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DEPUTY REGISTRAR
Lee Jia En Gloria
27 July 2026

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

[2026] SGDC 242

District Court Suit No 153 of 2024

Between

Kua Li Chuen

… *Claimant*

And

Lim Ten Yu t/a Liquid Formulas

… *Defendant*

JUDGMENT

[Damages — Assessment]

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KUA LI CHUEN
v
LIM TEN YU T/A LIQUID FORMULAS

[2026] SGDC 242

DC/OC 153/2024
DC/AD 261/2025
Deputy Registrar Lee Jia En Gloria
13 February 2026, 02 April 2026, 19 June 2026 and 03 July 2026.

27 July 2026 Judgment reserved.

Deputy Registrar Lee Jia En Gloria

1 The Claimant was involved in a road traffic accident on 18 May 2023. Consent interlocutory judgment was entered on 13 August 2024 with 100% of the damages to be assessed leaving the issues of causation, damages, interest and costs reserved to the Registrar assessing the damages.

2 I heard the present assessment of damages proceedings. The nature of the Claimant's lower back injury and the appropriate treatment were sharply disputed.

3 The Claimant testified on 13 February 2026. Both parties' expert witnesses gave evidence on 02 April 2026 with the Claimant's expert, Dr.

Daniel Phang, in the morning and the Defendant's expert, Dr. WC Chang, in the afternoon. Their evidence will be considered in greater detail below after determining the items of claims to be assessed for pain and suffering.

Pain and suffering – claims for assessment

4 Prior to the assessment of damages hearing, parties completed and filed the joint opening statement ("JOS"). In the JOS, the heads of damages claimed (for general damages) were limited to (a) minor neck strain and (b) lower back injury requiring Procedure.

5 During cross-examination, the Claimant confirmed that her claim was limited to the items stated in the JOS and that there are no other injuries that she is claiming against the Defendant.[1] No clarification was sought during re-examination. It was only in the Claimant's written submissions that there was an additional claim for (a) minor head injury and (b) chest wall strain even though these were not included in the JOS.[2]

6 The Claimant submitted that the JOS is not a binding document that creates an estoppel.[3] However, the question to be answered is not whether the JOS binds parties,[4] but whether the Claimant's express limitation of her claim to that as stated in the JOS should bind her. I answer this in the affirmative. The Claimant's confirmation was unequivocal. In particular, she confirmed that the

[1] NE for 13 February 2026, page 10E. NE for 13 February 2026, p10E.

[2] Claimant's Written Submissions at page 2 at [1.3].

[3] Claimant's Written Submissions at page 5 at [4.2].

[4] This has been discussed in Ng Kah Ming v Tan Sok Hui Jessica [2024] SGDC 158.

JOS set out her claim and that she did not have any other claims apart from that as stated in the JOS.

7 The Claimant raised a second argument that injuries that are documented in admissible evidence must be compensated, without citing any authorities for this proposition.[5] The Claimant also did not explain, with the relevant authorities, why she should not be held to her express limitation of her claim. I find that a mere reference to an injury in the evidence without any claim made in respect of it is insufficient especially in the present context. Further, the Defendant appeared to have proceeded on the Claimant's limitation of her claim and would be prejudiced by the belated claim for additional heads of injuries after parties have closed their respective cases. Accordingly, I decline to make any award for the Claimant's (a) minor head injury and (b) chest wall strain.

8 I proceed to consider the minor neck strain and lower back injury as set out in the JOS.

Minor neck strain

9 Based on Dr. Phang's medical report dated 26 September 2023, the Claimant complained of intermittent pain at the base of the neck associated with neck movements. On examination, there was no base of neck tenderness. The following day, the Claimant informed Dr. Phang that her neck pain had improved.

