IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

[2026] SGMC 3

Magistrate's Court Suit No 10455 of 2020
(Assessment of Damages No 518 of 2024)

Between

Wen Hanrong

… *Plaintiff*

And

(1) Huationg Contractor Pte Ltd
(2) Anbalagan Murugan

… *Defendants*

JUDGMENT

[Civil Procedure — Damages — Interest]
[Damages — Assessment]
[Damages — Measure of damages — Personal injuries cases]
[Legal Profession — Duties — Paramount duty to the court]
[Tort — Negligence — Causation]

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v
Huationg Contractor Pte Ltd and another

[2026] SGMC 3

Magistrate's Court — Suit No 10455 of 2020 (Assessment of Damages No 518 of 2024)
Deputy Registrar Don Ho
10 April, 19 May, 5 June, 21 August, 22 November 2025

5 January 2026 Judgment reserved.

Deputy Registrar Don Ho:

Introduction

1 This judgment concerns the assessment of damages arising from a traffic accident that occurred on 13 October 2017, when the Plaintiff was struck by a cement truck whilst crossing a pedestrian crossing on his bicycle. What should have been a straightforward personal injury claim has instead become a protracted and unnecessarily complex proceeding, marked by significant and unjustifiable delays and the Plaintiff's persistence in pursuing claims that were not substantiated by objective medical evidence. The conduct of the Plaintiff's counsel, Ms Alyssa Lee ("Ms Lee") of Alyssa Lee & Co, has been particularly troubling throughout these proceedings.

Background facts

2 In the afternoon of 13 October 2017, at about 2.40pm, the Plaintiff, Mr Wen Hanrong, was riding his bicycle ("the Bicycle") to cross a signalised pedestrian crossing at Boon Lay Way, near its junction with Corporation Road, when he was knocked down by a cement truck driven by the Second Defendant ("the Cement Truck"), Mr Anbalagan Murugan, a worker under the employment of the First Defendant, Huationg Contractor Pte Ltd (collectively, the "Defendants").[1]

3 Following the accident, the Plaintiff felt "excruciating pain in [his] chest area" and had difficulties speaking. The Plaintiff was subsequently conveyed by the Second Defendant in the Cement Truck to the Emergency Department of Ng Teng Fong General Hospital ("NTFGH") for medical treatment.[2]

Treatment at the Emergency Department

4 Upon further examination by the physician at the Emergency Department of NTFGH, it was noted that the Plaintiff had sustained a sternoclavicular joint injury with swelling and abrasions over his left elbow and left knee. An X-ray of the chest showed no fractures or dislocations.[3] He was prescribed oral analgesics, injected with analgesics on the left arm and discharged on the same day with outpatient medical leave from 13 October 2017 to 16 October 2017. The Plaintiff was also referred to the NTFGH's Orthopaedic Clinic for follow-up.[4]

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1 1st Affidavit of Evidence in Chief of Wen Hanrong dated 24 March 2022 ("1AEIC") at para 1.

2 1AEIC at paras 4–8.

3 1AEIC at p 38.

4 1AEIC at para 10; pp 35–39.

The Bicycle

5 Following his discharge from the Emergency Department at about 9.30pm the same day, the Plaintiff was accompanied by his daughter, Ms Wen Lanfen ("Ms Wen"), and his son-in-law, Mr Lee Sei Yong ("Mr Lee") to the Jurong West Neighbourhood Police Centre to file a traffic accident report. This was lodged at 12.04am the next morning. Thereafter, the trio went to the accident scene to retrieve the Plaintiff's Bicycle, but found that it was missing.[5]

Discovery of fractures following the Emergency Department visit

6 On 16 October 2017, the Plaintiff and Ms Wen saw large bruises and swelling on his upper chest area. According to the Plaintiff, he felt "severe sharp pain from [his] chest injuries [which] caused [him] to have headache, giddiness, pain during breathing, coughing and speaking". This prompted the Plaintiff to seek traditional Chinese medicine ("TCM") treatment at Qun Jian Medical Hall on 17, 19, 21, 24, 27 October and 1 November 2017, where he was treated with electrotherapy, applications of ointment and external medication, oral medication and acupuncture.[6] During his medical examination by Physician Kok Song Ling ("Physician KSL") on 19 October 2017, it was noted that the Plaintiff's blood pressure readings were elevated.[7]

7 On 23 October 2017, the Plaintiff consulted at the NTFGH Orthopaedic Clinic. He informed the doctor that he still had severe pain in his chest area. An X-ray was arranged, which similarly did not reveal any fractures of the sternum

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5 1AEIC at paras 10–11; pp 35–39.

6 1AEIC at para 13; pp 40–41.

7 1AEIC at para 14.

and sternoclavicular joints.[8] A Computed Tomography ("CT") scan of the thorax was scheduled for three weeks after.[9]

8 On 30 October 2017 and 1 November 2017, as the Plaintiff was still having a headache and severe pain in his chest area, he consulted Dr Huan Meng Wah ("Dr Huan"), a general practitioner, at Huan Clinic. Dr Huan found that the Plaintiff had elevated blood pressure and definite tenderness over his manubrium and lateral chest wall. A systolic murmur was heard over the Plaintiff's left sternal edge and apex (areas of the heart). Dr Huan referred the Plaintiff for an urgent CT scan of the thorax on the same day. The scan revealed that the Plaintiff had sustained a fracture of the manubrium and fractures of four ribs: the first, second, third and fourth ribs on the left side, with the second rib being fractured at both its anterior (front) and posterior (back) portions. Given these findings, the Plaintiff was referred to Dr Liang Te Shan ("Dr Liang"), an orthopaedic surgeon at Orthopaedics International, for further management.[10]

9 On 7 November 2017, the Plaintiff saw Dr Liang and informed the surgeon that he still had chest pain and slight giddiness. Dr Liang ordered a CT scan of the brain, which did not reveal any brain injury. Dr Liang opined that the Plaintiff's chest fractures should heal without surgery.[11]

Chronic chest pain and further medical consultations

10 The Plaintiff claimed that he continued to experience pain in the left chest and shoulder area whenever he carried items weighing more than 2kg. As

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8 1AEIC at pp 44–45.

9 1AEIC at para 15; pp 42–46.

10 1AEIC at paras 16–18; pp 47–50.

11 1AEIC at para 19; pp 51–56.

such, on 14 November 2018, he returned to Qun Jian Medical Hall and was attended to by Physician Kok Choon Siong ("Physician KCS"), who treated the Plaintiff with acupuncture, cupping, external plasters and oral medication.[12]

11 On 6 November 2020, the Plaintiff sought a medical examination by another orthopaedic surgeon, Dr Chang Wei Chun ("Dr Chang") of Orthopaedic & Traumatic Surgery Pte Ltd.[13] Dr Chang advised that the residual pain and tenderness of the Plaintiff's left chest wall would be chronic.[14]

12 On 15 December 2020, the Plaintiff returned for further medical examination by Physician KSL who noted that the Plaintiff's blood pressure readings were still elevated, and that the Plaintiff still experienced pain whenever he carried heavy loads with his left arm. There was also mild bulging in the ribs and chest area[15]

13 On 27 December 2020, the Plaintiff departed for China. He returned to Singapore on 16 May 2021 and continued staying at Ms Wen's home. During his stay in China, the Plaintiff underwent medical examinations at Meizhou Huapu Hospital and The Third Affiliated Hospital of Sun Yat-Sen University Yuedong Hospital for his high blood pressure.[16] Following his return to Singapore, the Plaintiff sought further treatment for his high blood pressure with Dr Huan on 22 May 2021.[17]

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12 1AEIC at para 21; p 57.

13 Bundle of Documents filed on 7 April 2025 ("BOD") at p 410, para 9.

14 1AEIC at paras 22–23; pp 58–67.

15 1AEIC at para 24; p 57.

16 1AEIC at paras 28 and 30; pp 84–105.

17 1AEIC at para 29; p 106.

14 The Plaintiff filed the present action on 2 October 2020.

Procedural history

15 Given the extended duration and complexity of these proceedings, I set out in some detail the procedural history of the present action. On 30 April 2021, interlocutory judgment was entered by consent on a 100% liability basis against both Defendants for damages to be assessed.[18] On 31 August 2021, the Plaintiff filed a statement of special damages and a supplementary list of documents.

16 On 30 December 2021, the Plaintiff filed a summons for directions *vide* MC/SUM 6118/2021 ("SUM 6118"). Among other things, the Plaintiff sought an order (which the Defendants agreed to) for Dr Chang to be appointed as the Single Joint Expert ("SJE") as regards medical evidence. SUM 6118 was granted by Deputy Registrar Joanne Leong on the same day, with a direction that the Plaintiff file a Notice of Appointment for Assessment of Damages ("NOAD") by 31 March 2022. The Plaintiff duly filed the NOAD by that deadline, accompanied by a checklist ("the Checklist") confirming that all expert reports intended for reliance at the assessment of damages had been filed for the purposes of the first Assessment of Damages Court Dispute Resolution Conference ("ADCDR Conference"). For context, in respect of personal injury motor accident claims at the State Courts, an ADCDR Conference is convened following the filing of an NOAD for the court to provide a quantum indication to facilitate settlement: see PD 40(1)(*e*) of the State Courts Practice Directions 2014 ("the Practice Directions").

17 However, on 20 April 2022, the Plaintiff wrote in to inform the Court that on 14 April 2022, he had been referred by Dr Huan to see a cardiologist in

[18] See MC/JUD 2676/2021.

view of suspected left ventricular hypertrophy. The Plaintiff was therefore not ready to seek a neutral evaluation from the Court.[19] Accordingly, at the first ADCDR Conference on 25 April 2022, the NOAD was struck off by Deputy Registrar Rachel Tan on the basis that the confirmations in the Checklist were no longer accurate, PD 40 of the Practice Directions had not been complied with, and the Plaintiff was not in a position to engage in the ADCDR process.[20]

18 On 30 March 2023, the Plaintiff filed a Supplementary List of Documents ("SLOD"). On 4 August 2023, the State Courts Registry wrote to the parties to call a pre-trial conference pursuant to O 34A of the Rules of Court (2014 Rev Ed) ("ROC"), since the matter had remained inactive for some time ("the O 34A PTC").

The first and second O 34A PTC

19 At the first O 34A PTC on 7 September 2023, Senior Deputy Registrar Chiah Kok Khun ("SDR Chiah") noted the SLOD appeared to have been filed solely to prevent automatic discontinuance under O 21 r 2(6) of the ROC. Counsel for the Plaintiff, Ms Lee, informed the Court that the Plaintiff had consulted a cardiologist, Dr Tan Wei Chieh Jack ("Dr Tan") at the National Heart Centre Singapore ("NHC"), but had yet to obtain the report. SDR Chiah directed that any report be forwarded to the Defendants immediately upon receipt. SDR Chiah reminded Ms Lee that it was not permissible for the damages assessment proceedings to be indefinitely delayed simply to await completion of all medical treatment. Relatedly, it was open for the Plaintiff to claim future medical expenses. Ms Lee also stated that the Plaintiff had also

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19 Request for Re-Fixing of ADCDR filed on 20 April 2022.

20 Registrar's Directions dated 26 April 2022.

obtained MRI scans of alleged stress fractures. SDR Chiah stressed that it was for the SJE and not the Plaintiff to decide if additional scans were required.[21]

20 At the second O 34A PTC on 9 November 2023, Ms Lee informed the Court that Dr Chang had reviewed Dr Tan's report and alluded to possible respiratory complications stemming from the fracture. Ms Lee thereupon sought leave for the Plaintiff to consult a respiratory specialist. SDR Chiah granted a final four-week adjournment for such consultation.[22]

The third and fourth O 34A PTC

21 At the third O 34A PTC on 19 December 2023, Ms Lee updated the Court that the Plaintiff had only managed to fix an appointment with a cardiothoracic surgeon, Dr Ong Boon Hean ("Dr Ong"), Senior Consultant at Singapore General Hospital's Lung Centre ("SGH Lung Centre"), on 22 December 2023. Notably, when queried by SDR Chiah if all that was outstanding was the report on the alleged respiratory complications, Ms Lee answered in the affirmative. SDR Chiah therefore granted a further adjournment.[23]

22 On 25 January 2024, at the fourth O 34A PTC, Ms Lee updated the Court that the Plaintiff had seen Dr Ong on 22 December 2023 and that Dr Ong had ordered a lung test on 26 January 2024. A medical report from Dr Ong would be ready in approximately six to eight weeks. A further adjournment was granted by SDR Chiah pending Dr Ong's report.[24]

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21 Minute Sheet dated 7 September 2023.

22 Minute Sheet dated 9 November 2023.

23 Minute Sheet dated 19 December 2023.

24 Minute Sheet dated 25 January 2024.

The fifth and sixth O 34A PTC

23 At the fifth O 34A PTC on 17 April 2024 before Deputy Registrar Jonathan Toh ("DR Toh"), Ms Lee updated the Court that the Plaintiff had undergone the necessary tests by Dr Ong, but the Plaintiff was still awaiting Dr Ong's report. Ms Lee also informed the Court that she "had mentioned to [the] [C]ourt that the answers mentioned by [Dr Tan were] incomplete, and [she had] written in for clarification".[25] Further, Ms Lee had also written to the SJE, Dr Chang, to seek clarifications.[26] Counsel for the Defendants, Ms Charlene Chee ("Ms Chee"), protested at the conduct of the Plaintiff in attempting to raise new heads of injuries, which was noted by DR Toh. DR Toh granted an adjournment pending Dr Ong's report and directed that the Plaintiff must be ready to proceed once the report is ready.[27]

24 During the sixth O 34A PTC on 15 May 2024, Ms Lee updated the Court that Dr Ong's report had been received, but she was still awaiting the clarification reports from Dr Tan, the cardiologist, and Dr Chang. DR Toh directed that any clarificatory report should be tendered by 29 May 2024, which was around six weeks after Ms Lee had sent an email to Dr Chang seeking clarifications.[28] Ms Lee then expressed the Plaintiff's desire to call Dr Ong and Dr Tan as additional expert witnesses. DR Toh directed that any applications for the calling of additional expert witnesses must be filed by 19 June 2024. A further O 34A PTC was fixed on 26 June 2024.[29]

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25 See Letter from Alyssa Lee & Co dated 11 April 2024; BOD at p 270.

