IN THE GENERAL DIVISION OF
THE HIGH COURT OF THE REPUBLIC OF SINGAPORE

[2026] SGHC 114

Criminal Motion No 46 of 2025

Between

Ge Zhi

… *Applicant*

And

Attorney-General

… *Respondent*

GROUNDS OF DECISION

[Criminal Procedure and Sentencing — Appeal — bail pending committal proceeding]

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Ge Zhi
v
Attorney-General

[2026] SGHC 114

General Division of the High Court — Criminal Motion No 46 of 2025
Tay Yong Kwang JCA
22 May 2026

26 May 2026

Tay Yong Kwang JCA:

1 In HC/CM 46 of 2025 ("CM 46") filed on 11 August 2025, Mr Ge Zhi (the "Applicant") applied to the General Division of the High Court for bail pending committal proceedings under the Extradition Act 1968 (2020 Rev Ed) ("EA"). His earlier application for bail in the State Courts was rejected by a district judge ("the DJ") on 23 December 2024.

2 In CM 46, the Applicant stated that he was applying under s 95 of the Criminal Procedure Code 2010 (2020 Rev Ed) ("CPC") on the ground that he is sick and/or infirm. He stated that "exceptional humanitarian circumstances exist, including documented inadequacies in prison medical facilities, the need for continuous specialist care, and the Applicant's strong community ties eliminating flight risk".

3 After hearing the parties' arguments on Friday 22 May 2026, I dismissed

CM 46. These are the reasons for my decision.

Factual background

4 The Applicant is a 34-year-old male Singaporean citizen. He is married to a Singapore Permanent Resident. They have two daughters. He describes himself as "a trader by profession" and "also an entrepreneur, focusing on the creation and development of card games, a business I built from scratch through years of hard work".

5 On 3 July 2024, the Applicant was arrested by officers from the Commercial Affairs Department pursuant to a request made by the government of the United States of America ("the US Government") in relation to alleged securities-related offences. The warrant of apprehension for the Applicant's arrest was issued pursuant to s 12(1)(*a*)(ii) of the EA. The Applicant has been in remand since his arrest.

6 On 27 August 2024, the US Government issued a formal extradition request in respect of the Applicant (the "Extradition Request"). According to the Extradition Request, the Applicant was indicted on and had an outstanding warrant of arrest for six charges, namely:

(a) conspiracy to commit Title 18 securities fraud, punishable by up to 25 years' imprisonment;

(b) conspiracy to commit Title 15 securities fraud, punishable by up to 5 years' imprisonment;

(c) aiding and abetting securities fraud, punishable by up to 25 years' imprisonment;

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(d) aiding and abetting securities fraud, punishable by up to 20 years' imprisonment;

(e) conspiracy to commit money laundering, punishable by up to 20 years' imprisonment; and

(f) aiding and abetting money laundering, punishable by up to 20 years' imprisonment.

7 The US Government alleged that between November 2016 and February 2024, the Applicant was the leader of an international organised criminal group which engaged in an insider trading scheme. This scheme involved obtaining Material Non-public Information ("MNPI") about the financial performance and merger-and-acquisition activity of various publicly traded companies, executing securities trades while in possession of the MNPI and providing the MNPI in exchange for a percentage of trading profits to others who traded while in possession of the MNPI. The US Government also alleged that during the same period, the organised criminal group engaged in a money laundering scheme to conceal its proceeds from the securities fraud.

8 The Applicant is contesting the extradition as he maintains his innocence in respect of the above allegations. On 6 November 2024, he applied to the State Courts to be released on bail on the basis that he was sick or infirm.

The decision of the District Court

9 On 23 December 2024, the DJ delivered an oral judgment dismissing the application for bail. As a preliminary point, the DJ pointed out a discrepancy in the statutory provisions. She noted that s 95(1)(*c*) of CPC refers to a fugitive arrested or taken into custody under a warrant issued under ss 12 or 34 of the

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EA. However, r 6(1) of the Criminal Procedure Rules 2018 (the "CPR") refers to a fugitive arrested or taken into custody under ss 10, 24 or 34 of the EA. The Applicant was arrested under s 12 of the EA.