10 The Guidelines for the Assessment of General Damages in Personal Injury Cases ("**Guidelines**") recommends an award in the range of $1,500 to $3,000 for a neck sprain in which the pain resolves in a few days. Having

[5] Claimant's Written Submissions at page 5, at [4.2].

considered the duration of the Claimant's recovery, an award in the lower end of the Guidelines would be appropriate. To this end, I note that both parties submitted $1,500 for the minor neck strain. Having considered the nature of the Claimant's injury and the recovery period, I am of the view that parties' submissions are reasonable and $1,500 is awarded for the Claimant's neck strain.

Lower back injury

11 The Claimant quantified the lower back injury at $15,000 while the Defendant quantified it at $2,500. The gulf between parties stem from the differing nature of the injury.

(a) The Claimant submitted that there was an aggravation or exacerbation of her lumbar spondylosis.[6]

(b) The Defendant, on the other hand, took the position that the lower back injury was confined to the muscle or ligaments around the joint and the pre-existing degenerative disorder was an incidental finding picked up by the MRI scans.[7]

Claimant's evidence

12 The Claimant's evidence was that she stated to feel the back pain immediately after the accident.[8] During cross-examination, the Claimant

[6] Claimant's written submissions, page 7, at [5.5]

[7] Defendant's written submissions, page 10, at [25].

[8] BOA page 4, at [6].

confirmed that the degenerative disc disease was not caused by the accident and that the accident, at best, caused a lower back strain.[9]

Dr. Phang's evidence

13 Dr. Phang testified on behalf of the Claimant and informed the Court that his specialty is in pain management.[10] He explained that he is not an orthopaedic specialist.[11]

14 In Dr. Phang's medical report dated 26 September 2023, it was documented that the Claimant "was provided with a diagnosis of L4/5 and 5/S1 Lumbar Disc Disorder (ICD10 M511)".[12] The Claimant underwent L4/5 L5/S1 nucleoplasty, right L5 and S1 dorsal root ganglion radiofrequency neurolysis and caudal neurolysisn ("the **Procedure**") on 20 May 2023. When the Claimant was reviewed on 22 May 2023, the Claimant did not express any symptoms. On 27 May 2023, the Claimant expressed some pain sensations at the procedure site and the right leg which resolved within 24 hours.

15 During cross-examination, Dr. Phang was asked to explain if the Claimant's condition was degenerative or traumatic in nature. He explained that the diffuse disc bulge and extrusion is "not necessarily" a degenerative

[9] NE for 13 February 2026, pages 13E and 19E.

[10] NE for 02 April 2026, pages 12-19 to 12-23.

[11] NE for 02 April 2026, page 11-29.

[12] CBOD, page 3.

condition,[13] however, he also agreed that there was nothing to show that it was traumatic as well.[14]

16 During re-examination, Dr. Phang clarified that the Claimant's condition was traumatic in nature as she had no pain before the accident and the pain only presented itself after the accident. In the absence of a baseline MRI, concluded that the annular tear and the extrusion at L5-S1 were "likely due to the accident".[15]

Dr. Chang's evidence

17 The Defendant's expert, Dr. Chang, informed the Court that he specialises in orthopaedic surgery, in particular, spinal conditions and had practised for the last 47 years.[16]

18 In Dr. Chang's medical report, Dr. Chang documented that the MRI of the Claimant's lumbar spine did not show any bony injury. He added that the degenerative disc disease at L3-4, L4-5 and L5-S1 with its disc prolapse were part and parcel of the lumbar spondylosis, a pre-existing degenerative condition.[17]

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[13] NE for 02 April 2026, pages 9-26 and 10-1.

[14] NE for 02 April 2026, page10-7.

[15] NE for 02 April 2026, page26-23.

[16] NE for 02 April 2026, page32-1.

[17] CBOD, page 17, see Section "4) Strain to low back".