26 See Letter from Alyssa Lee & Co dated 17 April 2024 and accompanying email dated 17 April 2024; BOD at pp 232–235.

27 Minute Sheet dated 17 April 2024.

28 See Letter from Alyssa Lee & Co dated 17 April 2024 and accompanying email dated 17 April 2024; BOD at pp 232–235.

29 Minute Sheet dated 15 May 2024.

25 On 19 June 2024, the Plaintiff duly filed an application *vide* MC/SUM 1951/2024 ("SUM 1951") for Dr Ong and Dr Tan to be appointed as additional medical experts.

The seventh and eighth O 34A PTC

26 At the next case conference on 26 June 2024, Ms Lee explained that she had sought another clarificatory report from Dr Tan[30] and a further clarification from Dr Ong. DR Toh again expressed his concerns about the further questions from the Plaintiff. As regards Dr Chang, counsel for the Defendants, Ms Chee, alluded to the fact that "Dr Chang [had] given everything required".[31] Ms Chee also stated that the Defendants would likely contest SUM 1951.[32]

27 However, for the purposes of the eighth O 34A PTC, which was heard asynchronously on 4 July 2024, the Defendants informed DR Toh that they would not be contesting the SUM 1951 on the condition that, in the event that the Court dismisses the Plaintiff's claim for compensation for the alleged heart and/or lung injuries, on the grounds that they were not caused by the road traffic accident, the Plaintiff shall bear all costs and expenses incurred in (a) flying back to Singapore for medical reviews by Dr Ong and Dr Tan; (b) the issuance of the specialist reports by Dr Ong and Dr Tan; and (c) procuring the attendance of Dr Ong and Dr Tan should they be called as witnesses to provide evidence at the assessment of damages hearing ("the Conditions").[33]

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30 See Letter from Alyssa Lee & Co dated 10 June 2024; BOD at p 287.

31 See Dr Chang's supplementary report dated 17 May 2024 dated 17 May 2024; BOD at pp 236-238.

32 Minute Sheet dated 26 June 2024.

33 Request to Court from the Defendants dated 3 July 2024.

28 I observe that the Defendants agreed to SUM 1951 (with the Conditions) despite the fact that an SJE had already been appointed, namely Dr Chang, and that reports of other medical doctors would be inadmissible and those doctors could not be called as expert witnesses: *Lee Song Yam v Hafizah binte Abdul Rahman* [2019] SGMC 24 ("*Lee Song Yam*") at [26]. This is because the present action, being a civil proceeding in the Magistrate's Court, falls under the simplified process under O 108 of the ROC ("Simplified Process"). A key feature of the Simplified Process is to ensure proportionate costs, especially when experts (and expert evidence is by nature costly) are appointed: *Lee Song Yam* at [23]. Accordingly, under the Simplified Process, if any question requiring the evidence of an expert witness arises, the parties must jointly appoint *one* SJE (O 108 r 5(3) of the ROC), and additional medical doctors may only give factual (as opposed to expert) evidence: *Lee Song Yam* at [27]. I shall return to this point at [66] below.

The ninth O 34A PTC and appointment of additional medical experts

29 At the ninth and final O 34A PTC on 17 July 2024, Ms Lee informed the Court that the Plaintiff was amenable to the Conditions. DR Toh accordingly allowed SUM 1951 subject to the Conditions.[34] Ms Lee further updated the Court that all primary reports were ready, but she was still waiting for Dr Tan to respond to questions she had sent on 10 June 2024 (see [26] above). As for Dr Ong, Ms Lee would be writing to Dr Ong for clarification as regards the Plaintiff's manubrium fracture, as she had previously omitted to ask him to confirm that *her* description of the injury was correct. Ms Lee stated that as she

[34] See MC/ORC 1951/2024 filed on 5 August 2024.

had written to Dr Chang about the deformities of the manubrium, she "should pose the question to [Dr] Ong as well".[35]

30 Further, Ms Lee opined that, as the Plaintiff's Affidavit of Evidence in Chief ("AEIC") was filed on 25 March 2022 ("First AEIC"), more than two years ago, a supplementary AEIC was needed to include developments subsequent to the First AEIC, namely, the consultations with Dr Ong and Dr Tan. DR Toh allowed the request for a supplementary AEIC to be filed.[36]

Subsequent developments

31 On 28 August 2024, the Plaintiff filed a fresh NOAD (the first NOAD was struck off on 25 April 2022 (see [17] above)). The matter thus proceeded to ADCDR Conferences, and a quantum indication was provided on 16 October 2024. Despite this, the parties could not reach a settlement. Accordingly, an assessment of damages hearing was fixed before me.

The assessment of damages proceedings

32 I heard the evidence from the Plaintiff's witnesses on 10 April, 19 May, 5 June and 21 August 2025. Apart from the Plaintiff himself, the Plaintiff called his daughter, Ms Wen, and his son-in-law, Mr Lee, to testify as factual witnesses. Dr Ong was also called to give medical evidence in relation to the Plaintiff's lung conditions. The Defendants did not call any witnesses. Ms Lee appeared for the Plaintiff, assisted by Mr Gerald Ling of Ling & Ling LLC. Both were joined by Mr Manicka Karuppiah ("Mr Manicka") of Manicka &

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35 Minute Sheet dated 17 July 2024.

36 Minute Sheet dated 17 August 2024.

Company as additional assisting counsel on 21 August 2025. Mr Charles Phua ("Mr Phua") of PKWA Law Practice LLC appeared for the Defendants.

The hearing on 10 April 2025

33 During the hearing on 10 April 2025, just before the Plaintiff was due to give evidence, Ms Lee sought leave for Ms Wen to assist in Hakka translation. According to Ms Lee, Ms Wen would assist the Mandarin interpreter from the Court. Mr Phua objected on the grounds that Ms Wen was not qualified and that she was not an independent party. Moreover, the Plaintiff's AEICs were affirmed in Mandarin, and so this must mean that the Plaintiff could comprehend Mandarin. I agreed with Mr Phua and rejected Ms Lee's request.[37] In any case, it became clear that the Plaintiff understood Mandarin. Although the interpreter experienced some difficulty with his heavily accented speech, this did not pose any real obstacle, and both were able to communicate adequately with clarifications and repeated questions where necessary. Thereafter, Mr Phua proceeded to cross-examine the Plaintiff for about three hours. I observe that the length of the examination was due in part to the need for interpretation and the occasions on which the Plaintiff and the interpreter had to clarify each other's questions. The cross-examination of the Plaintiff was completed on 10 April 2025.

The hearing on 19 May 2025

34 On 19 May 2025, before the Plaintiff returned to the stand, Ms Lee drew my attention to a Plaintiff's Second Bundle of Documents that was dated and filed on 16 May 2025 ("the 16 May 2BOD"). This had been filed without prior

[37] NE, 10 April 2025 at p 3, A–D.

leave of Court. In particular, the 16 May 2BOD was problematic in several other aspects.

Expungement of the 16 May 2BOD

35 First, the 16 May 2BOD contained a clarificatory medical report dated 14 March 2025 by Dr Ong ("Dr Ong's Second Clarificatory Report") which had been emailed to the Plaintiff's solicitors on 11 April 2025,[38] a day following the first tranche of the assessment of damages proceedings. This was accompanied by a letter from Ms Lee dated 27 February 2025 to the SGH Lung Centre requesting the said report ("the Letter"),[39] an email from SGH dated 6 March 2025 seeking payment for the report,[40] and an official receipt from SGH dated 10 March 2025 ("the Clarificatory Report Documents").[41] Ms Lee's Letter contained various references to online medical articles. Notably, Ms Lee did not inform the Court or the Defendants that she had sought and was expecting a clarificatory report.

36 Mr Phua objected to the admissibility of the Clarificatory Report Documents mainly on the ground that the conduct of the Plaintiff in the proceedings revealed a pattern of repeated clarificatory questions from the Plaintiff's solicitors to the relevant doctors (see [19]–[29] above) and there must be a time when such clarifications end.[42] In response, Ms Lee relied on O 24 r 8 of the ROC which provides for a party's continuing duty to give discovery of

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38 Plaintiff's Second Bundle of Documents dated 16 May 2025 ("16 May 2BOD"), Item 4; Plaintiff's Second Bundle of Documents dated 15 August 2025 ("2BOD") at pp 12–13.

39 16 May 2BOD, Item 1.

40 16 May 2BOD, Item 2.

41 16 May 2BOD, Item 3.

42 NE, 19 May 2025 at p 6, D and p 7, A.

all documents falling within the scope of an order for general or specific discovery.[43] What Ms Lee was attempting to do was to turn O 24 r 8 on its head by using it as justification to introduce fresh evidence without leave of Court in the *middle* of the assessment proceedings. In any case, no order for general or specific discovery had been made by the Court and accordingly, O 24 r 8 did not apply. Be that as it may, I indicated that I was prepared to allow the Clarificatory Report Documents to be adduced through Dr Ong (as Ms Lee suggested that the Plaintiff wished to call Dr Ong), subject to an undertaking by Ms Lee that she would not continue to seek further clarifications or drip-feed medical evidence in the middle of the assessment proceedings. Ms Lee gave that undertaking and, fortunately, did not breach it.[44]

37 Second, the 16 May 2BOD contained a "Print-out of information on uses of [the] Tian Qi [powder]" from Eu Yan Sang's website ("the Advertisement"). Essentially, this was an advertisement from Eu Yan Sang's website describing the properties and uses of the Tian Qi powder.[45] This document was tendered ostensibly to supplement the Plaintiff's evidence for his claim of $17.10 in special damages for the purchase of the Tian Qi powder (see S/N 3 at [56] above). However, its inclusion was problematic because, by that point, the Plaintiff had already completed his cross-examination and in particular had been cross-examined as to the uses of the powder,[46] as his AEIC had only included a receipt for the purchase of the Tian Qi powder.[47] I therefore held that the Advertisement was inadmissible.

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43 NE, 19 May 2025 at p 8, D.

44 NE, 19 May 2025 at p 4, D to p 5, A and p 10, C to p 11, A.

45 16 May 2BOD, Item 5.

46 NE, 10 April 2025 at p 13, B to p 14, A.

47 1AEIC at p 81.

38 Third, Ms Lee thought it proper to include, in the 16 May 2BOD, copies of the AEIC of the plaintiff in *Woo Keng Chin v Dinahar* (DC Suit No. 3883 of 2014), as well as the opening statement and *consent* final judgment entered in that matter ("the *Woo Keng Chin* Material").[48] According to Ms Lee, she had "applied to do a case inspection to extract the documents".[49] However, the inclusion of the *Woo Keng Chin* Material was both redundant and injudicious. It contained no reasoning reached by the court in arriving at its conclusions that could be relied on as a useful comparator, as the matter was concluded by way of a compromise.

39 Fourth, the 16 May 2BOD contained printouts of two articles from the Ministry of Manpower's website entitled "What is the Work Injury Compensation Act (WICA)" and "Who is covered in accordance with WICA".[50] When queried by the Court as to the purpose of adducing these printouts, Ms Lee answered that she "was just trying to provide [the Court] with the background of [WICA]".[51] It appeared that Ms Lee was unaware of the truism that the Court takes judicial notice of all domestic laws which need not be proved: s 59(1) of the Evidence Act 1893 (2020 Rev Ed) ("the EA"). In any event, if the Plaintiff wished to rely on a provision of the Work Injury Compensation Act 2019 (2020 Rev Ed) ("WICA") and an interpretation was required, the relevant extraneous material would be those contemplated under s 9A(3) of the Interpretation Act 1965 (2020 Rev Ed), such as the Minister's second-reading speech in Parliament. Website printouts, even from a

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48 16 May 2BOD, Items 7–9.

49 NE, 19 May 2025 at p 14, D.

50 16 May 2BOD, Items 10–11.

51 NE, 19 May 2025 at p 15, A.

Government website, containing general factual information for laypersons, are plainly not relevant to statutory construction.

40 Lastly, the 16 May 2BOD contained: (a) an excerpt of Charlene Chee *et al*, Guidelines *for the Assessment of General Damages in Personal Injury Cases* (Academy Publishing, 2010) ("the Guidelines"); and (b) an excerpt on s 5 of the WICA.[52] It is axiomatic that such material belongs in a bundle of authorities and not a bundle of documents.

41 In light of the many problems identified above, I directed that the 16 May 2BOD be expunged. For completeness, the Plaintiff subsequently filed a new Plaintiff's Second Bundle of Documents on 15 August 2025. The Defendants did not object to its contents.[53]

Re-examination of the Plaintiff

42 Thereafter, Ms Lee proceeded to re-examine the Plaintiff. It quickly became apparent that Ms Lee was ill-prepared for the re-examination. As explained by the learned author of Jeffrey Pinsler, *Principles of Civil Procedure* (Academy Publishing, 2013) ("*Principles of Civil Procedure*") at para 20.032, the purpose of re-examination "is to allow a party to allay the adverse effect of cross-examination on a particular matter … [and enable] the matter [to] be viewed in a wider context than that provided in the cross-examination". It bears emphasis that, as mandated under s 140(3) of the EA, re-examination is directed to the explanation of matters referred to in cross-examination. This is why "the advocate may not ask questions in re-examination about evidence which has not been raised in cross-examination": *Principles of Civil Procedure* at para 20.031.

