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

[2024] SGHC 212

Registrar's Appeal (State Courts) No 2 of 2024

Between

Choo Yew Liang Sebastian

… *Appellant*

And

Koh Yew Teck

… *Respondent*

And

Etiqa Insurance Pte Ltd

… *Intervener*

In the matter of District Court Suit No 2183 of 2016

Between

Choo Yew Liang Sebastian

… *Plaintiff*

And

(1) Koh Yew Teck
(2) Auto Venture Motors Pte Ltd

… *Defendants*

And

Direct Asia Insurance
(Singapore) Pte Ltd

… *Third Party*

And

Etiqa Insurance Pte Ltd

… Intervener

JUDGMENT

[Tort — Negligence — Motor accidents]
[Damages — Assessment]
[Damages — Measure of damages — Personal injuries cases]
[Damages — Computation]

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v
Koh Yew Teck and another
(Direct Asia Insurance (Singapore) Pte Ltd, third party)
(Etiqa Insurance Pte Ltd, intervener)

[2024] SGHC 212

General Division of the High Court — District Court Suit No 2183 of 2016
(Registrar's Appeal (State Courts) No 2 of 2024)
Lee Seiu Kin SJ
22 February, 28 March, 12 June 2024

19 August 2024 Judgment reserved.

Lee Seiu Kin SJ:

Introduction

1 This is an appeal against the award for damages granted in favour of the appellant as a victim of a road traffic accident that took place on 31 December 2013 ("the Accident"). At the first instance *vide* DC/AD 257/2018, the learned Deputy Registrar ("the learned DR") awarded the appellant damages totalling $135,268.40. The appellant appealed this decision *vide* DC/RA 56/2023 ("RA 56") and the learned District Judge ("the learned DJ") affirmed all but one of the awards of the learned DR. The remaining award, which related to damages for loss of earning capacity, was increased from $20,000 to $40,000 by the learned DJ.

2 The appellant appeals all but one of the learned DR's and learned DJ's awards. I heard the parties over three days and reserved my judgment. I now set out my decision and reasons in respect of each award appealed against.

3 This case also presents an opportunity to clarify the effect of the recent decision of the Court of Appeal ("CA") in *Crapper Ian Anthony v Salmizan bin Abdullah* [2024] SGCA 21 ("*Salmizan (CA)*") in relation to personal injury cases that have been bifurcated with an interlocutory judgment issued *after trial*. To the extent that the CA does not address this particular situation in its decision, I record my views and provide guidance on how such actions should be managed.

Facts

Procedural history

4 The appellant was involved in a road accident on 27 May 2010 ("the Previous Accident"), in which his car was rear ended, and he suffered a Grade 2 whiplash injury.[1] The appellant commenced an action in DC/DC 1570/2013 ("DC 1570") to seek compensation for this said injury.

5 Subsequent to this, the appellant was involved in the Accident on 31 December 2013, in which his car was collided into by a motor car driven by the respondent. The appellant commenced the present action in DC/DC 2183/2016 ("DC 2183") to seek compensation for injuries and losses suffered as a result of the Accident. The trial for DC 2183 was bifurcated. After the first tranche of the trial, the respondent was found wholly liable for the Accident and an interlocutory judgment was entered on 13 December 2017 in

[1] Affidavit of Evidence in Chief ("AEIC") of Choo Yew Liang Sebastian dated 14 August 2018 ("AEIC Choo") at para 5.

favour of the appellant, with damages to be assessed and interest and costs of the proceedings reserved to the Registrar hearing the assessment of damages ("AD").

6 On 31 May 2019, the interveners, who are the respondent's insurers, applied to join themselves to DC 2183. On 2 July 2019, the court granted this application, and the interveners were added on 16 August 2019.