19 During cross-examination, Dr. Chang explained that the Claimant sustained a soft tissue injury that did not involve the lumbar spine *per se*.[18] Dr. Chang elaborated that the MRI showed degenerative changes but did not show any nerve root impingement and that the bulging of the two discs did not impinge on any neuro-structure.[19]

20 Dr. Chang disagreed with Dr. Phang that the annular tear was due to the accident and explained that if it was, the MRI results would show evidence such as oedema around the tear. There was no such evidence.[20] Additionally, while there was a protrusion, Dr. Chang described it as "a small one" and there was no impingement on any neuro-structure.[21] According to Dr. Chang, while the radiological report stated that there was "compression", clinically, the Claimant did not have any symptoms relating to compression.[22] Lastly, Dr. Chang concluded that these were part and parcel of degenerative changes and was "not due to the accident".[23]

Award for lower back injury

21 To begin with, I decline to place any weight on the Claimant's comments on causation as it has not been established that she has the requisite expertise to

[18] NE for 02 April 2026, page 42-8.

[19] NE for 02 April 2026, page 42-16.

[20] NE for 02 April 2026, page 48-3.

[21] NE for 02 April 2026, page 48-5.

[22] NE for 02 April 2026, page 48-26.

[23] NE for 02 April 2026, page 48-11.

comprehend the nuances of medical causation and opine on it. With that in mind, I now turn to both experts' evidence.

22 Dr. Phang was noncommittal on the issue of causation during cross-examination and did not definitively state if the injury was degenerative or traumatic. It was only during re-examination that Dr. Phang took the position that the injury was traumatic in nature on the basis that the Claimant developed pain after the accident.

23 Dr. Phang's analysis is premised predominantly on the Claimant's complaints of pain immediately after the accident over a 2-day period. Given the brevity of this period, if it doubtful if the cause of pain may reliably be ascertained and attributed to an aggravation of a pre-existing condition or as a natural consequence of a soft tissue injury. Dr. Phang did not provide any explanation as to why the pain complained of may be attributed to former rather than the latter. In the absence of any explanation from Dr. Phang and the absence of any objective evidence, I decline to find, on balance, that there was an aggravation of the pre-existing condition as claimed.

24 By contrast, Dr. Chang's analysis focused on the clinical findings as well as the MRI results. In particular, he observed that there was no oedema around the tear and that clinically, the Claimant did not have any symptoms relating to compression. Accordingly, Dr. Chang ruled out an aggravation of the Claimant's pre-existing spondylosis. On balance, I preferred Dr. Chang's evidence given that his expertise was directly relevant to the Claimant's orthopaedic injuries and more importantly, his analysis was rooted in objective radiological findings.

25 On the Claimant's recovery, Dr. Chang documented that the Claimant's residual back pain settled about 4 months later. At the review on 11 April 2025, the Claimant complained of occasional tightness, but explained that she was able to relieve it by walking it off.[24] Additionally, the Claimant gave evidence that up to the date when her AEIC was affirmed, she continued to experience pain and discomfort.[25]

26 Based on the evidence, the Claimant's symptoms had substantially improved and were manageable, but she continued to experience some residual pain, albeit to a much lesser extent.

27 The authorities relied on by the Claimant concerned the aggravation or exacerbation of a pre-existing condition and are of little assistance given my finding that aggravation has not been established. The Defendant relied on the Guidelines, in particular, the "minor" range where recovery is "within about two years". As the Claimant had tightness when examined by Dr. Chang close to 2 years after the accident and continued to experience pain up to the date the AEIC was affirmed, it would be more appropriate to consider the range where recovery is "within about five years", albeit at the lower end of the range. [26] Taking into account the Claimant's ability to manage the pain without medication as well as the period of recovery, I award $3,500 for this head of claim.

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[24] CBOD, page 17.

[25] BOA page 5, at [11].

[26] Guidelines page 24.