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52 16 May 2BOD, Items 6 and 12.

53 NE, 21 August 2025 at p 4, A.

43 Contrary to these principles, most of Ms Lee's questions were neither clarificatory nor within the confines of what had been raised in cross-examination. Instead, her questions were littered with open-ended queries and leading questions without leave of the Court (expressly prohibited by s 144(1) of the EA) and extended to areas which were not explored during cross-examination.[54] At one point, Ms Lee even sought to impugn the manner in which the Plaintiff's AEIC had been prepared and translated, and went so far as to question the Plaintiff's proficiency in Mandarin. As Ms Lee ceased this line of questioning after interventions by both Mr Phua and the Court, I shall say no more about it.[55]

44 Further, issues which could be dealt with in submissions or by medical experts were repeatedly asked of the Plaintiff, including matters in relation to medical evidence more appropriately answered by the medical doctors.[56] Unsurprisingly, the Plaintiff's answers were vague, yet Ms Lee persisted in her questioning. Accordingly, when counsel for the Defendants, Mr Phua, objected to the questions, they were mostly sustained by me.[57]

45 I suggested that the witnesses be transposed. Initially, Ms Lee did not understand what "transpose" meant, and resisted the transposition of the witnesses, professing that she would be "very specific" in her queries.[58] However, given the persistent deficiencies in Ms Lee's approach to re-examining the Plaintiff, and her concession that she "[did not] really prepare"

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54 See NE, 19 May 2025 at pp 16–30; 39–41.

55 NE, 19 May 2025 at p 18, B to p 25, D.

56 NE, 19 May 2025 at pp 31, 41, and 57.

57 See NE, 19 May 2025 at pp 16–30; 39–41.

58 NE, 19 May 2025 at p 41, D–E.

her questions precisely,[59] I directed that the witnesses be transposed. This was to give Ms Lee sufficient time to prepare her questions appropriately.[60] Accordingly, I heard the testimony of the remaining factual witnesses from the Plaintiff, namely, his daughter, Ms Wen, and his son-in-law, Mr Lee.

The hearing on 5 June 2025

46 At the outset of the hearing on 5 June 2025, I asked Ms Lee how long she would require to complete the Plaintiff's re-examination. Ms Lee could not provide an estimate, and, when pressed by the Court, replied, "two and [a] half hours".[61] This was remarkable given that cross-examination, which had to cover arguably more matters, had taken slightly less than three hours. Moreover, as noted at [42] above, re-examination is limited to clarificatory questions to matters referred to in cross-examination and should not extend to new substantive issues without leave of court. Be that as it may, the Plaintiff returned to the stand for his re-examination.

47 Regrettably, Ms Lee persisted in conducting the re-examination in an improper manner. She repeatedly prefaced her questions with references to the Plaintiff's AEIC and formulated leading questions.[62] But this is precisely what is prohibited without leave under s 144(1) of the EA. I set out below some examples of such leading questions, which were objected to by Mr Phua and upheld by the Court:[63]

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59 NE, 19 May 2025 at p 43, D–E.

60 NE, 19 May 2025 at p 49.

61 NE, 5 June 2025 at p 5, A.

62 NE, 5 June 2025 at p 7, A–E.

63 NE, 5 June 2025 at p 41, E to p 42, D, p 46, D to p 47, A and p 52, D.

> PC: Okay, same page at the section B. Okay, you, you mentioned at the last time that you told [Dr] Liang that you will stay here for three months. Then [Dr] Liang told me you will take a long time to clean the bone. Okay, I just put it to put the time on in context. You went to see [Dr] Liang in about three weeks after the accident. So are you saying that you, in fact, tell [Dr] Liang that you will, you will be here for the three weeks since the accident?
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> DC: Objection, leading.
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> Ct: Objection sustained.
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> PC: Alright, page eleven, section A. You said that you do not recall. You can't remember whether [Dr] Liang prescribed you medication. Can I refer you to page [79] of your first affidavit?
>
> DC: Objection.
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> Ct: Yes, objection sustained, put it in the submissions.
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> …
>
> PC: … [S]o at that time you … answer yes, but now, but just now you say you only started taking blood pressure medication prescribed by doctor in China in 2021. So then it cannot be.
>
> DC: … Objection. The question cannot be … It cannot be. I mean you want to ask the clarification. Sure, but it cannot start with…
>
> Ct: It cannot be. Yes, that's totally leading, right. …
>
> …
>
> PC: So at that time when you make the police report, you were not aware that your …?
>
> DC: Objection, leading.
>
> Ct: It's really leading. …

48 When asked by the Court the purpose of some of her open-ended questions, Ms Lee responded that she was "going to refresh [the Plaintiff's] memory".[64] But many of those questions had no bearing on clarifying matters raised during cross-examination. Instead, they veered into probing fresh issues, including medical matters that should properly have been addressed by the

64 NE, 5 June 2025 at p 8, E.

medical experts. Moreover, Ms Lee admitted that she had failed to fully prepare her questions for re-examination,[65] notwithstanding that time had specifically been afforded to her following the previous hearing at which she was likewise unprepared. In the end, it was evident that Ms Lee had no real appreciation of the distinction between cross-examination, in which the cross-examiner must ordinarily put their case to the witness pursuant to the rule in *Browne v Dunn* (1893) 6 R 67 ("*Browne v Dunn*"), and re-examination, where that requirement does not arise:[66]

> PC: Your [H]onour, I mean, at the last hearing, I mean, my learned friend kept asking my client, yes, questions about medical terms and medical condition.
>
> Ct: Where?
>
> PC: I mean, at that time, Your [H]onour [said] that he's allowed to put it to my client.
>
> Ct: [Yes], because he had to. He had to put his case.
>
> PC: You see, so in my, so in my re-examination, *why can't I*? *I mean, I prefer to use the same method.*
>
> PC: … This is the case put forward by [Mr Phua].
>
> DC: Yes, which I'll pass it in my submission.
>
> Ct: Yes, I think you can just leave it to submissions, right, because he's just [going to] say he …
>
> PC: *I mean, if it's a point for submission, then why did my learned friend ask it?*
>
> DC: Because I have to put the case before I can make the submission.
>
> Ct: He had to put his case.
>
> PC: *He has done that. Why can't I do that*?
>
> Ct: Because you are not putting your case to him.
>
> PC: Then then I should be allowed to ask.

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65 NE, 5 June 2025 at p 4, C.

66 NE, 5 June 2025 at p 20, A–B and p 21.

> Ct: Are you? I mean, with all due respect, are you aware of how re-examination is supposed to be and how different it is from cross examination?
>
> PC: It's not me who delay this matter. It's my learned friend who has delayed this matter.
>
> DC: How can I be delaying matter when all my objections [have] been upheld?
>
> [emphasis added]

49 The Plaintiff's re-examination was completed after three hours.

The hearing on 21 August 2025

50 As mentioned (at [32] above), during the final tranche of the assessment of damages, Mr Manicka was roped in by Ms Lee to assist her. The Plaintiff called Dr Ong, the cardiothoracic surgeon, to testify. I admitted Dr Ong's Second Clarificatory Report (see [35] above) into evidence.[67] Along with that, the following reports stood as Dr Ong's evidence in lieu of an AEIC:[68] (a) a medical report dated 28 March 2024 ("Dr Ong's Main Medical Report");[69] and (b) a clarification report dated 22 August 2024 ("Dr Ong's First Clarificatory Report").[70]

51 Despite this, Ms Lee proceeded to conduct an examination-in-chief. This was highly irregular because: (a) the reports stood in lieu of an AEIC; (b) there was no fresh material after the Second Clarificatory Report to justify new evidence; and (c) she had not sought leave from the Court for such additional evidence as required under O 38 rr 2(3) and 2(4) of the ROC.

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67 2BOD at pp 12–13.

68 MC/ORC 3168/2024 filed on 5 August 2024.

69 BOD at pp 310–312.

70 BOD at pp 329–330.

Moreover, Dr Ong's First Clarificatory Report, Dr Ong's Second Clarificatory Report and *even* Dr Ong's Main Medical Report were made in response to a litany of questions posed by Ms Lee by way of letters to the SGH Lung Centre. The initial letter alone posed 13 separate questions referencing medical literature,[71] while the subsequent letters contained 15[72] and nine questions,[73] respectively.

52 The point of the above is to illustrate the fact that Ms Lee had already posed numerous questions to Dr Ong, yet she nevertheless sought to put further clarificatory questions by way of examination-in-chief. This was improper and was compounded by her tendency to frame her questions in a leading rather than open-ended manner.[74] Leading questions are, of course, prohibited in an examination-in-chief unless leave of the Court is obtained: s 144(1) of the EA. Accordingly, after indulging Ms Lee for a number of questions, I disallowed any further examination-in-chief of Dr Ong.[75] I add a final observation. It is noteworthy that, on two occasions during the hearing, Mr Manicka, who had been brought in to assist Ms Lee following her performance at the earlier hearings, advised her that her approach was improper. Ms Lee, however, refused to heed his advice.[76]

53 During the re-examination of Dr Ong, without warning, Ms Lee attempted to produce a large envelope containing various CT scan films (which were already exhibited in the Bundle of Documents dated 7 April 2025). When

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71 BOD at pp 300–308.

72 BOD at pp 318–320.

73 2BOD at pp 4–5.

74 See *eg*, NE, 21 August 2025 at pp 6–11.

75 NE, 21 August 2025 at p 15, D.

76 NE, 21 August 2025 at p 14, C–D and p 29, C–D.

I asked Ms Lee what she was attempting to do, she informed me that she "[wanted] [me] to take a look at the original, 3D images".[77] However, Dr Ong was not cross-examined on the films at all, and so any reference to such CT scan films during re-examination was improper. Moreover, it was unclear what the purpose was of showing a copy of the films to the Court. This Court is not a radiologist or a medical practitioner trained in interpreting such images. The films were already studied by the many experts that had been procured by the Plaintiff who themselves reached certain conclusions as outlined in their reports. Even if Ms Lee wanted me to come to a different conclusion reached by the doctors by personally inspecting the films, I was reminded by the Court of Appeal's *dictum* in *Khoo James and another v Gunapathy d/o Muniandy and another appeal* [2002] 1 SLR(R) 1024 at [3] that judges have no business in substituting the opinion of medical practitioners with their own. I therefore politely declined Ms Lee's invitation to scrutinise the films and told her to put them away.

54 Following the testimony of Dr Ong, Ms Lee informed me that the Plaintiff would not call any other doctor.[78] I then directed the parties to tender written submissions and took time to consider their arguments. As for Ms Lee's conduct, this is an issue that I will come back to subsequently.

Submissions of the parties

Plaintiff's claims

55 As regards general damages, the Plaintiff makes the following claims:

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77 NE, 21 August 2025 at p 28, C to p 29, B.

78 NE, 21 August 2025 at p 30, D.

(a) First, the Plaintiff seeks damages for pain and suffering in the sum of $48,000 for the multiple chest fractures which the Plaintiff asserts to be severe. Specifically, the Plaintiff sustained multiple fractures to his manubrium, which is the upper part of the sternum, and some eight rib fractures. In this regard, the Plaintiff highlights his permanent residual disabilities and complications including the inability to carry heavy loads, chronic chest pain, deformities to the manubrium and sternum, deformity or protrusion of the left chest area, high blood pressure, abnormal heart conditions, breathlessness, and general health deterioration.[79]

(b) Second, damages for pain and suffering in the sum of $1,000 each for the abrasions to the left elbow and left knee, respectively.[80]

(c) Third, damages for pain and suffering in the sum of $2,000 for large bruises and swelling over the upper chest area.[81]

(d) Fourth, the sum of $1,108.50 for future medical expenses. This pertains to TCM treatments for chronic chest pain. Relatedly, the Plaintiff also seeks damages for future transport expenses in the sum of $443.40 for medical consultations with TCM physicians.[82]

(e) Fifth, damages for future medical expenses for the treatment of high blood pressure in China in the sum of $979.03, and $886.80 for future transport expenses for related medical consultations.[83]

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79 Plaintiff's Written Submissions dated 31 October 2025 ("PWS") at paras 12–18.

80 PWS at paras 19–22.

81 PWS at paras 23–24.

82 PWS at paras 25–27.

83 PWS at paras 28–30.

56 As regards special damages, the Plaintiff seeks compensation for the following expenditures:[84]

S/N	Claim	Amount
1	Damage and loss of the Bicycle	$200
2	Medical expenses (13 October 2017 to 14 November 2018)	$2886.61
3	Chinese medicine from Eu Yan Sang (*ie*, the Tian Qi powder)	$17.10
4	Medical expenses for treatment of high blood pressure (20 January 2021 to 22 May 2021)	$271.61
5	Medical expenses for treatment of high blood pressure in China (December 2022 to June 2024)	$209.76
6	Transport expenses (October 2017 to November 2018)	$350
7	Transport expenses (January 2021 to May 2021)	$120
8	Transport expenses in China (December 2022 to June 2024)	$50
9	Transport expenses in Singapore (April 2022 to January 2024)	$200

Defendants' position

57 On the other hand, the Defendants make the following submissions as regards the Plaintiff's claim for general damages:

(a) First, while the Defendants do not dispute that the Plaintiff sustained rib fractures as well as a fracture of the manubrium, the

[84] PWS at para 21; Joint Opening Statement filed on 7 April 2025 at para 6.