10 However, the parties confirmed although the EA was amended in 2022, r 6(1) of the CPR was not updated correspondingly. Both parties accepted that r 6(1) was the applicable provision for the bail application.

11 The DJ held that the Applicant was not entitled to bail as of right. To be released on bail, the Applicant had to satisfy the court that he fell within the exception in s 95(2)(*c*) of the CPC, that is, if the conditions prescribed in the CPR were satisfied.

12 Before the DJ, the Applicant submitted that he was "sick or infirm", a specified exception in r 6(1) of the CPR that permits release on bail. This was because:

(a) he is legally blind in his left eye due to a road traffic accident in January 2015; and

(b) he has a pre-existing diagnosis of bipolar disorder since at least his late teenage years.

The Applicant claimed that his conditions have worsened since his remand. He also alleged that the standard of treatment he was receiving from the Singapore Prison Service ("SPS") was poor.

13 The DJ relied on the decision in *Muhammad Feroz Khan bin Abdul Kader v Public Prosecutor* [2023] 4 SLR 1062 ("*Feroz*"). In that decision, Sundaresh Menon CJ stated (at [31]) that a medical condition cannot

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automatically require the grant of bail because such conditions can vary greatly in their severity. The CJ added that it would be exceptional for a medical condition to justify the grant of bail where the denial of bail is otherwise found to be appropriate on account of a real and substantial flight risk and that "[m]inimally, the accused person would have to show that the SPS was not able to manage his medical condition with a reasonable degree of safety".

14 The DJ rejected the Applicant's attempt to distinguish *Feroz* on the basis that the case did not involve extradition. The DJ reasoned that *Feroz* was concerned with the grant of bail on medical grounds and decided that the principles there were instructive and applicable.

15 The DJ stated that she was prepared to accept that the Applicant was sick or even infirm, using their common sense or ordinary meanings as agreed by both parties. After considering the affidavits and the medical reports filed by both parties, the DJ agreed with the Respondent that the Applicant failed to show that his medical conditions were exceptional and that the SPS was not able to manage his medical conditions with a reasonable degree of safety.

16 For good measure, the DJ stated that while the Applicant is "a Singaporean with roots in Singapore, that does not mean that he poses no flight risk". The DJ noted that "much is at stake for [the Applicant] as he faces the potential prospect of being extradited to the United States to face serious criminal charges". She also noted that the US Government opposed the grant of bail. The DJ concluded that there was a flight risk involved in releasing the Applicant on bail.

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The law

17 As explained by Sundaresh Menon CJ in *Paulus Tannos v The State* [2025] 5 SLR 620 ("*Paulus Tannos*") at [12], an application for bail after bail has been refused by the State Courts is an application which seeks to invoke the revisionary jurisdiction of the General Division of the High Court. Revisionary jurisdiction is exercised sparingly and two conditions must be met for its exercise. The first is that the decision or order made by the State Courts contains some error, in the absence of which there is no room for invoking such jurisdiction. The second is that material and serious injustice must be shown to follow from the error.

18 The present CM 46 is therefore an application which seeks to invoke the revisionary jurisdiction of the High Court. In CM 46, the Applicant tendered two psychiatric reports dated 28 July 2025 and 21 February 2026 by Dr Jacob Rajesh from Promises Healthcare/Winslow Clinic. These psychiatric reports were made after interviews with the Applicant in May 2025 and in October 2025. In the course of arguments, I asked the Applicant's counsel whether it was permissible, in an application which seeks to invoke the revisionary jurisdiction of the High Court, to introduce new evidence that was not before the DJ in order to show that the DJ made an error in her decision. It was clear that these two psychiatric reports could have been obtained earlier and placed before the DJ for her consideration if they were thought to be material.

19 Counsel for the Applicant replied that Dr Jacob Rajesh's reports made essentially the same points that Dr Lim Yun Chin ("Dr Lim") of Raffles Hospital did in his psychiatric reports dated 24 October 2024 ("First Raffles Report") and 11 November 2024 ("Second Raffles Report") and reinforced those points. The First Raffles Report and the Second Raffles Report were in

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evidence before the DJ. Counsel for the Applicant was therefore content not to rely on Dr Jacob Rajesh's reports for the purposes of CM 46.