Medical expenses

28 After the accident, the Claimant sought medical treatment at Farrer Park Hospital ("FPH") and underwent the Procedure within 48 hours as set out in the brief timeline below:

s/n	Date and time	
1	18 May 2023 at 10:20am	Accident occurred along the slip road exit of the TPE.[27]
2	18 May 2023 at 09:35pm	Admitted to FPH.[28]
3	20 May 2023 at 08:53pm	Claimant underwent the Procedure by Dr. Phang.[29]
4	21 May 2023	The Claimant was discharged well.[30]

29 The Claimant claimed medical expenses totalling $51,660.27, as tabulated below, and the bulk of the expenses were incurred as a result of the Procedure at FPH.

s/n	Date of invoice	Issuing institution	Amount (S$)	Reference
1	22 September 2023	Farrer Park Hospital	51,313.05	CAEIC-43

[27] BOA page 4, at [2].

[28] BOA page 42.

[29] NE for 02 April 2026, page 18-12.

[30] BOA page 37.

2	29 May 2023	Affinity Pain Clinic	109.62	CAEIC-46
3	19 June 2023	Neurology Care Partners Pte Ltd	162.00	CAEIC-47
4	19 June 2023	Affinity Pain Clinic	75.60	CAEIC-48
		Total:	51,660.27	

30 The thrust of the Defendant's contention centred on the Claimant's failure to mitigate her loss by proceeding with the Procedure without first attempting conservative treatment.[31] Additionally, the Defendant puts the Claimant to strict proof of the expenses incurred.

31 In response, the Claimant submitted that the Procedure was pursuant to her treating doctor's advice.[32] Secondly, the Claimant explained that she had a previous neck injury that responded well to surgery. This underscored her decision to pursue a more invasive treatment for her low back injury at first instance.[33] Lastly, the Claimant submitted that the treatment proved to be successful as the back pain was relieved following the Procedure.[34]

[31] Defendant's written submissions, page 19 at [57].

[32] Claimant's written submissions, page 9 at [6.5].

[33] NE for 13 February 2026, page 26-C. See also Claimant's written submissions, page 10 at [6.8].

[34] Claimant's written submissions, page 11 at [6.11].

General principles

32 The starting point is that medical expenses are claimable "*if they relate to the injuries suffered*" by the Claimant.[35] A causative link must be established as held in *Lee Sing Leng v SMRT Buses Ltd* [2025] SGHC 11 ("**Lee Sing Leng**") where the High Court declined to attribute expenses incurred in treating and alleviating the plaintiff's pre-existing condition to the defendant as no causative link could be drawn.[36]

33 If an injury was causally related to the accident, the medical expenses incurred remain recoverable even if the treatment or advice was subsequently found to be wrong, provided it was obtained in good faith from a reputable medical professional.[37] This reflects the practical reality that a claimant ordinarily would not be in the position to assess or ascertain the appropriateness of the treatment or advice at the material time.

34 Further, the medical expenses have to be reasonably incurred, and the Claimant is under the usual duty to mitigate the loss as outlined in the following cases:-

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[35] Practitioner's Library, page 11, at [2-6].

[36] *Lee Sing Leng* at [103].

[37] See *Seah Yit Chen v Singapore Bus Service (1978) Ltd & Ors* [1990] 1 SLR(R) 490 at [14] citing *Rubens v Walker* [1946] SC 215. In the Practitioner's Library at [2-10], the authors considered that "*There may be cases where the plaintiff underwent medical treatment and incurred medical expenses even though it subsequently transpired that the medical advice upon which he acted was wrong and the medical treatment was in fact unnecessary. In Rubens v Walker [1946] SC 215, the court held that the defendant had to pay for such expenses, as the loss was a reasonable and probable consequence of his wrong, and a plaintiff was entitled to act on the advice of his experts, if such advice was taken in good faith from reputable practitioners. This case was referred to and approved by the court in Seah Yit Chen v Singapore Bus Service (1978) Ltd & Ors (supra)*."