Defendants contend that only four ribs were fractured (and not eight, as contended by the Plaintiff) and that there was only one fracture to the manubrium (and not multiple fractures), and the fractures had all united, and healed. Contrary to the Plaintiff's contention, the Plaintiff's high blood pressure and any residual condition or complications to the heart and lungs are not caused by the accident. Accordingly, the Defendants submit that a sum of $9,000 should be awarded instead.[85]

(b) Second, as regards damages for the abrasions to the left elbow and left knee, the Defendants propose the sum of $500 per area. This contrasts with the Plaintiff's submission of $1,000 per area.[86]

(c) Third, the Defendants resist the Plaintiff's claim for damages for the large bruises and swelling over the upper chest area, on the ground that it has not been established by the medical evidence.[87]

(d) Fourth, the Defendants dispute the Plaintiff's claim for future medical expenses as regards: (i) the treatment by TCM physicians for residual pain in the chest area and (ii) the treatment of high blood pressure in China, as being unsupported by the medical evidence.[88]

(e) Fifth, and in light of the preceding argument, the corresponding claims for future transport expenses should be disallowed.[89]

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85 Defendants' Written Submissions dated 3 October 2025 ("DWS") at para 68–82.

86 DWS at paras 83–84.

87 DWS at paras 85–89.

88 DWS at paras 90–102.

89 DWS at paras 103–104.

58 On the special damages, the Defendants contend that the Plaintiff has failed to substantiate the damage and loss of the Bicycle, and accordingly the Court should not make an award for the same.[90] As regards medical expenses (S/N 2 at [56] above), the Defendants accept that the sum of $2,556.11 was reasonably incurred, but dispute the remaining sum of $330.50 which was incurred by the Plaintiff for TCM treatments. The Defendants contend that the TCM treatments were not recommended, and it is unclear what kind of treatment was performed and whether the conditions treated were linked to the accident.[91] For the same reasons, the Plaintiff's claim of $17.10 for his purchase of the Tian Qi powder from Eu Yan Sang (S/N 3) should be disallowed.[92]

59 Next, the Defendants resist the claim of $481.37 which was incurred by the Plaintiff for his treatment of high blood pressure in Singapore and China (S/Ns 4–5) in view of their position that the high blood pressure was not caused by the accident (see [57(d)] above).[93] As for the transport expenses amounting to $720 (S/Ns 6–9), the Defendants submit that compensation should be confined to trips undertaken for consultations and/or treatment relating to injuries caused by the accident.[94]

60 The Defendants further urge the Court to exclude certain periods from the computation of pre-judgment interest, contending that the delay was caused by the Plaintiff's repeated and unreasonable requests for further medical

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90 DWS at paras 12–13.

91 DWS at paras 17–23.

92 DWS at paras 24–25.

93 DWS at paras 26–30.

94 DWS at paras 53–67.

clarifications and by his reliance on online medical articles to pursue unsubstantiated claims. The periods proposed for exclusion are:[95]

(a) 1 May 2021 to 29 August 2021 and 31 August 2021 to 29 December 2021;

(b) 20 April 2022 to 9 November 2023;

(c) 22 December 2023 to 12 September 2024; and

(d) 19 May 2025 to 5 June 2025.

Issues to be determined

61 Having considered the parties' respective positions, the following key issues arise for determination in relation to the Plaintiff's claim for general damages:

(a) the number of ribs that were fractured and whether the Plaintiff sustained a single fracture or multiple fractures to the manubrium;

(b) whether the Plaintiff's heart and lung complications, as well as his high blood pressure, were caused by the accident; and

(c) whether the medical evidence supports the Plaintiff's assertion that he suffered large bruises and swelling over the upper chest area initially.

These findings will affect the quantum of damages for pain and suffering in respect of the chest injury, as well as whether, and to what extent, future medical

95 DWS at paras 110–123.

and transport expenses are recoverable. Further, I must also address the parties' disagreement regarding the appropriate quantum of damages for the abrasions to the left elbow and left knee.

62 As for special damages, the main issues for determination are as follows:

(a) whether the Plaintiff has proven his claim for the damage to, and the loss of, the Bicycle; and

(b) whether the sums of $330.50 incurred for TCM treatments and $17.10 for Tian Qi powder are claimable.

The claims for medical and transport expenses arising from the treatment of high blood pressure and the alleged heart damage and lung complications will necessarily stand or fall depending on my findings as to whether these issues were caused by the accident.

63 Lastly, I shall determine if pre-judgment interest ought to be excluded for any (or all) of the periods put forth by the Defendants.

Damages for pain and suffering

64 I begin with the Plaintiff's claim of damages for pain and suffering arising from the fractures of the manubrium and ribs, and abrasions to the left elbow and left knee. As these pertain to questions of medical science, I mainly rely on the following medical reports:

(a) As regards the SJE, Dr Chang, an orthopaedic surgeon:

(i) Dr Chang's medical report dated 6 October 2020 ("Dr Chang's Main Medical Report");[96]

(ii) Dr Chang's clarification report dated 7 April 2021;[97]

(iii) Dr Chang's supplementary report dated 28 October 2023 ("Dr Chang's Second Clarificatory Report");[98] and

(iv) Dr Chang's supplementary report dated 17 May 2024 ("Dr Chang's Third Clarificatory Report").[99]

(b) As regards the cardiothoracic surgeon, Dr Ong:

(i) Dr Ong's Main Medical Report dated 28 March 2024;

(ii) Dr Ong's First Clarificatory Report; and

(iii) Dr Ong's Second Clarificatory Report.

(c) Lastly, as regards the cardiologist, Dr Tan:

(i) Dr Tan's medical report dated 10 July 2023 ("Dr Tan's Main Medical Report");[100]

(ii) Dr Tan's clarification medical report dated 26 April 2024 ("Dr Tan's First Clarificatory Report");[101] and

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96 BOD at pp 184–187.

97 BOD at pp 190–191.

98 BOD at pp 229–231.

99 BOD at pp 236–238.

100 BOD at pp 253–255.

101 BOD at pp 283–286.

(iii) Dr Tan's further clarification report dated 23 July 2024 ("Dr Tan's Second Clarificatory Report").[102]

65 I do not consider it necessary to detail the evidence of the other attending doctors as these were already considered by Dr Chang in the drawing up of his Main Medical Report. Indeed, the purpose of Dr Chang's re-examination was to provide a singular comprehensive report, addressing issues such as causation (which might not have been addressed by the treating doctors) for the purposes of litigation. I also note that the clarificatory reports from all three doctors were generated in response to a considerable volume of questions posed by the Plaintiff's counsel, Ms Lee.

66 I observe that all three doctors' opinions are materially consistent with each other, and I elaborate more on this below. I shall also consider Dr Ong's oral evidence given on 21 August 2025 where appropriate. In addition, I note that, technically, the expert evidence of Dr Ong and Dr Tan ought to have been excluded as inadmissible given that this action falls under the Simplified Process in a Magistrate's Court (see [28] above). That said, as the Defendants agreed to the Plaintiff's application to appoint both Dr Ong and Dr Tan as additional *medical experts* in SUM 1951 subject to the Conditions, and SUM 1951 was allowed by DR Toh (see [29] above), I shall have regard to them.

67 In his reply written submissions, the Plaintiff declared that "the Orthopaedic Surgeon **Dr Chang is no longer the Single Joint Expert** [emphasis in original in bold]".[103] That submission is fundamentally untenable.

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102 BOD at p 292.

103 Plaintiff's Reply Submissions dated 21 November 2025 ("PRWS") at para 9.

The mere fact that Dr Ong and Dr Tan have been permitted to give evidence by way of their reports does not and cannot displace the SJE already appointed under SUM 6118, *ie*, Dr Chang. Nowhere in SUM 1951 did the Plaintiff seek to impugn the order made in SUM 6118. Indeed, under O 108 r 5(3) of the ROC, where expert evidence is adduced in a Magistrate's Court action such as the present matter, there *must* be an SJE. It is therefore legally impossible to replace the SJE without jointly appointing another. Moreover, it is apparent that Dr Ong and Dr Tan were engaged not to replace the SJE, but to provide an opinion on alleged heart and lung complications (see [19]–[21] above).

How many ribs were fractured and did the Plaintiff sustain a fracture or multiple fractures to the manubrium?

68 I now turn to address the number of ribs that were fractured, a point in dispute between by the parties. In my judgment, there is ample reason to reject the Plaintiff's contention that eight ribs were fractured. Dr Chang's evidence clearly establishes that only four ribs were fractured, not eight. In his Main Medical Report, Dr Chang listed the four ribs that were fractured.[104] In Dr Chang's Second Clarificatory Report, Dr Chang expressly stated that "[t]here were only four rib fractures,"[105] and listed them down, in response to Ms Lee's queries to the contrary.[106] Finally, in Dr Chang's Third Clarificatory Report, in response to Ms Lee's further queries which asserted that there were *more* fractures,[107] Dr Chang unequivocally responded that "the [Plaintiff] sustained **4 rib fractures** [emphasis in original in bold]", and particularised the fractures. Dr Chang also took issue with Ms Lee's description of the rib injuries

104 BOD at p 186.

105 BOD at p 229.

106 BOD at p 224 at para 5.

107 BOD at pp 233–234 at para 3.

by stating that "[a]ny description of the rib location that does not match [the fractures described] [was] wrong".[108] Notably, Dr Chang's conclusions were based on his review of the CT imaging of the thorax, which was specifically pointed out to him by Ms Lee.

69 Despite Dr Chang's formidable testimony, the Plaintiff, in his reply submissions, disavowed reliance on Dr Chang's evidence regarding the number of fractures and now contends that "Dr Ong, who is a Cardiothoracic Surgeon cum Lung Specialist and who last saw the Plaintiff on 26 January 2024, is the most qualified doctor among the 3 medical experts appointed in the case to give evidence concerning the Plaintiff's chest injuries [emphasis in original omitted]".[109] I am wholly unconvinced by this argument. As I have noted earlier (at [19]–[20]), Dr Ong was specifically procured by the Plaintiff in relation to his lung complications and Dr Ong's evidence, including his responses to Ms Lee's multiple clarificatory questions, focused primarily on those issues. Dr Ong did not specifically address the number of fractures, as this was not the central concern of his medical examination. For this reason, I prefer to rely on Dr Chang's testimony regarding the number of fractures.

70 At any rate, Dr Ong's evidence did not contradict Dr Chang's findings. The Plaintiff points to paragraphs two and nine of Dr Ong's Second Clarificatory Report to support his claim of eight fractured ribs and multiple fractures of the manubrium. However, paragraph two concerns the manubrium, not the ribs, and paragraph nine refers generally to "multiple fractures" to the Plaintiff's manubrium and ribs. Nowhere in Dr Ong's Second Clarificatory Report does he suggest that eight ribs were fractured. For completeness, I note

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108 2BOD at p 237.

109 PRWS at paras 16 and 45(c).

that Dr Ong's Main Medical Report references "[the Plaintiff's] left 1st–4th ribs," a term also used by Dr Chang in his assessment of the Plaintiff's injuries. This supports the conclusion that the Plaintiff suffered only four rib fractures, not eight.

71 In conclusion, the Plaintiff's insistence[110] that eight ribs were fractured completely flies in the face of the objective medical evidence. There is no satisfactory explanation as to why the Plaintiff would maintain a submission that is totally at odds with *his* medical doctor, Dr Chang's consistent and unequivocal opinion, a point which I shall return to below.

72 Next, I address the parties' dispute on the number of fractures in the manubrium (which is a part of the sternum). According to the Plaintiff, he sustained multiple fractures in that area,[111] but the Defendants contend that only *one* fracture was sustained (see [57(a)] above).

73 In Dr Chang's Main Medical Report, which was prepared following his re-examination of the Plaintiff and took into account no fewer than six earlier medical reports issued by various treating doctors, including TCM practitioners (see [64] above), Dr Chang stated on three occasions in his report that the Plaintiff sustained *a* "[f]racture of the manubrium". In particular, Dr Chang *disagreed* with Ms Lee's position that "[b]esides the fractures of the manubrium on the left side, there were also *fractures* of the manubrium on the right side … [t]here are combined (oblique and transverse) *fractures* on the left side of the manubrium [emphasis added]" and "combined (oblique and transverse)

110 PWS at p 15, paras 16(2) and 18(1); PRWS at paras 10–13.

111 PWS at paras 14(2), 14(4), 16(1) and 18(1); PRWS at paras 11, 13 and 16.

fractures at the top of the sternum [emphasis added]".[112] Dr Chang stated in his Third Clarificatory Report that *the* fracture of the manubrium and ribs was *limited to the left side*, and there was no body injury to the right manubrium. Dr Chang also pointed out that Ms Lee had "likely confused the CT scan of the left side of the chest to be the right side in her interpretation [of the CT scan images]".[113]

74 Lastly, I deal with paragraphs two and nine of Dr Ong's Second Clarificatory Report which the Plaintiff relies on to support his contention that he sustained multiple fractures of the manubrium (see [70] above). I am not inclined to give much weight to this evidence. Although Dr Ong referred to the manubrium fractures in the plural, he qualified his opinion by noting that he had not been provided with all the relevant imaging and that he would defer to a specialist radiologist with access to all the images.[114] Furthermore, Dr Ong did not expressly state that *multiple* fractures were sustained, nor was he asked to comment on Dr Chang's opinion to the contrary. This contrasts sharply with Dr Chang's consistent view that there was only a single manubrial fracture, a conclusion he reached after reviewing all the relevant medical evidence and reports. Further, Dr Chang was the duly appointed SJE, whereas Dr Ong had been engaged primarily to opine on the Plaintiff's lung function and alleged pulmonary complications. In the circumstances, even if Dr Ong's evidence were to be interpreted as asserting that multiple manubrial fractures were sustained (which I do not accept), I would nonetheless prefer Dr Chang's evidence.

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112 BOD at p 233 at paras 3(1), 3(5) and 3(6).

113 BOD at p 237.

114 2BOD at p 12 at para 2(2).

