period. The relied on the loss of his (a) his job opportunity at Hung Hiep and (b) his role as an introducer for the sale of security laminates.

The Hung Hiep job opportunity

72 I am not persuaded that the Plaintiff lost the job opportunity at Hung Hiep as a result of his injuries or disabilities as caused by the accident for the following reasons:

- (a) In the Plaintiff’s AEIC, he exhibited two letters from Hung Hiep dated 02 May 2016 and 28 November 2023.⁹³ The maker for the letters was not called as a witness and based on the case file, it does not appear that the Plaintiff complied with the notice requirement as stated in

⁹³ PAEIC 40 and 47.

Section 32(4)(b) of the Evidence Act 2011 and Order 38 rule 4 of the Rules of Court 2014.

(b) Even if the Plaintiff's non-compliance is waived and taking the Plaintiff's case at its highest that there was a job offer from Hung Hiep, the Plaintiff has not shown that he was unable to take on the role at Hung Hiep because of the injuries *caused* by the accident.

(c) According to the Plaintiff, after receiving Hung Hiep's contract on 02 May 2016, he requested for an extension of 2-3 weeks to consider the offer.⁹⁴ Eventually, the Plaintiff declined it as he felt that he was "unable to perform the role because of [the] accident",⁹⁵ and agreed during cross-examination that one of the chief reasons was his inability to travel long distances.⁹⁶

(d) Based on the evidence before me, at the material time, the only medical diagnosis was of the right hand and neck contusion as well as minor head injury.⁹⁷ When the Plaintiff was seen at NNI on 20 May 2017 by Dr. Park, he was noted to be neurologically intact and was discharged. There was no record of the Plaintiff complaining to Dr. Park of his neck and shoulder injuries that were, purportedly, the primary reason for declining the job offer.

(e) As I had observed earlier, there is no evidence of the Plaintiff obtaining medical advice on his condition when he declined the job offer. Indeed, as admitted by the Plaintiff during cross-examination, his

⁹⁴ NE for 17 January 2025 at 22D.

⁹⁵ NE for 17 January 2025 at 19C.

⁹⁶ NE for 17 January 2025 at 20A.

⁹⁷ Dr. Michael Chin's AEIC, p1.

decision not to take up the job at Hung Hiep was not based on medical evidence.⁹⁸

(f) For completeness, I note that the Plaintiff exhibited a letter from Hung Hiep stating that the Plaintiff was unable to take up the position “because of the car accident”.⁹⁹ However, the maker of the statement was not called as a witness and the basis for the statement was not stated. It is also not apparent if the maker of the letter has the requisite expertise to determine or opine on this issue of causation.

73 I would not classify the missed Hung Hiep job opportunity as a loss that was *caused* by the accident. Instead, it was simply a decision that the Plaintiff made. More specifically, it was a decision that was not founded on any medical evidence or advice and there are no corroborating evidence of the “disabilities” that prevented the Plaintiff from taking up the job offer. Accordingly, I find that this missed job opportunity should not form part of the Plaintiff’s pre-trial loss of income.

The opportunity as an introducer

74 On the Plaintiff’s loss of opportunity as an introducer, the Plaintiff explained that he was due to travel to Bangkok for meetings and to finalise the opportunity to supply the security laminates. However, the Plaintiff claimed that these plans had to be aborted because of the accident as he was unable to travel to Bangkok to make the technical presentations, conduct product

⁹⁸ NE for 17 January 2026 at 25D-E.

⁹⁹ PAEIC 47 at [3].

demonstrations and to attend the commercial discussions. As a result of the Plaintiff's absence, the deal did not come to fruition.¹⁰⁰

75 In support, the Plaintiff exhibited a letter dated 24 February 2016 titled "Thailand Technical Presentation and Product Demonstration", however, the maker of the statement was not called.¹⁰¹ In any event, based on the letters, it is not apparent if the said introducer project was at its preliminary stage and whether there was a real or substantial chance that the project would materialise. Further, there is no supporting evidence on the commission that he would receive should the project succeed. Lastly, the Plaintiff has not adduced medical evidence to show that his inability to travel to Bangkok was *caused* by the accident.

76 As the Plaintiff has not established, on balance, that the accident *caused* the loss of this opportunity and I decline to award any pre-trial loss of income for the purported loss of introducer fees.