(a) In *Seah Yit Chen v Singapore Bus Service (1978) Ltd & Ors* [1990] 1 SLR(R) 490 ("**Seah Yit Chen**"), the plaintiff claimed the costs of treatment by a Chinese physician. The High Court held that a plaintiff is entitled to recover expenses reasonably incurred in the treatment of his or her injuries. Reasonableness is determined on the facts of each case. Relevant considerations include whether the alternative treatment duplicated or overlapped with conventional treatment and that the total amount expended must not be extravagant or excessive as the plaintiff cannot be permitted to throw on to the defendant expenses which cannot be said to be either necessary or appropriate. On the facts, the High Court disallowed the Plaintiff's claim for traditional Chinese medicine as she had commenced conventional physiotherapy, that there was no evidence that she consulted the Chinese physician on any reliable advice, and there was no evidence that she derived any benefit from the alternative treatment.

(b) In *Ng Kah Ming v Tan Sok Hui Jessica* [2024] SGDC 158, the District Court considered whether the claimant's surgical expenses had been reasonably incurred, given the availability of less costly alternative treatments that were proposed. Although the surgery was undertaken relatively early and was described as "somewhat aggressive", the court held that it was nevertheless "entirely defensible as a matter of medical practice".[38] In reaching this conclusion, the court noted that surgery was not explored at the first instance and the claimant underwent conservative treatment before opting for surgery. The court also observed that there was no suggestion that the surgery was inherently dangerous, scientifically bogus, or otherwise unreasonable.

[38] *Ng Kah Ming v Tan Sok Hui Jessica* [2024] SGDC 158, at [44].

Accordingly, it held that the surgical expenses had been reasonably incurred and allowed the claim for those expenses.

35 As the authorities demonstrate, medical expenses may be recovered if they relate to the injuries suffered and were reasonably incurred. Factors include whether there were viable conventional alternatives that ought reasonably to have been explored and that the total amount must not be extravagant or excessive.

36 Separately, the Claimant bears a duty to take reasonable steps to mitigate the loss and cannot recover damages for any loss that could reasonably have been avoided but were not owing to the Claimant's own unreasonable action or inaction. The inquiry is not whether the Claimant adopted the best possible course to reduce the loss, but whether the steps taken were reasonable in the circumstances. While the standard of reasonableness is an objective one, its application necessarily takes into account the Claimant's subjective circumstances.[39]

Whether the expenses relate to the injuries suffered

37 The Claimant's pain to the base of the neck and lower back would, conceivably, necessitate medical attention. Accordingly, the Claimant's *consultation* with Dr. Phang was likely precipitated by her pain and may be considered to have arisen as a result of the accident. The critical issue would be whether this causative link extends to the Procedure.

[39] *Fauzi Bin Noh v Zulkepli Bin Husain* [2025] SGHC 172, at [18].

38 The Defendant submitted that the treatment was "not warranted for the injury which she sustained from the accident".[40] In response, the Claimant submitted that she was merely following the advice of her treating doctor and was adopting a course of treatment that previously worked for her.[41]

39 I am not persuaded by the Claimant's submissions. An expert may propose a course of treatment based on the Claimant's symptoms; however, the burden still falls on the Claimant to show that those symptoms were the result of the accident. Therefore, even if the Claimant had acted on medical advice, this does not dispense with the need to show that the Procedure itself was causally linked to the accident before such expense may reasonably be attributed to the Defendant.

40 As I have found that the Claimant sustained a soft tissue injury, it remains to be determined if the Procedure was necessitated for the soft tissue injury. Dr. Phang did not proffer a view on it. On the other hand, Dr. Chang maintained that "clinically and on MRI, the lumbar spine *per se* was not affected",[42] as such, the Procedure was not necessary, and the pain would have resolved even without the Procedure.[43]

41 Accordingly, I find that the Claimant has not discharged the burden of showing that the Procedure and the resulting medical expenses were related to the injuries suffered as a result of the accident.

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[40] Defendant's written submissions at page 17, at [49].

[41] Claimant's reply submissions at page 3, at [10].

[42] NE for 02 April 2026, page 42-22.