7 On 15 January 2020, the second defendant in DC 1570, *ie*, the suit related to the Previous Accident, applied for the ADs in DC 1570 and DC 2183 (namely DC/AD 368/2017 and DC/AD 257/2018, respectively) to be heard together since there would be common issues of attributing the appellant's injuries to the Previous Accident and the Accident. The application was granted by consent of all the parties in DC 2183. DC 1570 and DC 2183 then proceeded for a consolidated AD hearing before the learned DR. At the final tranche of the AD, DC 1570, relating to the Previous Accident, was amicably settled. This left DC 2183, relating to the Accident, to be resolved.

8 On 23 August 2023, the learned DR delivered her decision for the AD in DC 2183, granting damages in the sum of $135,142 in favour of the appellant. On 4 September 2023, the learned DR clarified that this sum was instead $135,368.40.

9 On 17 September 2023, the appellant filed a notice of appeal in RA 56 to appeal against the decision of the learned DR. On 18 December 2023, the learned DJ affirmed the learned DR's decision, save that he varied the quantum awarded by the learned DR for the appellant's loss of earning capacity from $20,000 to $40,000.

10 On 29 December 2023, the appellant filed the notice of appeal in HC/RAS 2/2024, *ie*, the present appeal, to appeal the learned DJ's decision in RA 56.

11 For the avoidance of doubt, the present appeal is concerned with the AD of DC 2183, relating to the *Accident*.

Background to the dispute

12 I briefly note that apart from the two road traffic accidents forming the subject matter of DC 1570 and DC 2183, the appellant had been involved in three other subsequent incidents that may be relevant in assessing the damages that the respondent is liable for as a result of the Accident. The incidents are as follows:

Date of incident	**Incident**
27 May 2010	Previous Accident
31 December 2013	Accident
9 November 2015	Incident at work from lifting boxes
25 April 2016	Road traffic accident
1 August 2019	Fall

I will refer to these incidents where they are relevant to my decision. While I note that the appellant was involved in other prior incidents, these are immaterial for the present assessment of damages.

Issues to be determined

13 The appellant is appealing against the learned DJ's decision in respect of every head of damages except the award for damages of $2,000 corresponding to the post-concussion syndrome with giddiness and frequent headache suffered by the appellant.[2] The list of awards (including nil awards) appealed against are as follows:

Claim	**Item**
General Damages	
(A)	Pain and Suffering
(i)	Severe exacerbation of neck whiplash injury and associated cervicogenic headaches
(ii)	Bilateral wrist contusion
(iii)	Left calf contusion
(iv)	Back injury (Lumbar Contusion)
(v)	Traumatic left knee chondromalacia patella
(vii)	Right shoulder acromioclavicular strain
(B)	Loss of future earnings and Loss of earning capacity
(C)	Future medical expenses
(D)	Future transport expenses
Special Damages	

[2] Appellant's Skeletal Submissions for HC/RAS 2/2024 dated 15 February 2024 ("AWS") at para 1.

(E)	Pre-trial medical expenses
(F)	Pre-trial transport expenses
(G)	Insurance excess
(H)	Rental of alternative vehicle
(I)	Pre-trial loss of earnings

14 I shall address each head of damages *seriatim*.

15 In addition, a preliminary issue which the appellant raises is whether the respondent and the intervener (the "opposing parties") are entitled to dispute the element of causation for each head of damage in view of the High Court decision of *Salmizan bin Abdullah v Crapper, Ian Anthony* [2023] SGHC 75 ("*Salmizan (HC)*").

The applicable law

The level of appellate intervention

16 I first consider the appropriate level of appellate intervention applicable to the present matter. Section 22 of the Supreme Court of Judicature Act 1969 (2020 Rev Ed) ("SCJA") provides:

> **Powers of rehearing**
>
> 22.—(1) All appeals to the General Division in the exercise of its appellate civil jurisdiction are to be *by way of rehearing*.
>
> (2) In hearing and deciding an appeal, the General Division has all the powers and duties, as to amendment or otherwise, of the court from which the appeal was brought.
>
> …
>
> (6) The General Division *may draw any inference of fact, give any judgment and make any order*.