20 An application similar to the Applicant's case arose in *Paulus Tannos*, a decision of the General Division of the High Court which came about after the DJ here made her decision on 23 December 2024. In *Paulus Tannos*, the 71-year-old male subject was arrested upon a request by the Government of the Republic of Indonesia for him to be produced in Indonesia to answer an alleged corruption charge. The subject applied for bail pending the extradition proceedings on the same ground of being "sick or infirm". Sundaresh Menon CJ stated (at [19]) that it is clear that where a fugitive apprehended under the EA applies to be released on bail, the starting point is that the fugitive is not to be released on bail. The following two-step framework then assists the court to determine whether it should nonetheless extend bail to the fugitive:

> (a) First, the court should consider whether the fugitive falls within the letter of any of the exceptions set out in r 6(1) of the CPR. Only if one or more exceptions are applicable should the court turn to the second step of the framework.
>
> (b) Second, even if the fugitive falls within an exception, the court retains a residual discretion to determine whether bail should be granted after balancing all the relevant considerations.

21 In respect of the interpretation of the phrase "sick or infirm" in r 6(1)(*b*) of the CPR, the CJ endorsed (at [47]) the approach taken in *Feroz* and held that "sick or infirm" could only be construed as referring to "the exceptional situation of a fugitive suffering from a sickness or infirmity that cannot reasonably be managed by the SPS safely". At [60], the CJ added that it follows that notwithstanding the high threshold a fugitive must cross to demonstrate that

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he is "sick or infirm", bail will ordinarily only be granted prior to the committal hearing if the fugitive does not pose a real risk of flight. This calls for a balancing exercise of all the relevant considerations including the nature of the illness, the imminence and likelihood of serious harm to the fugitive owing to the inability of the SPS to manage the illness safely and the possibility of medical treatment being made available subject to measures being put in place to prevent the risk of flight materialising.

My decision

Sick or infirm

22 The Applicant attempted to challenge the interpretation of "sick or infirm" adopted in *Paulus Tannos*. He submitted that the words "sick or infirm" should be given their "ordinary and natural meaning".

23 The CJ has explained in *Paulus Tannos* at [38] that if these words were construed to mean any sickness or infirmity, it would lead to unworkable or impracticable results. This broad interpretation would have enabled fugitives apprehended under the EA to rely on even the slightest illness or weakness to seek bail or to be released on bail on account of some minor illness only to have that revoked a few days later after recovery. The CJ found such a broad interpretation to be untenable. At [39], the CJ also rejected the suggestion that "sick or infirm" refers to situations of pre-existing ailments that were not trivial. I agree with the CJ's views.

24 It was undisputed that the Applicant was legally blind in his left eye. It was also undisputed that no medication was prescribed to the Applicant for his left eye until the prescription of Neurobion on 14 November 2024. The Applicant submitted that his vision in his left eye had deteriorated while he was

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in remand, evinced by the fact that he was prescribed Neurobion on 14 November 2024. According to the Applicant, this "is commonly prescribed for nerve-related symptoms and visual impairment".

25 Dr Chong Si Jack ("Dr Chong"), the Chief Medical Officer of the Operations Division of the SPS, affirmed on affidavit that the Applicant's eye condition is a "permanent condition that does not require any ongoing or specialist treatment and will not change regardless of whether the Applicant is released on bail". In support of this, Dr Chong pointed to the fact that the Applicant had appointments with ophthalmologists on 26 August 2024, 19 September 2024 and 14 November 2024 at Changi General Hospital's ("CGH") Eye Clinic. On each occasion, the Applicant was diagnosed with traumatic optic neuropathy of the left eye (meaning injury to the left eye resulting in partial or complete loss of vision). This was the original diagnosis given to the Applicant in 2015. The Applicant was eventually discharged from the CGH Eye Clinic on 26 March 2025 with no follow-up appointments required. Dr Chong also explained that Neurobion is Vitamin B.