[43] NE for 02 April 2026, pages 42-32 and 43-7.

Whether the expenses were reasonably incurred bearing in mind the Claimant's duty to mitigate

42 Both experts agree that *generally* conservative treatment should be attempted before undergoing more invasive treatments such as surgery. According to Dr. Phang, a graduated approach comprises of:-

(a) Firstly, medications for a period of 1-2 weeks.[44]

(b) Thereafter, physical therapy which may require monitoring from anywhere between 2-4 weeks to 3-6 months.[45]

(c) Finally, there is intervention which may range from pain injections as a first step to surgery.[46]

43 Dr. Chang agreed that the usual treatment process would be to first treat the patient conservatively and only when that fails will the doctor discuss the next move with the patient.[47]

44 While it is common ground that a graduated approach should, generally, be adopted, the Claimant appeared adamant to pursue surgery at the first instance. [48] I do not find that there is anything untoward or less than honest in the Claimant wanting to pursue surgery in light of her past experience, however, this has to be balanced against an object inquiry into an assessment of reasonableness.

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[44] NE for 02 April 2026, pages 4-28 and 5-27.

[45] NE for 02 April 2026, pages 4-30 and 8-14.

[46] NE for 02 April 2026, page 4-32

[47] NE for 02 April 2026, page 34-27.

[48] NE for 13 February 2026, page 18C.

Whether the departure from the graduated approach may be justified

45 Turning now to the medical evidence, Dr. Phang explained that while the intervention was not an emergency procedure,[49] the Procedure was necessary to prevent deconditioning.[50] According to Dr. Phang, "deconditioning" refers to a patient's deterioration resulting from prolonged inactivity which may include the weakening of muscles and reduced appetite.[51] However, Dr. Phang did not identify a timeframe by which a person may get "deconditioned". Dr. Chang, opined that deconditioning would generally become an issue after 3-4 weeks.[52]

46 Having considered the nature of "deconditioning", such as the weakening of muscles, as well as Dr. Chang's evidence on the length of time before deconditioning may be a cause of concern, I find that the Claimant has not shown that this risk of deconditioning warrants a departure from a graduated approach and that she had to undergo the Procedure within 48 hours of admission. Instead, based on the evidence, it appears that there was sufficient time for the Claimant to pursue conservative treatment first.

Other factors

47 One of the factors the Court may consider would be whether conservative treatment was first attempted.[53] This is also consistent with both

[49] NE for 02 April 2026, page 18-18.

[50] NE for 02 April 2026, page 26-30.

[51] NE for 02 April 2026, page 31-10.

[52] NE for 02 April 2026, page 47-5.

[53] In *Ng Kah Ming v Tan Sok Hui Jessica* [2024] SGDC 158, the court found that surgery was not explored at the first instance and the claimant underwent conservative treatment before opting for surgery.

experts' views that treatment should generally be pursued incrementally. Dr. Phang explained that generally, medication should be attempted for 1 to 2 weeks and no credible explanation has been provided for not first attempting conservative treatment in the present case. As it does not appear that the very first stage of treatment, i.e. medications, was seriously attempted, I do not find the Claimant's adoption of more invasive methods within 2 days from the accident to be reasonable.

48 Another aspect of reasonableness, as held in *Seah Yit Chen*, was that the total amount expended must not be extravagant or excessive as the plaintiff cannot be permitted to throw on to the defendant expenses which cannot be said to be either necessary or appropriate. In the present case, the costs of the Procedure and the related charges are disproportionately high. I find that it would be inequitable to saddle the Defendant with these expenses where the Procedure (within 2 days of the accident) cannot be said to be necessary.

49 While mitigation requires the consideration of the Claimant's subjective circumstances, such as her apprehension about conservative treatment, the Claimant has not adduced any evidence to support her account of PTSD that propelled her to choose surgery. The medical evidence as well as both experts' evidence on the usual graduated approach supports a finding that undergoing the Procedure without first attempting conservative treatment is not reasonable.