75 In light of the above, I find that the Plaintiff sustained one fracture to the manubrium and not multiple fractures. In any event, whether there was one fracture or multiple fractures is, in itself, of limited significance. The more material considerations are the characteristics and consequences of the fractures, particularly their severity and the duration of recovery. I will address these matters below.

Were the residual heart and lung conditions and high blood pressure caused by the accident?

76 Turning to the Plaintiff's claim of residual heart and lung conditions, as well as elevated blood pressure, the Plaintiff argues that these complications were caused by the accident.

Lung function

77 Having carefully reviewed the medical evidence, I am compelled to arrive at the conclusion that the accident did not impair the Plaintiff's lung function.

78 In Dr Ong's Main Medical Report, the doctor wrote, among other things, that "[the Plaintiff's] fractures have healed and currently do not appear to significantly impair his lung function. Therefore, his previous injuries are unlikely to be the cause of his shortness of breath …". Dr Ong also formed the view that "[i]t is also unlikely that the fractures and deformities to … [the] ribs and manubrium sustained during the accident and their aftereffects, could have … resulted in the said abnormal lung conditions" and "inflammation, infection or scars" in various parts of the lung and thorax.[115] In Dr Ong's First Clarificatory Report, he reiterated that there was no impairment of lung function

[115] BOD at p 310.

and that "it is unlikely that [the Plaintiff]'s lung function could worsen in the future in view of the fractures and deformities to his ribs and manubrium sustained during the accident and their aftereffects".[116] In his Second Clarificatory Report, Dr Ong responded to Ms Lee's assertion (which she took from a medical website) that "manubrium fractures are rare, severe injuries often associated with severe collateral injuries, including heart and lung complications" with the following:[117]

> [J]ust because manubrial fractures are more likely to be associated with concomitant injuries does not mean all patients with manubrial fractures will have these concomitant injuries. Moreover, these concomitant injuries will usually be obvious at the time of the injury and would be diagnosed by the attending physician who saw [the Plaintiff] at the time [of] his initial accident. From what I recall, [the Plaintiff] was not diagnosed with any of these severe concomitant injuries at the time of his accident.

79 Dr Ong's oral evidence is consistent with his opinion as stated in the reports.[118] In fact, during cross-examination, when being put that the accident "did not cause the claimant to have any impairment in his lung function or shortness of breath", Dr Ong agreed unreservedly.[119] The Plaintiff's own concessions during cross-examination prove decisive against his case:[120]

> Q: Alleged lung problems. Examined by Dr Ong on 22 December 2023 and 26 Jan 2024. Correct?
>
> A: Yes
>
> Q: In Dr Ong's report, he states that your fractures have healed and did not significantly impair lung function?
>
> A: Yes, I trusted him that I have no issues with my lungs.

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116 BOD at p 329, para 2.

117 2BOD at p 13, para 6.

118 NE, 21 August 2025 at pp 17–18.

119 NE, 21 August 2025 at p 18, B.

120 NE, 10 April 2025 at pp 21–22.

> Q: I will move on to put my case to him. No medical evidence that accident has caused any effects on health of your lungs?
>
> A: I can agree. I did not know myself and had to trust the doctors.
>
> Q: Put to you that your alleged discomfort and issues on lungs has nothing to do with the accident?
>
> A: Agree.
>
> Q: Put it to you that you are not entitled to claim for expenses in respect of lungs?
>
> A: Agree. If there was no issue then why compensate.

It is therefore undeniable that the Plaintiff's lung function was not affected by the injuries sustained during the accident.

Elevated blood pressure and heart damage

80 Similarly, the Plaintiff's case that the accident resulted in his elevated blood pressure and damage to his heart is completely contradicted by the medical evidence. In Dr Tan's Main Medical Report, Dr Tan provided the following answers to a list of questions posed by Ms Lee (I shall set out only the relevant questions and answers):[121]

S/N	Question	Answer
1	… whether there is likelihood that [the Plaintiff's] manubrium fracture(s) / deformities and at least 5 left rib fractures sustained the accident would have caused: (a) the various abnormal heart conditions (baso-septal left ventricle hypertrophy, mild left atrium dilation, etc.) ….	No
2	… whether there is likelihood that [the Plaintiff's] manubrium fracture(s) / deformities and at least 5 left rib fractures sustained the accident would have caused:	

[121] BOD at pp 251 and 253.

	… (b) the various abnormal lung conditions (nonspecific bilateral apical pleural tags, nonspecific right upper lobe rounded lung nodule, scattered small lung cysts, sub centimetre mediastinal lymph nodes ….	Unable to comment.
3	… whether [the Plaintiff's] protruded left chest area since the accident is related to / caused by his abnormal heart conditions and / or his abnormal lung conditions arising from his chest fractures sustained during the accident.	Not related to his cardiac conditions. Unable to comment on lung pathologies.
4	… whether [the Plaintiff's] elevated blood pressure readings from 13–30 October 2017 … were likely due to heart conditions arising from his chest fractures and / or the severe sharp pain from his chest fractures ….	No
5	… whether [the Plaintiff's] elevated blood pressure readings on 18 November 2018, 15 December 2020 …, 11 March 2021 …, 22 May 2021 …, and current elevated blood pressure readings, were / are likely due to heart complications and / or lung complications arising from his chest fractures.	No
6	… whether the symptoms of [the Plaintiff's] health deterioration since the accident (feels weaker, would feel breathless and chest tightness after labour) … are likely due to heart complications and / or lung complications arising from his chest fractures.	Not related to his cardiac conditions. Unable to comment on lung pathologies.

81 In his First Clarificatory Report, Dr Tan stated that it was unlikely that the fractures sustained during the accident could have caused the aggravation of

the Plaintiff's pre-existing abnormal heart condition, if any.[122] Further, in response to a question from Ms Lee dated 17 July 2024 on whether "[the] chest fractures sustained during the accident could have caused [the Plaintiff] to have elevated blood pressure readings since the accident",[123] Dr Tan disagreed in his Second Clarificatory Report:[124]

> It is possible that pain can cause elevation of blood pressure but in this case unlikely to have such prolonged effects and I disagree that it is the cause of elevated blood pressure readings since the accident.

82 The medical evidence demonstrates very clearly that the Plaintiff's heart conditions, including his elevated blood pressure and purported heart damage, had no relation whatsoever to the accident.

Did the Plaintiff suffer large bruises and swelling over the upper chest area?

83 Another area of dispute between the parties relates to the large bruises and swelling sustained by the Plaintiff over his upper chest area following the accident. I am aware that both the medical report of the Emergency Department of NTFGH[125] and Dr Chang's Main Medical Report do not expressly document this particular injury,[126] as pointed out by the Defendants. However, I cannot ignore the photograph adduced by the Plaintiff which clearly depicts *a* large contusion over his upper chest area.[127] Although the photograph itself is undated, the Plaintiff's and Ms Wen's evidence is that it was taken by Ms Wen

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122 BOD at p 273 at para (4) read with p 283 at para 4.

123 BOD at p 271, para (2).

124 BOD at p 292.

125 BOD at p 155.

126 BOD at 185.

127 BOD at p 162.

on 16 October 2017 after the accident,[128] and there is no evidence that the Plaintiff was involved in any other traumatic impact to the chest. Having sustained four fractures to the ribs and a fracture to the manubrium, significant force must have impacted the Plaintiff's chest, and the force could, as a matter of common sense, also cause a large contusion.

84 That the Plaintiff sustained a large contusion and experienced swelling over the upper chest area is also corroborated by the evidence of Ms Wen. It was upon noticing the large contusion that the Plaintiff sought TCM treatment on 17 October 2017.[129] Moreover, the medical report by Physicians KCS and KSL dated 27 December 2019 ("the TCM Report") documented that "bruising and some slight swelling [was] observed" when the Plaintiff consulted at Qun Jian Medical Hall on 17 October 2017.[130]

85 For the foregoing reasons, I find that the Plaintiff sustained *a* large contusion and slight swelling over the upper chest area. However, in my judgment, this finding does not materially affect the quantum of damages to be awarded for the chest injury in light of the rib fractures and the fracture to the manubrium which the Plaintiff had also sustained following the accident. In assessing damages for pain and suffering, the court must have regard to the phenomenon of "overlapping" injuries which occurs where the injuries *together* result in pain that would not have been differentially felt by the plaintiff: *Lua Bee Kiang (administrator of the estate of Chew Kong Seng, deceased) v Yeo Chee Siong* [2019] 1 SLR 145 ("*Lua Bee Kiang*") at [17]. Put in another way, as the pain and suffering sustained by the Plaintiff from the large contusion

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128 AEIC of Wen Lanfen dated 24 March 2022 at para 13; 1AEIC at para 13.

129 AEIC of Wen Lanfen dated 24 March 2022 at para 13; 1AEIC at para 13.

130 BOD at p 163.

and slight swelling did not make the pain precipitated by the rib and manubrium fractures more serious, the injuries were "overlapping". There is also no suggestion that the pain that arose from the contusion and swelling lasted longer than the pain from the fractures.

Overall severity of injuries to the chest

86 The Plaintiff, in contending that his chest injury was serious, has in mind the classification provided at para A(a)(*ii*) at page 39 of the Guidelines:

> **A. CHEST INJURIES**
>
> **(a) Severe**
>
> (i) Total removal of one lung and/or serious heart damage with prolonged pain and suffering and also permanent significant scarring. There are also permanent disabilities that are likely to prevent the person from returning to pre-trauma full-time employment.
>
> (ii) While cases falling into this category are less severe than in (a)(i) above as it does not involve the removal of a lung, the injuries are nevertheless serious as there is permanent damage to the lungs and/or heart resulting in impairment of function permanently and also reduction of life expectancy as a result.

87 By virtue of my findings above that the accident had absolutely no bearing on Plaintiff's lung conditions, and heart conditions, including his elevated blood pressure and purported heart damage, it must follow that the Plaintiff's chest injury does not fall within the definition of the "severe" category of the Guidelines.

88 I am fortified in my conclusion by the following evidence of the medical doctors concerning the Plaintiff's chest injury generally (as opposed to the question of whether specific complications to the heart and lungs had arisen, which I have dealt with above). As noted in Dr Chang's Main Medical Report, there were no complications regarding the fractures and treatment was

conservative. It "took about [three] months before [the Plaintiff] felt better in the chest". Dr Chang observed that the tenderness and pain experienced when the Plaintiff lifts or carries loads greater than 5kg are chronic, but no specific treatment was required. Further, the fractured ribs and manubrium had united by the Plaintiff's medical re-examination on 6 October 2020.[131] In Dr Chang's Second Clarificatory Report, the doctor opined that the fracture of the manubrium on the left side was minimal, and the local deformities on both the left manubrium and the first rib costal cartilage were slight and acceptable. Dr Chang also confirmed that there were no other deformities, nor would further treatment be required apart from simple analgesics "as and when necessary".[132] As stated (at [73] above), in Dr Chang's Third Clarificatory Report, he likewise stated that the fracture of the manubrium and ribs was limited to the left side, and there was no body injury to the right manubrium.[133]

89 Similarly, Dr Ong corroborated Dr Chang's assessment that the Plaintiff's chest fractures were not severe,[134] and elaborated under cross-examination that, while significant force was needed to cause the sternum and ribs to be fractured, the Plaintiff's chest fractures were generally not severe, and would unlikely affect his life expectancy.[135] Dr Ong's opinion may be encapsulated from his evidence which I quote as follows:[136]

> I think, as Ms Lee has pointed out in some of the papers, injuries in the manubrium, for example, are associated with more significant, are often associated with significant injuries

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131 BOD at p 187.

132 BOD at p 230, para B.

133 BOD at p 237.

134 BOD at p 13, para 8.

135 NE, 21 August 2025 at pp 22–24.

136 NE, 21 August 2025 at p 23, D.

> inside the chest, like the heart and lungs, and *it's fortunate that [the Plaintiff] did not suffer that.*
>
> [emphasis added]

90 Counsel for the Plaintiff, Ms Lee, seeks to impress upon me the seriousness of the Plaintiff's chest fractures by playing up the weight of a full cement truck which had hit the Plaintiff. According to Ms Lee, the weight of a full cement truck is "like hauling around ten elephants—give or take a few pounds".[137] Ms Lee also referred me to various webpages purporting to showcase the heaviness of a cement truck, exhibited as hyperlinks at paragraphs 9–10 of the Plaintiff's written submissions.[138] The Defendants object to the inclusion of such material. I agree that it is procedurally improper to exhibit material in written submissions that has not been admitted into evidence. I therefore decline to accord any reliance on the material cited. In any case, I fail to imagine how I may derive any assistance from the webpages. It is undisputed that the Plaintiff was hit by a cement truck, and whether the Plaintiff's injuries were serious is a matter to be opined by the medical experts. Accordingly, it is both unnecessary and imprudent for Ms Lee to rely on such material.

91 For the foregoing reasons, I cannot help but conclude that the Plaintiff's chest injury was *not* "severe" under the definition set out in the Guidelines. The medical evidence establishes that the four rib fractures and the fracture of the manubrium were treated conservatively, and that the Plaintiff felt better three months following the accident, though he continues to suffer from residual tenderness and pain of his chest wall which is precipitated by the lifting or carrying of heavy loads. Additionally, the Plaintiff's residual issues related to

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137 PWS at para 9.

138 PWS at paras 9–10.

the heart, lungs, and blood pressure were undoubtedly not caused by the accident.

The appropriate quantum of damages for the chest injury

92 I turn now to the appropriate quantum of damages to be awarded for the chest injury.

93 In *Rajina Sharma d/o Rajandran (suing by her litigation representative Theyvasigamani s/o Periasamy) v Theyvasigamani s/o Periasamy and another (Song Teck Chong, third party)* [2025] 3 SLR 172 ("*Rajina Sharma*"), the plaintiff sustained seven rib fractures along with right pneumothorax and pleural effusion. The General Division of the High Court awarded damages in the amount of $18,000 for the plaintiff's chest injury. Notably, the court observed that while a right chest tube was inserted, no specific surgery was performed for the rib fractures. Further, although the fractures caused serious pain and disability over a period of weeks, there was no lasting disability (at [34]–[37]).