26 I sympathise with the Applicant because the problem in his left eye is clearly a type of physical disability or infirmity. However, in the light of the medical evidence set out above, the Applicant's left eye condition cannot bring him within the ambit of "sick or infirm" in r 6(1) of the CPR, as interpreted by the CJ in *Paulus Tannos*. There is really no medical condition for SPS to manage where the Applicant's left eye is concerned. Before me, counsel for the Applicant also acknowledged this as the reality.

27 The Applicant also asserted that his bipolar condition has deteriorated during remand. In support of this, the Applicant pointed to the First Raffles Report which stated that the Applicant "appears to be slipping into depression"

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and to the Second Raffles Report which expressed concern that the Applicant was "losing his rationality" and this was "an indication of waiting for a crisis to occur".

28 The Respondent pointed out that the Applicant was not even suffering from bipolar disorder presently. In an affidavit dated 16 December 2024 by Mr Fazlullah Shaik Mohideen ("Mr Fazlullah"), the Senior Assistant Director of Medical Operations with the SPS, it was stated that the Applicant was assessed by the Prison Psychiatric Service on 1 August 2024, which found that there was "no indication of a relapse of [the Applicant's] past claimed condition or any need to observe further". For completeness, the psychiatric report adduced by the Respondent after the DJ made her decision was also consistent with this. In Dr Enquan Cheow's ("Dr Cheow") medical report dated 16 October 2025 ("First IMH Report"), Dr Cheow acknowledged that the Applicant had a history of bipolar disorder in his late teens but he "has not suffered any relapse of his bipolar disorder despite not taking medication since 2015". Dr Cheow went on to observe:

> He has been reviewed multiple times by prison psychiatrists while remanded in prison, including 2 admissions to the medical centre for close observation over several days, and has not been observed to have any psychiatric symptoms including those of bipolar disorder. In my opinion, there is no evidence that he currently suffers from any active mental disorder despite his past diagnosis of bipolar disorder and likely substance use disorder.

29 Given that the Applicant is not suffering from bipolar disorder currently, there is no medical condition for the SPS to manage. In any event, the Respondent has adduced evidence to show that even if the Applicant were to suffer a relapse of his bipolar disorder, the SPS would be able to manage it with a reasonable degree of safety. As seen above, the Applicant has been reviewed multiple times by prison psychiatrists.

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30 On 22 November 2024, the Applicant declined the offer of a prescription of Seroquel (the product name for the antipsychotic medication, quetiapine). On 25 November 2024, he declined the offer of "maintenance treatment for bipolar disorder". According to the Applicant, he rejected Seroquel as "it caused intolerable side effects which significantly impaired his functioning" and he asked for alternative medications. However, he was not offered any alternatives.

31 In any case, there is no evidence that the Applicant suffered a relapse of his bipolar disorder. Both the First Raffles Report and the Second Raffles Report alluded to a risk of relapse but do not state that a relapse occurred. Similarly, in Mr Fazlullah's affidavit, it is stated that the Applicant had disclosed to the Prison Medical Officer that he had not been on treatment for his previously diagnosed bipolar disorder for the past ten years.

32 The Applicant argued further that SPS would not be able to diagnose whether he has any relapse of bipolar disorder. He contended that the SPS has not provided adequate medical care and could not do so within the constraints of prison operations. He made the following allegations in his affidavit dated 4 September 2025:

(a) When the Applicant reported sick, this often resulted in being subjected to "harsh restraints, including 3-point restraints, both hands and one leg shackled to a bed, for many hours a day", in conditions which were "cold, brightly lit at all times and devoid of books, blankets, or meaningful human contact".

(b) When he requested to see a psychologist on 12 November 2024, he was attended to only on 18 November 2024. The Applicant presented multiple issues such as "bipolar and ADHD symptoms, nasal problems, and a shoulder injury for which an MRI had been conducted in 2022"

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but his "requests for Ritalin, nasal spray/wash, and shoulder pain treatment were all refused".

(c) On or about 19-20 November 2024, he experienced chest discomfort. An ECG was done and he was told that he was fine and given only Panadol to manage his pain.