50 As it has not been established that the medical expenses in respect of the Procedure were reasonably incurred, I decline to award the medical expenses as claimed for the Procedure.

51 The Defendant submitted that only $199.07 should be awarded for the emergency room facility fees and the RMO consultation fees. The Claimant

exhibited an itemized invoice in her AEIC for which I am allowing the following items:[54]

(a) Emergency room facility fees of $83.33 as well as RMO consultation fees of $115.74 as agreed by the Defendant;

(b) Additionally, I am allowing the medical expenses for the Claimant's laboratory fees at $619.70, radiology at $3,315.26 the costs for the CT scan at $1,152.12 and the Magnetic Resonance Imaging at $4,568.81 as these investigative scans were causally linked to the injuries caused by the accident.

(c) Lastly, I am allowing the physiotherapy fees of $368.00 as physiotherapy would, conservatively, be required in view of the prolonged recovery period for the Claimant's lower back injury.

52 Additionally, I am allowing the medical expenses at $109.62 and $75.60 for the Claimant's follow up with Dr. Phang as borne out by the invoice dated 29 May 2023 and 19 June 2023.[55] This is because even if conservative treatment is attempted, it is conceivable that the Claimant may still require further follow-up treatments in view of the prolonged recovery.

53 Lastly, I am allowing the claim for medical expenses arising from the Claimant's consultation with Dr. Tu Tian Ming of Neurology Care Partners Pte Ltd.[56] While no medical report was provided by Dr. Tu, the Claimant gave evidence that she had to consult Dr. Tu because of her "head pain" after the

[54] BOA page 42.

[55] BOA pages 46 and 48.

[56] BOA page 47.

accident.[57] I find that the consultations with Dr. Tu were causally linked to the accident and will be allowing the medical expenses of $864.00 and $162.00. [58]

54 In summary, **$!The Formula Not In Table** is awarded for the Claimant's medical expenses:-

s/n	Description	Amount (S$)
1	Emergency room facility fees	83.33
2	RMO consultation fees	115.74
3	Laboratory fees	619.70
4	Radiology	3,580.48
5	CT scan	1,152.12
6	Magnetic Resonance Imaging	4,568.81
7	Physiotherapy fees	368.00
7	GST at 8% on the above items	839.05
8	Dr. Tu Tian Ming's fees	864.00
9	Follow up consultation with Dr. Phang	109.62
10	Follow up consultation with Dr. Phang	75.60
11	Repeat consultation with Dr. Tu Tian Ming	162.00
	Total:	12,538.45

[57] NE for 13 February 2026, page 25-C.

[58] BOA pages 43 and 47.

Transport expenses

55 Based on a conservative estimate of $30 per round trip, $120 is awarded to reflect the transport costs incurred to FPH and the Claimant's follow up consultations with Dr. Phang and Dr. Tu.

Conclusion

56 To conclude, my orders in this assessment of damages proceedings are as follows:

Claims		**Damages Assessed (S$)**
General Damages		
Pain and suffering	**Minor neck strain**	1,500
	Lower back injury	3,500
Special Damages		
Medical expenses		5,000
Transport expenses		120.00
TOTAL (100% basis)		17,658.45

57 On the issue of interest, I order as follows:

(a) interest at 5.33% per annum on general damages for pain and suffering from the date of the Originating Claim; and

(b) interest at 2.67% per annum on special damages from the date of the Accident to the date of judgment.

58 Finally, in relation to costs and disbursements, the parties are to file written submissions not exceeding ten pages by 03 August 2026.

59 In closing, it remains for me to thank both Mr. Yap and Mr. Koh for their submissions.

Lee Jia En Gloria
Deputy Registrar

Yap Tai San Paul (Vision Law LLC) for the Claimant;
Koh Keh Jang Fendrick (Titanium Law Chambers LLC) for the Defendant.