Whether there are any other circumstances that may justify a pre-trial loss of income

77 For completeness, I also considered if there were any other circumstances that may justify an award of pre-trial loss of income, including whether the Plaintiff could have been employed from April 2016. I find that the Plaintiff has not adduced any evidence to show on a balance of probabilities that he would have been employed from April 2016.

¹⁰⁰ PAEIC 13, [59] to [65].

¹⁰¹ NE for 17 January 2025 at 43D.

78 Even if the Plaintiff could have been employed from April 2016, I note that the Plaintiff was only granted 4 days of medical leave. This coupled with my earlier finding on causation, I find that the Plaintiff has not shown that he was unable to work during the pre-trial period. Accordingly, I decline to award any pre-trial loss of earnings.

Medical expenses

79 In the Plaintiff's AEIC and JOS, medical expenses was quantified at \$15,159.60 which included a claim for (a) expenses incurred in respect of massages, TCM and physiotherapy, as well as (b) expenses incurred at medical institutions (such as clinics and hospitals). However, in the Plaintiff's written submissions and reply submissions, the massages, physiotherapy and TCM treatments were excluded from the Plaintiff's claim for medical expenses.¹⁰²

Massage expenses

80 The Plaintiff exhibited numerous invoices for the various massage treatments he went for but the nature of these massages was not particularized. The Plaintiff has not established that these massages were necessitated by the accident or that they were recommended by a registered medical professional. The Plaintiff admitted during cross-examination, these massages were not by medical professionals and may not be classified as medical treatments.

81 As the Plaintiff has not established that the expenses incurred for his massage treatments were reasonably incurred as a result of the accident, the

¹⁰² PWS, p12 at [45] and PRS, p8 at [30].

Plaintiff's claim is rejected.¹⁰³ Moreover, it may be inferred from the Plaintiff's written submissions and reply submissions that the Plaintiff is abandoning his claim for these massage treatments.¹⁰⁴

TCM expenses

82 The Defendant relied on the High Court's decision of *Seah Yit Chen v Singapore Bus Services (1978) Ltd* [1990] SLR 530 ("*Seah Yit Chen*") in resisting the Plaintiff's claim for the expenses incurred for the TCM treatments. In *Seah Yit Chen*, the Court required some evidence that the traditional treatment was done on reliable advice and with a reasonable expectation of benefit.

83 More recently, *Seah Yit Chen* was interpreted by the learned Deputy Registrar Don Ho in *Wen Hantong v Huatong Contractor Pte Ltd and another* [2026] SGMC 3, at paragraphs 106-114. I agree with the Deputy Registrar's interpretation that TCM expenses may be recovered, if reasonably incurred in the treatment of the injuries arising out of the accident, even if the plaintiff is unable to produce a medical report (from a western doctor) recommending TCM. Such an interpretation reflects parliament's intention to regulate and recognize TCM as a form of treatment.

84 In view of the foregoing, I do not find the lack of medical reports recommending TCM to be detrimental to the Plaintiff's claim. However, the onus still lies on the Plaintiff to show that these expenses were reasonably incurred as a result of the injuries sustained from the accident. The Plaintiff's

¹⁰³ See *Ramesh s/o Ayakanno v Chua Gim Hock* [2008] SGHC 33 at [26] where the Court upheld the AR's rejection of the massage expenses because there was no evidence that such treatments were justified, and the plaintiff failed to prove the payments.

¹⁰⁴ PWS, p12 at [45] and PRS, p8 at [30].

AEIC was silent as to the necessity of these TCM treatments and why he had to undergo these treatments.

85 Given my earlier findings that causation has not been established and that the neck injury as caused by the accident was minor, the Plaintiff has not shown that the TCM treatments were necessitated by the accident. As such, I will not be awarding any TCM-related expenses as the Plaintiff has not established that they were reasonably incurred as a result of the accident. Further, it appears that the Plaintiff is abandoning this claim as may be inferred from his written submissions and reply submissions.¹⁰⁵

Physiotherapy

86 While the Plaintiff exhibited in his AEIC various invoices for physiotherapy dated 22 September 2016, 29 September 2016, 20 December 2016, 22 December 2016 and 23 March 2020, the Plaintiff did not explain in his AEIC why physiotherapy was needed. It was only during re-examination that the Plaintiff explained that the physiotherapy sessions were at the recommendation of Dr. Wong.¹⁰⁶ There is no corroborating evidence of this recommendation as no medical report from Dr. Wong was adduced.