(d) Shortly after 21 November 2024, he was "placed in the psychiatric ward under a three-point restraint" for "approximately 17–20 hours a day over several days". When he was seen by Dr Jason Lee and Dr Todd Tomita, these consultations were "extremely brief and requests for necessary medications were denied".

(e) Sometime after 2 May 2025, he was brought to Changi Medical Centre where he was "restrained again, left without psychiatric review for three days, and suffered heat stroke due to a lack of ventilation". The Applicant was "eventually seen by a psychiatrist for less than two minutes" only to be asked why he had written a letter to his wife expressing suicidal thoughts.

33 The Respondent produced the following evidence to rebut the Applicant's allegations of poor treatment:

(a) According to Mr Fazlullah, there was no record of the Applicant seeking medical attention for his mental state on 12 November 2024. Instead, the Applicant was seen by a staff nurse on 14 November 2024 prior to an appointment with an eye-specialist at CGH later that day. The Applicant was observed by the staff nurse to be "well and stable" with "no medical complaints".

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(b) According to Mr Fazlullah, on 18 November 2024, the Applicant did not complain of or present with ADHD symptoms and did not request Ritalin. Instead, the Applicant declined offers of an intranasal spray for his allergic rhinitis and analgesia for his shoulder pain.

(c) According to Mr Fazlullah, on 21 November 2024, the Applicant was seen by a psychiatrist who formed the provisional view that the Applicant was manic. The Applicant was therefore placed under three-point restraints for his safety and the safety of those around him. On 22 November 2024, the Applicant's restraints were reduced to one-point after he was "not observed to display any symptoms of mania or depression". Further, according to Dr Chong, Dr Jason Lee offered the Applicant a prescription of Seroquel on 22 November 2024 and Dr Todd Tomita discussed the benefits of maintenance treatment with the Applicant on 25 November 2024 but the Applicant declined both offers.

(d) According to Dr Chong, the Applicant was taken to the Complex Medical Centre ("CMC") and placed on three-point restraints on 2 May 2025, a Friday, because he had sent a letter to his wife expressing a desire to kill himself. The Applicant was seen by medical officers during their daily medical rounds over the weekend and was reviewed by a psychiatrist on 5 May 2025, a Monday, and assessed to have no active mental illness. Further, there were no records of the Applicant experiencing a heat stroke at the CMC which was equipped with fans and grille doors for ventilation.

34 Counsel for the Applicant also submitted, based on Mr Fazlullah's affidavit, that SPS' medical officers could allocate at most 10 to 15 minutes for each of the average number of 25 inmates a day who seek medical attention. In

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response, the Respondent highlighted another portion of Mr Fazlullah's affidavit which confirmed that consultations could last up to 30 minutes, depending on the complexity of each case.

35 On the totality of the evidence, it was clear that the SPS was able to manage the Applicant's physical and mental health issues safely. The Applicant has failed to show any sickness or infirmity that could not reasonably be managed by the SPS safely. The DJ could not be said to have made an error in her decision on this point.

Real risk of flight

36 Having found that the Applicant was not "sick or infirm" under the two-step framework in *Paulus Tannos,* there is no need for me to assess whether the Applicant is a flight risk. Nonetheless, for completeness, I was satisfied that the DJ did not err in her view that there was a flight risk involved if the Applicant were released on bail pending the extradition proceedings.

Conclusion

37 As mentioned earlier, CM 46 is an application to invoke the revisionary jurisdiction of the High Court. The DJ did not have the benefit of the CJ's decision in *Paulus Tannos* as her decision was made in December 2024 whereas the judgment in *Paulus Tannos* was delivered in November 2025. However, the DJ followed the CJ's guiding principles in *Feroz* and this decision was in turn followed in *Paulus Tannos.*

38 On the totality of the facts, I was satisfied that the DJ did not make an error in her decision to refuse bail to the Applicant. I therefore dismissed CM 46.

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Tay Yong Kwang
Justice of the Court of Appeal

James Gomez Jovian Messiah (Edmond Pereira Law Corporation) (instructed) and Lolita Andrew (Adel Law LLC) for the applicant;
Sarah Siaw Ming Hui, Teo Meng Hui Jocelyn and Bharat S Punjabi (Attorney-General's Chambers) for the respondent.

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