94 In *Long Hean Kuang v Thomson Catering & Enterprises Pte Ltd and another* [2023] SGDC 243 ("*Long Hean Kuang*"), the plaintiff sustained fractures to the third to ninth ribs, requiring surgery and resulting in a 15cm scar. Additionally, the plaintiff endured chronic pain due to the fractures. The Deputy Registrar, after a comprehensive review of the Guidelines, observed that the courts generally award a premium for complications associated with rib fractures, such as pneumothorax or haemothorax. In such cases, awards typically exceed $10,000, irrespective of the number of rib fractures (at [24]). However, he noted that the plaintiff did not suffer any pneumothorax or pleural effusion. In the absence of such complications, the Deputy Registrar expressed reluctance to award more than $10,000 in damages. What warranted an award exceeding this amount, however, was the high number of fractured ribs (at [25]–

[26]). Consequently, he set a starting point of $13,000, with an uplift of $2,800 for the surgical scar (at [26] and [28]).

95 In *Azana Binte Atan v Kwa Yin En* [2022] SGDC 56 ("*Azana Binte Atan*"), the plaintiff sustained displaced fractures at the left third to seventh ribs along with left lung upper lobe pulmonary contusion and tiny hydropneumothorax. The plaintiff underwent a surgical open reduction and internal fixation procedure and recovered uneventfully with no residual condition or complications. The court assessed damages at $10,000 (at [19]).

96 In my judgment, the Plaintiff's chest injury is less serious than that of the plaintiff's in *Rajina Sharma* for the simple reason that there were no serious complications, such as pneumothorax. As explained by the Deputy Registrar in *Long Hean Kuang*, where there are no complications, the awards tend to be less than $10,000. Similarly, an award lower than the starting quantum of $13,000 arrived at in *Long Hean Kuang* is appropriate as the Plaintiff had only suffered four rib fractures as opposed to the seven sustained. That said, in determining the appropriate quantum, I shall not overlook the manubrium fracture sustained by the Plaintiff.

97 Similarly, I am of the view that the quantum of damages should be lower than the award in *Azana Binte Atan*. Unlike the plaintiff in *Azana Binte Atan*, the Plaintiff neither suffered hydropneumothorax, nor did he undergo any surgical procedure. As stated by Dr Chang, the Plaintiff's fractures were conservatively managed (see [91] above). While I acknowledge that the Plaintiff continues to experience residual pain when lifting or carrying loads heavier than 5kg (see [88] above), this has limited weight in the overall assessment of the quantum of damages for pain and suffering. The evidence does not show that such exertion would arise with sufficient frequency to materially increase pain

and suffering. As the Court of Appeal explained in *Lua Bee Kiang* at [48], in matters of pain and suffering, the court focuses on the actual pain the plaintiff has endured and will continue to endure in the future. However, in my view, the Plaintiff, an elderly, unemployed man, should not experience any ongoing pain associated with the chest injury in the ordinary course of his life.

98 For the foregoing reasons, I assess damages for pain and suffering in relation to the chest injury at $8,500.

The appropriate quantum of damages for the abrasions to the left elbow and left knee

99 Turning to the abrasions on the left elbow and left knee, these injuries were minor, and the parties do not dispute their nature. Taking reference from the Guidelines at page 59, which provide for $500 for a "[s]ingle abrasion on any part of the body," I award $650 for each abrasion. In my view, separate awards should be made for each abrasion, as they were sustained in different parts of the body. The uplift from the $500 figure accounts for inflation since the publication of the Guidelines in 2010 (see *Tan Siew Bin Ronnie v Chin Wee Keong* [2008] 1 SLR(R) 178 at [18]).

Future medical and transport expenses

100 The Plaintiff's claim for future medical and transport expenses relates to the alleged heart damage and his high blood pressure. Given my findings that these were not caused by the accident (see [82] above), it follows that the Plaintiff's claim for future medical and transport expenses must be disallowed.

Special damages

101 I now turn to the Plaintiff's claim for special damages.

Has the Plaintiff proven his claim for the damage to and loss of his Bicycle?

102 As regards the claim for the damage and loss of the Bicycle (S/N 1 at [56] above), the Defendants contend that the Plaintiff has failed to "strictly prove" his claim and accordingly no damages should be awarded. I am unable to agree with the Defendants.

103 As explained by the High Court in *Rahman Lutfar v Scanpile Constructors Pte Ltd and another* [2016] SGHC 41 at [13] (cited with approval by the Court of Appeal in *Yap Boon Fong Yvonne v Wong Kok Mun Alvin and another and another appeal* [2019] 1 SLR 230 at [48]), while some authorities may suggest that strict proof is required for special damages, this is not necessarily the case. Although the Plaintiff bears the legal burden of proving his case, this does not impose a greater obligation with respect to special damages. The key distinction between special and general damages lies in the requirement for special damages to be specifically pleaded, but there is no real distinction in the standard of proof.

104 Common sense dictates that the Plaintiff's Bicycle must have been damaged after the collision by the cement truck. That the Plaintiff had sustained chest fractures would suggest that the force of impact was not insignificant. In my view, the Plaintiff's concession during cross-examination that his claim in this regard was not supported by any documentary evidence is not fatal to his claim.[139] Viewed in context, the Plaintiff was merely conceding that there are no receipts for the purchase of the Bicycle as it was purchased long ago. On balance, I am satisfied that the Bicycle was indeed damaged in the accident.

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139 NE, 10 April 2025 at p 26, A.

105 As for the subsequent loss of the Bicycle, which could not be found when the Plaintiff, Ms Wen and Mr Lee returned to the accident scene the next morning, I am of the view that this loss was not caused by the accident. While the collision was with a large truck, there is no evidence as to the extent of the damage to the Bicycle and so I am unable to conclude that the accident had caused the Bicycle to be totally unusable and unrepairable. Accordingly, adopting a rough and ready approach, I award $100 for the damage to the Bicycle, half of the amount claimed for its total loss.

Should the sums of $330.50 incurred for TCM treatments and $17.10 for Tian Qi powder be claimable?

106 I now address the TCM-related medical expenses claimed by the Plaintiff, which are disputed by the Defendants. In disputing the claim, the Defendants assert that there is no evidence in the form of a medical report to state what the consultations and treatments pertained to and if the injuries were suffered because of the accident, and the TCM treatments were not recommended by the treating doctors from NTFGH in any event.[140]

Are TCM-related expenses only claimable if the treatment was recommended by a Western doctor?

107 The Defendants rely on the following passage in Yong Pung How J (as his Honour then was)'s decision in *Seah Yit Chen v Singapore Bus Service* (1978) Ltd [1990] 1 SLR(R) 490 ("*Seah Yit Chen*") (at [15]) for the supposed proposition that a plaintiff's claim for TCM treatment-related expenses can only succeed if it was done on reliable advice from a doctor practicing *Western* medicine ("the Defendants' Interpretation"):[141]

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140 DWS at paras 20 and 22.

141 DWS at para 19.

> … There should be some evidence before the court that the traditional treatment was undergone on *reliable advice*, with a reasonable expectation of benefit, and not just on the impulse of the plaintiff. This would be especially relevant if the traditional treatment were to overlap a course of conventional treatment, as a plaintiff should not normally be entitled to recover the expenses of both forms of treatment undergone at the same time. …
>
> [emphasis added]

108 In *Seah Yit Chen*, the plaintiff was injured in a road accident while riding pillion on a motor scooter. The scooter had collided with a bus owned by the first defendant and driven by its employee, the second defendant. Among other things, the plaintiff sought to claim $240 in special damages to cover the cost of treatment provided to the plaintiff by a TCM physician. Yong J dismissed this claim on the ground that the plaintiff had already started with conventional physiotherapy and there was no evidence that she had received any reliable advice from her attending doctor, Dr Kumar, before she changed her mind and went to a Chinese physician on her own; there was also no evidence that she benefited in any way from this alternative treatment, and she was readily persuaded to stop it by Dr Kumar telling her that these visits to the TCM physician would not help her to bend or squat (at [14] and [16]).

109 I now turn to the Defendants' Interpretation, which I am unable to accept. In *Seah Yit Chen*, Yong J prefaced his remarks at [15] with the observation that "the answer as to whether [a TCM-related expense incurred] was reasonable must depend on the facts of each case." Earlier, at [14], Yong J had articulated the general position that plaintiffs are entitled to recover all expenses reasonably incurred in the treatment of their injuries. This general principle, which makes no distinction between Western medicine and TCM, has been consistently upheld (see *eg*, *Ng Chee Wan v Tan Chin Seng* [2013] SGHC 54 at [13] and *Hazwani bte Amin v Chia Heok Meng* [2018] SGHCR 2 at [29]).

110 In this regard, I also note that the case of *Rubens v Walker* [1946] SC 215 was cited at [14] of *Seah Yit Chen* for the general proposition that "[e]ven where medical diagnosis and advice prove to have been wrong, and plaintiffs have acted on them, the expenses incurred by them are admissible, if the advice has been taken in good faith from a reputable medical practitioner." In *Quek Yen Fei Kenneth v Yeo Chye Huat* [2016] 3 SLR 1106, Tay Yong Kwang J (as his Honour then was) allowed the plaintiff's claim for TCM-related expenses for his backache. Tay J was of the view that it was reasonable for the plaintiff, as a Chinese, to seek treatment for his backbone from a TCM doctor (at [97]). This was despite the fact that no evidence was given by any of the Western doctors who gave evidence at the trial that they had recommended the TCM treatment (at [96]).

111 The true import of these decisions is that all medical expenses are recoverable, provided they are incurred in good faith from a reputable medical practitioner. There is no distinction between Western medicine and TCM in this respect. Accordingly, I do not accept the Defendants' argument that Yong J intended to impose an additional rider that TCM treatments must first be recommended by a Western doctor in order for their expenses to be recoverable. Such an interpretation is inconsistent with the precedents.

112 Not only is the Defendants' Interpretation contrary to the precedents, but it is also at variance with legal and socio-economic policy (see at *UKM v Attorney-General* [2019] 3 SLR 874 ("*UKM*") at [111]), both of which I am entitled to consider as the principles concerned here are judge-made (*UKM* at [112]). It is well-established that TCM is now regulated under the Traditional Chinese Medicine Practitioners Act 2000 (2020 Rev Ed), a legislative framework that was absent at the time *Seah Yit Chen* was decided. Furthermore, academic institutions such as Nanyang Technological University now offer

degrees in TCM, and certain TCM treatments are incorporated into the treatment protocols of public hospitals, and there are even attempts to integrate TCM and Western medicine: see *Singapore Parliamentary Debates, Official Report* (7 March 2025) vol 95 (Ong Ye Kung, Minister for Health).

113 It would also be inefficient and unnecessary to require individuals who seek TCM treatment to first obtain advice or clearance from a Western doctor. Moreover, given that Western medicine and TCM are distinct systems of medical practice, Western doctors may not commonly advise on TCM treatments outside their professional scope. The facts in *Seah Yit Chen* must be read in context, as the plaintiff in that case continued to incur TCM-related expenses despite express advice from her attending doctor that no benefit would be derived from TCM treatments for her mobility.

114 For the foregoing reasons, I am not persuaded by the Defendants' argument that a plaintiff's claim for TCM-related expenses can only succeed if the treatment was undertaken on the basis of reliable advice from a doctor practising Western medicine. The general principle remains that plaintiffs are entitled to recover all expenses reasonably incurred in the treatment of their injuries, including expenses for TCM-related treatment.

Application to the facts

115 The Plaintiff incurred the TCM-related expenses on 17, 19, 21, 24, 27 October, 1 November 2017 (see [6] above) and 14 November 2018 (see [10] above). I find no reason to disbelieve the Plaintiff's evidence, as corroborated by the evidence of his daughter, Ms Wen, that the visits were prompted by the "sharp pain" the Plaintiff felt in his chest and the bruising and swelling observed on the Plaintiff's upper chest area. Indeed, as mentioned earlier (at [84]), Physicians KCS and KSL of Qun Jian Medical Hall documented in the TCM

Report that bruising and slight swelling were observed on 17 October 2017. The report also sets out the diagnosis and treatment rendered during the subsequent visits, and it is clear that these treatments were related to the Plaintiff's chest pain. The timing of the Plaintiff's first consultation at Qun Jian Medical Hall is significant, as it is between the time he was referred to the Orthopaedic Clinic of NTFGH and the date of his consultation at the NTFGH Orthopaedic Clinic. The Defendants point to the Plaintiff's concession during cross-examination that the Plaintiff sought TCM treatment without a referral from a doctor.[142] It is evident, however, that given the severity of the Plaintiff's pain, he could not wait for his outpatient appointment and was compelled to seek immediate relief through TCM treatment.

116 As for the visits after the consultation at NTFGH's Orthopaedic Clinic, I consider these to be reasonable. These visits were for the limited purpose of pain management and, in my view, should be regarded as complementary to, rather than overlapping with, conventional medicine.

117 In light of the above, I am of the view that the sum of $330.50 claimed by the Plaintiff for the TCM treatments at Qun Jian Medical Hall was reasonably incurred. I therefore allow the claim. I also allow the expense of $17.10 incurred for the purchase of the Tian Qi powder, which the Plaintiff states was for his injuries.[143] I find no reason to disbelieve the Plaintiff's evidence in this regard. Notably, the Tian Qi powder was purchased on 15 October 2017, indicating that the Plaintiff initially sought to self-medicate. As the pain persisted, however, he was compelled to seek professional treatment at Qun Jian Medical Hall on 17 October 2017. For the avoidance of doubt, in allowing the claim of $17.10,

142 NE, 10 April 2025 at p 13, C.

143 NE, 10 April 2025 at p 13, D.

I have not taken into account the expunged Advertisement that Ms Lee had sought to improperly adduce (see [37] above).