87 Further, given that there is a gap of time between the accident and the Plaintiff's physiotherapy and given my earlier findings on causation, I will not be making any award for the physiotherapy expenses as the Plaintiff has not shown that it was reasonably incurred as a result of the accident. Moreover, it

¹⁰⁵ PWS, p12 at [45] and PRS, p8 at [30].

¹⁰⁶ NE for 27 March 2025 at 6E.

appears that the Plaintiff is abandoning this claim for the physiotherapy expenses as inferred from his submissions.¹⁰⁷

Medical expenses as assessed

88 The starting point would be that a plaintiff is entitled to claim from the defendant medical expenses, even if it later transpires that the medical advice that he acted upon was wrong and the medical treatment was unnecessary: *Rubens v Walker* [1946] SC 215 (cited with approval by *Seah Yit Chen* at [14]). This is provided that such advice was taken in good faith from reputable practitioners.

89 On the face of both Dr. Tow and Dr. Chong's medical reports the injuries were caused by the accident. It was only after the Defendant's cross-examination, the benefit of Dr. Bose's evidence and a review of the evidence, that I found that causation has not be made out vis-à-vis the shoulder injury and that the extent of the symptoms complained of were caused by the degenerative neck condition. As such, I find that at the time of the Plaintiff's repeated visits to both Dr. Tow and Dr. Chong, these medical expenses were reasonably incurred. Further, the Defendant has not shown that during these visits the Plaintiff had not acted in good faith.

90 For completeness, I am not allowing the medical expense for the Plaintiff's consultation at Wong Clinic as the purpose of the consultation was not supported by cogent evidence. I also did not include the medical report fees in my award as these do not form part of the Plaintiff's medical expenses.

¹⁰⁷ PWS, p12 at [45] and PRS, p8 at [30].

91 Accordingly, I am award **!The Formula Not In Table** for the Plaintiff’s medical expenses based on the invoices as exhibited in the Plaintiff’s AEIC and as tabulated below:

s/n		Description	Amount	Reference
1.	26 April 2016	TTSH	110	PAEIC 143
2.	26 April 2016	TTSH	840	PAEIC 141
3.	26 April 2016	TTSH	4.80	PAEIC 142
4.	20 May 2016	TTSH / NNI	38	PAEIC 140
5.	14 February 2017	Orthopaedic and Spine Clinic Pte Ltd	107	PAEIC 114
6.	07 February 2017	Roland Shoulder & Orthopaedic Clinic	148.73	PAEIC 115
7.	21 December 2016	Roland Shoulder & Orthopaedic Clinic	128.40	PAEIC 117
8.	29 November 2016	Orthopaedic and Spine Clinic Pte Ltd	160.50	PAEIC 118
9.	17 November 2016	Roland Shoulder & Orthopaedic Clinic	128.40	PAEIC 119
10.	17 October 2016	Roland Shoulder & Orthopaedic Clinic	297.46	PAEIC 120
11.	14 September 2016	Roland Shoulder & Orthopaedic Clinic	1,999.83	PAEIC 121
12.	15 September 2016	Roland Shoulder & Orthopaedic Clinic	128.40	PAEIC 122
13.	27 July 2023	Shoulder Elbow Orthopaedic Clinic	218.43	PAEIC 178

14.	04 August 2023	Orthopaedic and Spine Clinic Pte Ltd	129.60	PAEIC 179
		Total	4,439.55	

Transport expenses

92 Based on the invoices as tabulated above, the Plaintiff made 12 trips to the various clinics / hospitals. The Defendant submitted a sum of \$25 per trip which I find to be reasonable. Accordingly, \$300 is awarded for the Plaintiff’s transport expenses.

Conclusion

93 A key finding is that causation for the shoulder injuries and neck symptoms of pain and numbness has not been made out owing to a lack of contemporaneous medical records and cogent evidence. Accordingly, I award damages strictly limited to the compensable injuries supported by the evidence, together with the resultant expenses reasonably incurred. The awards are detailed in the table below:

	Head of claim	Amount award on a 100% basis before apportionment of liability
1	Neck injury	2,000
2	Shoulder injury	0
3	Right hand injury	750
4	Minor head injury	1,500

5	LEC	0
6	LEF	0
7	Future medical transport expenses	0
8	Pre-trial loss of income	0
9	Medical expenses	4,439.55
10	Transport expenses	300
	Total:	8,989.55

Lee Jia En, Gloria
Deputy Registrar

Wong Siew Hong (Eldan Law LLP) for the Plaintiff
Tay Boon Chong Willy (Willy Tay's Chambers) for the Defendant