Other expenses

118 Finally, I turn to the remaining special damages claims. In light of my finding that the high blood pressure is unrelated to the accident (see [82] above), the claims for medical expenses related to the treatment of high blood pressure, both in Singapore (S/N 4 at [56]) and in China (S/N 5 at [56]), are dismissed. It follows that the claim for transport expenses incurred in China from January 2021 to May 2021 for the Plaintiff's high blood pressure treatment (S/N 7 at [56]) must also be dismissed.[144]

119 As for S/N 6, which pertains to transport expenses incurred from October 2017 to November 2018, I allow the claim in full, notwithstanding the Defendants' submission that seven trips should be excluded as they were made for the purpose of seeking TCM treatment. As I have found earlier, the TCM-related expenses were reasonably incurred and claimable, and, therefore, the transport expenses related to these trips are also claimable.

120 Turning to S/N 8, which relates to transport expenses in China from December 2022 to June 2024 for five trips, the Plaintiff's documents show that only three trips were made to the hospital. Moreover, these trips were for treatments related to the Plaintiff's heart condition, which I have already determined to be unrelated to the accident (see [82]). In the result, this claim is dismissed.

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144 NE, 19 May 2025 at p 55, C; NE, 5 June 2025 at p 37, A–C.

121 Lastly, the transport expenses in S/N 9 pertain to ten trips to the following doctors/medical institutions in Singapore between April 2022 and January 2024: (a) Dr Huan on 12 April 2022; (b) Dr Mark Tan of AsiaMedic Heart and Vascular Centre Pte Ltd on 8 July 2022; and (c) multiple visits to NHC and the SGH Lung Centre between 2022 and 2024.[145] The visit to Dr Huan was for a "Health screen + ECG",[146] while the consultation with Dr Mark Tan was for a *further* CT scan of the thorax to be performed.[147] As I shall elaborate (at [127]–[132]), I am of the view that all the transport expenses in S/N 9 were unreasonably incurred and therefore not claimable. They form part of the Plaintiff's pattern of seeking further medical treatments and re-examinations long after the accident, without any justifiable basis for doing so.

122 Lastly, I turn to (c), being the transport expenses claimed for the Plaintiff's consultations with Dr Tan and Dr Ong. As mentioned at [27] above, when the Plaintiff sought to introduce additional medical evidence from Dr Ong and Dr Tan in SUM 1951, SUM 1951 was granted subject to the Conditions, one of which stated that "in the event that the Court dismisses the Plaintiff's claim for compensation for the alleged heart and/or lung injuries, on the grounds that they were not caused by the road traffic accident, the Plaintiff shall bear all costs and expenses incurred" in respect of producing the reports by the two doctors. Since I have found that the Plaintiff's heart conditions, including his elevated blood pressure and alleged heart damage, were totally unrelated to the accident (see [82] above), it follows that the transport expenses incurred in

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145 Supplementary Affidavit of Evidence in Chief of Wen Hanrong dated 22 August 2024 ("SAEIC") at para 22; JOS at p 58, item 11.

146 SAEIC at p 160.

147 BOD at p 223 at para 2.

connection with the Plaintiff's consultations with Dr Ong and Dr Tan must be rejected.

123 For completeness, even if I am not constrained by the Conditions, I would still disallow the transport expenses incurred as regards the Plaintiff's trips to NHC and the SGH Lung Centre on the ground that they were unreasonably incurred.

Pre-judgment interest

124 I now turn to pre-judgment interest. The Defendants contend that various periods should be excluded for the purposes of calculating pre-judgment interest (see [60] above). The Plaintiff resists this.[148]

The applicable law

125 As explained by the Court of Appeal in *Grains and Industrial Products Trading Pte Ltd v Bank of India and another* [2016] 3 SLR 1308 ("*Grains and Industrial Products*") at [138], pre-judgment interest is not awarded as of right and is a matter of the court's discretion:

> … The object of leaving it to judicial discretion as opposed to laying down a fixed rule making interest payable as of right is to enable the courts to achieve justice across the infinite range of factual permutations that may confront the court by tailoring the award to fit the unique circumstances of each case. Such discretion would extend to a determination of whether to award interest at all; what the relevant rate of interest should be; what proportion of the sum should bear interest; and the period for which interest should be awarded (Harvey McGregor, *McGregor on Damages* (Sweet & Maxwell, 19th Ed, 2014) at para 18-031).

148 PRCS at paras 61–69.

126 The court went on to hold at [140] that a number of other factors are capable of influencing the exercise of the court's discretion. These include whether the plaintiff was "dilatory in the bringing and conduct of the proceeding".

Application to the facts

127 Considering the procedural history (at [15]–[31] above), it is evident that the Plaintiff's conduct in the bringing and conduct of these proceedings can only be described as dilatory. The present action was commenced on 2 October 2020, close to the end of the limitation period of three years for an action for damages for negligence where the damages claimed include damages in respect of personal injuries: s 24A of the Limitation Act (Cap 163, 1996 Rev Ed). Interlocutory judgment was entered by consent on 28 April 2021. Yet, as at the date of the assessment of damages hearing in 2025, nearly five years had elapsed since the commencement of proceedings and four years since liability was determined. This protracted timeline was not the result of genuine complexity or unavoidable circumstances but rather stemmed from the Plaintiff's persistent failure to progress the matter expeditiously and his repeated attempts to introduce fresh medical evidence at every available opportunity.

128 The pattern of delay is clear from the procedural history. The first NOAD, filed on 31 March 2022, was struck off barely a month later on 25 April 2022 because the Plaintiff had filed it prematurely, confirming in the accompanying Checklist that all expert reports had been filed when this was plainly untrue. This was not a minor administrative oversight. The Plaintiff had represented to the Court that he was ready to proceed to an ADCDR Conference when he manifestly was not, thereby wasting judicial time and resources. Following this, the matter remained dormant for over a year until the Plaintiff

filed an SLOD on 30 March 2023, which SDR Chiah correctly identified at the first O 34A PTC as having been filed solely to prevent automatic discontinuance under O 21 r 2(6) of the ROC (see [19] above). This tactical manoeuvre to keep the action alive, without any genuine intention to progress it, speaks volumes about the Plaintiff's approach to these proceedings.

129 The subsequent O 34A PTCs reveal a troubling pattern of the Plaintiff continually seeking adjournments to consult yet another medical specialist or to obtain yet another clarificatory report. At the second O 34A PTC on 9 November 2023, the Plaintiff sought leave to consult a respiratory specialist and was granted a final four-week adjournment (see [20] above). At the third O 34A PTC on 19 December 2023, when asked directly whether all that remained outstanding was the respiratory report, Ms Lee confirmed this was the case. Yet, at subsequent PTCs, it emerged that the Plaintiff was still awaiting reports from Dr Ong, subsequently seeking clarifications from Dr Tan and Dr Chang, later requesting to call Dr Ong and Dr Tan as additional expert witnesses and then seeking further clarifications from these same doctors. Each time the Court granted an indulgence, the Plaintiff found a new reason why he was not yet ready to proceed. This was not the conduct of a litigant genuinely attempting to prepare his case for assessment, but rather of one seeking to embarrass matters indefinitely whilst continually expanding the scope of his claim.

130 The Plaintiff's conduct in relation to the appointment of additional medical experts was particularly egregious. Despite the appointment of Dr Chang as the SJE, and despite the clear provisions of the Simplified Process under O 108 of the ROC which mandate the appointment of a single joint expert (see [28] and [66] above), the Plaintiff sought to call Dr Ong and Dr Tan as additional expert witnesses through SUM 1951. The Defendants, displaying

considerable forbearance, agreed not to contest this application subject to the Conditions (see [27] above). Yet even after this indulgence was granted on 17 July 2024, Ms Lee informed the Court that she was still awaiting clarifications from Dr Tan (in respect of questions sent over a month earlier) and that she would be writing to Dr Ong for further clarification regarding matters she had "previously omitted" to ask him (see [29] above). This admission that she had failed to properly instruct Dr Ong in the first instance, necessitating further correspondence and delay, showcases the lack of diligence that characterised the Plaintiff's conduct throughout these proceedings.

131 It bears emphasis that at multiple junctures during the *nine* O 34A PTCs, SDR Chiah and DR Toh reminded the Plaintiff that damages assessment proceedings could not be indefinitely delayed simply to await the completion of all medical treatment and that it was open to the Plaintiff to claim future medical expenses (see [19] above). These reminders were ignored. The Plaintiff's approach appeared to be one of seeking to obtain every conceivable medical report and clarification before proceeding, regardless of whether such reports were necessary or proportionate to the claim being advanced. This approach is fundamentally incompatible with the objectives of the Simplified Process, which is designed to ensure proportionate costs and expeditious resolution of disputes before the Magistrate's Courts (see [28] above). The Plaintiff's conduct resulted in the matter remaining in the pre-assessment stage for over three years following the entry of interlocutory judgment, with a fresh NOAD only being filed on 28 August 2024, more than four years after the commencement of proceedings.

132 By reason of the above, it is clear that the Plaintiff is guilty of dilatory conduct. In my view, a broad-brush approach is preferable in the exercise of judicial discretion in awarding (or not awarding) pre-judgment interest as

calculating pre-judgment interest with mathematical precision is often impractical and risks miring the parties in factual disputes over matters such as the exact dates. Be that as it may, as the Defendants have identified specific periods, I hold that the following periods should be excluded in the calculation of pre-judgment interest.

133 The first period spans 1 May 2021 to 29 December 2021, excluding 30 August 2021. Following the filing of the consent interlocutory judgment on 30 April 2021, the Plaintiff took no action until 30 August 2021, when he filed a statement of special damages and a supplementary list of documents. Thereafter, from 31 August 2021 to 29 December 2021, no progress was made until the filing of a summons for directions on 30 December 2021 (see [15]–[16] above).

134 The second period spans 20 April 2022 to 27 August 2024. On 20 April 2022, the Plaintiff informed the Court that he was not ready to proceed with the ADCDR Conferences as he had been referred to see a cardiologist. This led to the NOAD filed on 31 March 2022 being struck off at the first ADCDR Conference on 25 April 2022 (see [17] above). Thereafter, no significant progress was made until the first O 34A PTC on 7 September 2023, with the ninth and final O 34A PTC occurring on 17 July 2024. I consider the Plaintiff's conduct during the O 34A PTCs to be dilatory, given his persistence in undergoing unnecessary medical examinations and seeking further clarificatory questions. Accordingly, I shall exclude interest for the entire period till 28 August 2024, the date on which the fresh NOAD was filed (see [31] above).

135 Apart from the above periods, the Defendants propose the period of 19 May 2025 to 5 June 2025 to be excluded in the calculation of pre-judgment interest. I will go further. I am of the view that the exercise of my discretion

should extend to precluding an award of pre-judgment interest for the period after 10 April 2025, the first day of the assessment stage, until today ("the Additional Exclusion Period"). This is justified in light of the Plaintiff's dilatory conduct, through Ms Lee, at the assessment proceedings, which I shall address in detail at [149]–[154] below. At this juncture, it is sufficient to note that, in my judgment, but for Ms Lee's conduct, what should have been a straightforward matter could very well have concluded on 10 April 2025, with judgment rendered on that very day. There would have been no need for the parties to exchange lengthy written submissions, nor for me to reserve judgment. Moreover, no purpose was served by calling Dr Ong to the stand as his three reports were unambiguous in stating that the Plaintiff did not suffer any complication to the lungs as a result of the accident (see [78]–[79] above), and that, strictly speaking, the Plaintiff was not even allowed to conduct an oral examination-in-chief (see [51] above).

136 Even if the Plaintiff was not "dilatory in the bringing and conduct of the proceedings" from 10 April 2025, in my opinion, I am entitled to also take into account the Plaintiff's unsatisfactory conduct during the assessment of damages proceedings in determining whether pre-judgment interest should be limited. This is to ensure that the consequences of the Plaintiff's conduct do not operate unfairly to the Defendants' detriment.

137 Indeed, the Court of Appeal's decision in *Grains and Industrial Products* makes clear that the delay in the bringing and conduct of a proceeding is but a non-exhaustive *factor* to be considered in the exercise of the court's discretion in awarding interest (at [140(b)]). I am reassured that I possess the discretion to disallow the award of pre-judgment interest during the Additional Exclusion Period by the Court of Appeal's pronouncement in *Grains and Industrial Products* that the purpose of leaving interest to judicial discretion is

"to enable the courts to achieve justice across the infinite range of factual permutations that may confront the court by tailoring the award to fit the unique circumstances of each case" (at [138]).

Summary of awards

138 For the foregoing reasons, I award general damages in the global sum of $9,800 and special damages in the global sum of $3353.71 with the usual consequential orders. I award pre-judgment interest for general damages at 5.33% and special damages at 2.67%, with the following periods excluded from the computation of interest:

(a) 1 May 2021 to 29 December 2021, excluding 30 August 2021;

(b) 20 April 2022 to 27 August 2024; and

(c) 11 April 2025 to today.

139 A summary of the damages I have awarded is set out in the following table:

General damages				
S/N	**Description**	**Plaintiff's position**	**Defendants' position**	**Court's award**
1	Chest injury	$48,000	$9,000	$8,500
2	Abrasion of the left elbow	$1,000	$500	$650
3	Abrasion of the left knee	$1,000	$500	$650
4	Large bruises and swelling over upper chest area	$2,000	$0 (overlapping with S/N 1)	$0 (overlapping with S/N 1)

5	Future medical expenses for TCM treatment of residual pain of the chest wall in China	$1,108.50	$0	$0
6	Future medical expenses for the treatment of high blood pressure in China	$979.03	$0	$0
7	Future transport expenses for TCM treatment of residual pain of the chest wall in China	$443.40	$0	$0
8	Future transport expenses for the treatment of high blood pressure in China	$886.80	$0	$0
Special damages				
1	Damage and loss of the Bicycle	$200	$0	$100
2	Medical expenses (13 October 2017 to 14 November 2018)	$2,886.61	$2,556.11	$2,886.61
3	Chinese medicine from Eu Yan Sang ("the Tian Qi powder")	$17.10	$0	$17.10
4	Medical expenses for treatment of high blood pressure (20 January 2021 to 22 May 2021)	$271.61	$0	$0
5	Medical expenses for treatment of high blood pressure in China (December 2022 to June 2024)	$209.76	$0	$0

6	Transport expenses (October 2017 to November 2018)	$350	$160	$350
7	Transport expenses (January 2021 to May 2021)	$120	$0	$0
8	Transport expenses in China (December 2022 to June 2024)	$50	$0	$0
9	Transport expenses in Singapore (April 2022 to January 2024)	$200	$0	$0

Observations on the conduct of Plaintiff's counsel

140 The Court does not, as a matter of course, embark on an examination of counsel's conduct during the course of proceedings. Occasional missteps by counsel are understandable. Indeed, the courts are extremely reluctant to comment on counsel's conduct in a written judgment. Ms Lee's conduct, however, went far beyond such lapses, necessitating the paragraphs that follow.

141 For the avoidance of doubt, these observations are confined solely to my procedural rulings and the assessment of the merits of the parties' cases, as well as to the determination of the issues relating to costs. They are not to be construed as disciplinary findings against counsel.

Dilatory conduct and repeated medical queries and examinations

142 I have already outlined above the Plaintiff's dilatory conduct throughout these proceedings, marked by repeated efforts to consult additional medical specialists and to obtain further clarificatory reports during the O 34A PTC stage, and even during the assessment phase. In my view, this pattern of conduct

is more attributable to the actions of Ms Lee, rather than the Plaintiff himself. I explain.

143 To begin, there is evidence from the Plaintiff to suggest that the additional medical consultations and scans were initiated by his counsel, Ms Lee.[149] In this regard, I had the opportunity to observe the Plaintiff's demeanour in Court. The Plaintiff is an elderly PRC national who does not speak English and, by all appearances, is not a particularly sophisticated litigant. It is therefore telling that Ms Lee took it upon herself to make extensive clarifications and to introduce medical evidence belatedly throughout the course of the proceedings. The inference to be drawn is that it was Ms Lee who encouraged the Plaintiff to pursue further medical examinations long after the accident and the filing of the claim, and to seek clarifications that, in many instances, were completely unnecessary. It is equally questionable whether the Plaintiff himself was the primary cause of the delays and adjournments that have plagued these proceedings. In my view, it appears that the excessive adjournments and dilatory conduct were driven more by counsel's strategy than any fault on the part of the Plaintiff.

144 In this regard, Ms Lee would be most familiar with the remarks of the District Court (hearing a Registrar's appeal) in *How Chin Yong v Chan Cheng Song (trading as Happy Valley Catering Service) and another* [2024] SGDC 151 ("*How Chin Yong*") (at [43]–[45]), whose appellant-claimant was represented by Ms Lee:

> [43] … we have claimants who would link all manner of medical conditions manifesting long after the accident to the act of negligence. They would then attend multiple further medical examinations, in a bid to obtain the medical opinions that would support claims for the perceived further medical

149 SAEIC at para 3; NE, 10 April 2025 at p 22, D.

> conditions. Further medical examinations inevitably cause delay. Lawyers (and judges) *au fait* with personal injury claims will be familiar with the cycle of further medical examinations and the attendant medical reports. Appointments for further medical examinations must first be made with a medical expert. The medical expert must then write the medical reports after the further medical examinations. … Often, just obtaining an appointment for further medical examination by these doctors take months. …
>
> [44] … Misguided advice to claimants to obtain yet further medical reports over years or as in this case, decades, is ill-advised. It causes a great disservice to claimants. Moreover, there is also the consideration of the injustice caused to defendants …
>
> [45] Claimants should not prolong bringing their injury claims to assessment and conclusion at the AD. Any genuine concerns for deterioration of injuries caused by the accident can be taken care of under the heads of claim for future medical treatments and future medical expenses. *Dragging proceedings for years in the hope of more medical conditions manifesting is a perverse approach to the recovery of loss and damage caused by the accident.* …
>
> [emphasis added]

145 I fully adopt the remarks made by the District Court regarding Ms Lee's conduct. It is apparent that her actions reflect a concerning pattern of behaviour before our courts.

146 Even if the Plaintiff himself had insisted on undergoing further medical examinations, thereby unnecessarily prolonging the proceedings, and made submissions that were not supported by the objective medical evidence, this does not absolve Ms Lee of responsibility for her approach. As held by the Court of Appeal in *BOI v BOJ* [2018] 2 SLR 1156 at [3], "counsel are not the mere 'mouthpieces' of their clients. They are not mere automatons, executing every instruction of the client". The Court of Appeal further explained (at [139]) that:

> … To the extent that they do not counsel (and/or even, if necessary, admonish) their clients and scrupulously observe their duty to the court, lawyers fail to live up to their calling as

> members of a profession whose hallmarks are honour and justice.

147 This duty has also been described elsewhere as a facet of a solicitor's "paramount duty to the court", which overrides his or her duties to the client: *per* VK Rajah JA in *Bachoo Mohan Singh v Public Prosecutor and another matter* [2010] 4 SLR 137 ("*Bachoo Mohan Singh*") at [113]. During the assessment of damages hearing on 5 June 2025, at various junctures where counsel for the Defendants had objected to Ms Lee's line of questioning (which were sustained by me), Ms Lee proclaimed that the Plaintiff was the "accident victim".[150] However, as explained by Rajah JA in *Bachoo Mohan Singh* at [113], "[n]o instructions from a client, tactical considerations or *sympathy* for a client's interests can ever take precedence over [a solicitor's paramount duty to the court] [emphasis added]".

148 Ms Lee's conduct during the third and fifth O 34A PTCs did not escape my attention. At the third O 34A PTC on 19 December 2023, Ms Lee expressly confirmed to SDR Chiah that the only outstanding item was the respiratory report (as noted at [21] above) (at the fourth O 34A PTC, she updated the Court that the Plaintiff had seen Dr Ong on 23 December 2023, and that a report would be available within approximately six weeks). However, during the fifth O 34A PTC on 17 April 2024, Ms Lee informed DR Toh that she had previously raised with the Court that Dr Tan's answers were incomplete, and that she had written in for clarification (see [23]). There appears to be no record of such a statement having been made. In any event, Ms Lee's conduct in seeking further reports after 19 December 2023 is inconsistent with her express confirmation to SDR Chiah that all that was remaining was Dr Ong's respiratory report.

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150 NE, 5 June 2025 at p 56.

Disregard for basic rules of civil litigation

149 Before me, Ms Lee thoroughly demonstrated a serious lack of appreciation of the most basic rules of civil litigation. As I have already set out what occurred during the hearing in considerable detail at [32]–[54] above, I shall only summarise the relevant conduct here.

150 On 10 April 2025, Ms Lee sought leave for her client's daughter, Ms Wen, to assist with Hakka translation, despite the Plaintiff's ability to communicate in Mandarin. The request was inappropriate, as it was unnecessary and Ms Wen was not qualified to assist (see [33] above). This shows a lack of appreciation for the role of interpreters and the imperative for them to be independent.

151 On 19 May 2025, Ms Lee filed the Plaintiff's 16 May 2BOD without leave of Court. The 16 May 2BOD included documents that were irrelevant, such as the Advertisement from Eu Yan Sang's website, and various legal authorities. Ms Lee's reliance on O 24 r 8 of the ROC to justify the inclusion of the clarificatory report was misplaced, as that provision requires a discovery order to have been made, but no such order was made. As a result, the 16 May 2BOD was expunged (see [34]–[41] above).

152 Ms Lee's conduct during the re-examination of the Plaintiff on 19 May 2025 was similarly all over the shop. Re-examination is not an occasion for a party to introduce new matters not explored during cross-examination. Nevertheless, Ms Lee sought to do precisely this. In many instances, Ms Lee's questions strayed beyond the permissible scope of re-examination, necessitating repeated objections by counsel of the Defendants which were mostly sustained. It was also amply clear that Ms Lee had no real appreciation of the differences

between a cross-examination and re-examination, nor the rule in *Browne v Dunn* (see [42]–[48] above).

153 Ms Lee's failure to adequately prepare for the re-examination of the Plaintiff was evident. Despite being given additional time to prepare by transposing the witnesses, she admitted on 5 June 2025 that she had not fully prepared her questions. When asked for an estimate of time, Ms Lee suggested "two and a half hours". This estimate was unrealistic, especially considering that cross-examination, which covered more extensive matters, had taken less than three hours (see [46] above). Her lack of preparation and failure to properly scope the re-examination contributed to the needless protraction of these proceedings.

154 Another example of Ms Lee's disregard for procedural propriety occurred on 21 August 2025, during her examination-in-chief of Dr Ong. The medical reports had already been submitted in lieu of an AEIC and contained no new material that would justify the introduction of further evidence. Nevertheless, Ms Lee sought to present additional evidence without the requisite leave of Court, in contravention of O 38 rr 2(3) and 2(4) of the ROC. This conduct was compounded by her use of leading questions, which, as noted, are prohibited in examination-in-chief unless leave had been sought from the Court. I should also mention again the unnecessary phenomenon that manifested during the hearing when Ms Lee attempted to produce a large envelope containing various CT scan films (see [50]–[54] above).

Pursuing manifestly untenable submissions

155 It has been held by the Court of Appeal that "[c]ounsel should always adhere to the highest standard of advocacy and refrain from tendering to the court arguments which they know or should know are lacking in merit":

Management Corporation Strata Title Plan No 301 v Lee Tat Development Pte Ltd [2011] 1 SLR 998 at [87]. However, Ms Lee had, by arguing that the Plaintiff had sustained eight rib fractures (instead of four), heart damage, lung complications and high blood pressure from the accident, pursued submissions which were completely contradicted by the evidence of the Plaintiff's own doctors.

156 Dr Chang's consistent and unequivocal testimony regarding the Plaintiff's rib fractures should have conclusively resolved the issue. In his Main Medical Report, Second Clarificatory Report, and Third Clarificatory Report, Dr Chang clearly stated that the Plaintiff sustained only four rib fractures. Despite these unambiguous findings, Ms Lee continued to pursue the submission that eight ribs were fractured. This submission not only contradicted Dr Chang's expert opinion but was also unsupported by any other medical expert (see [68]–[71] above). It is also apparent from the host of clarificatory questions she put to Dr Chang (and the other medical experts) that Ms Lee had embarked on her own medical research and formed views on the medical issues, which she attempted to put to the doctors but which they rejected. She then sought to advance these personal conclusions to the Court. This Court takes a dim view of such conduct.

157 Ms Lee's continued assertion that the Plaintiff's purported heart damage and high blood pressure were causally linked to the accident is entirely unjustifiable in the face of the medical evidence. Dr Tan's reports, including his Main Medical Report and First Clarificatory Report, squarely contradicted Ms Lee's position. Dr Tan expressly stated that the Plaintiff's elevated blood pressure and heart conditions were unrelated to the rib fractures sustained in the accident. Although pain could transiently elevate blood pressure, Dr Tan clarified that the long-term elevated readings had no connection to the Plaintiff's

injuries. Ms Lee, however, disregarded Dr Tan's expert opinion and continued to advance arguments to the contrary (see [80]–[82] above).

158 In the same vein, the Plaintiff's claim of lung dysfunction being linked to the accident was unequivocally refuted by Dr Ong's medical assessments. Dr Ong's reports and testimony confirmed that the Plaintiff's lung function was not impaired by the accident. During cross-examination, the Plaintiff himself conceded that his lung issues were unrelated to the accident. This concession, along with Dr Ong's consistent findings, left no reasonable basis for Ms Lee's argument (see [77]–[79] above).

159 Ms Lee's continued pursuit of these arguments, despite the Plaintiff's own concessions and the overwhelming medical evidence to the contrary, was a clear disregard for the medical evidence and an attempt to advance claims without foundation.

Conclusion

160 It follows, therefore, that I have little alternative but to invite Ms Lee to show cause why she should not be personally liable for costs under O 59 r 8 of the ROC. This should be addressed as part of the parties' written submissions on costs, limited to 20 pages each, which shall be tendered within 21 days from today. Leave is granted to the parties to file a supporting affidavit setting out the relevant facts if necessary.

161 Ms Lee may have intended to act with her client's best interests in mind, but her approach was ultimately misguided. Her written submissions, though thorough, were often devoid of the support of objective medical evidence and, in several instances, contradicted the findings of the Plaintiff's own medical experts. This led to delays and unnecessary complications in a case that, by its

nature, should have been relatively straightforward. While Ms Lee's conduct before the Court was not, in the main, disrespectful, it was characterised by a repeated pursuit of unsustainable claims, which regrettably prolonged the proceedings and made the case unduly complex (as I have alluded to at [1] above).

Don Ho
Deputy Registrar

Lee Nyet Fah Alyssa (Alyssa Lee & Co), Gerald Ling (Ling & Ling LLC) and Manicka Karuppiah (Manicka & Company) for the plaintiff;
Phua Cheng Sye Charles and Chee Hui Yen Charlene Clara (PKWA Law Practice LLC) for the defendants.