> (7) The powers in this section —
>
> > (a) may be exercised in relation to any part of the decision appealed against, including any part of the decision appealed against to which the appeal does not relate; and
> >
> > (b) may be exercised in favour of any party to the decision appealed against, including any party to the decision appealed against who has not appealed against the decision.
>
> [emphasis added]

17 The issue of the level of appellate intervention, in the context of an appeal of a decision of a District Judge to the High Court, was recently considered by Goh Yihan J in the case of *Lim Chee Seng v Phang Yew Kiat* [2024] SGHC 100 ("*Lim Chee Seng*"). Referencing his earlier decision in *Tan Meow Hiang (trading as Chip Huat) v Ong Kay Yong (trading as Wee Wee Laundry Service)* [2023] SGHC 218 ("*Tan Meow Hiang*") at [20]–[26], Goh J summarised the applicable principles regarding the threshold of appellate intervention in *Lim Chee Seng* at [58]–[59]:

> 58 …
>
> (a) An appellate court should be reluctant to overturn findings made by the trial judge as they, unlike the trial judge, have not had the benefit of hearing the evidence of the witnesses and observing their demeanour.
>
> (b) However, the appellate court should not shy away from overturning findings of fact when necessary. This will be the case where: (i) the trial judge's assessment is plainly wrong or against the weight of evidence; or (ii) the appellate court can refer to documentary evidence instead of the evidence of witnesses during cross-examination.
>
> (c) Further, an appellate court is in as good a position as a trial court to assess the veracity of a witness's evidence in two situations: (i) where the assessment of the witness's credibility is based on inferences drawn from the internal consistency in the content of the witness's evidence; or (ii) where the assessment of the witness's credibility is based on the external consistency between the content of the witness's evidence and the extrinsic evidence.

> 59 … As to *inferences of fact*, the appellate court is entitled to engage in a *de novo* review. This is because an appellate judge is as competent as any trial judge to draw the necessary inferences of fact from the objective material.
>
> [emphasis in original]

18 For completeness, I note that the parties had submitted that the principles governing an appeal to a Judge in chambers was set out by the Court of Appeal in *Tan Boon Heng v Lay Pang Cheng David* [2013] 4 SLR 718 ("*Tan Boon Heng*").[3] Their reliance on this decision is, in my view, slightly attenuated. While *Tan Boon Heng* also concerned an appeal against the assessment of damages in a claim arising out of a motor accident, it is important to recognise the different (procedural) context of that case when compared to the present case.

19 In *Tan Boon Heng*, the assessment of damages was conducted by an Assistant Registrar and this decision was appealed to a High Court Judge in chambers. The issue before the CA was "what were the applicable principles governing a High Court Judge's review, on appeal, of a decision made by the Registrar, the Deputy Registrar or an Assistant Registrar *of the Supreme Court* ("the Registrar") in an assessment of damages" [emphasis added]: *Tan Boon Heng* at [2]. In determining the applicable principles governing the intervention by a Judge in chambers in a decision of the Registrar, the CA recognised that the jurisdiction exercised by the Registrar was "delegated", in that the Registrar is exercising powers and jurisdiction devolved to him from those vested in a High Court Judge: *Tan Boon Heng* at [14] and [16]. As such, where the Registrar's decision is taken up to a Judge in chambers, that is not an "appeal" in the true sense, and a Judge in chambers who hears such an appeal is not

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[3] AWS at para 4; Intervener's and Respondent's Joint Written Submissions dated 15 February 2024 ("RWS") at para 16–17.

exercising an appellate jurisdiction – for that term would only be accurate and applicable where the appealed decision emanates from an inferior court or tribunal – but is exercising confirmatory jurisdiction instead: *Tan Boon Heng* at [16]. It is in view of this foundational premise that the CA proceeded to consider the applicable principles governing the intervention by a Judge in chambers in a decision of the Registrar.

20 In contrast, the present matter concerns an appeal against a decision of a *District Judge* (of the State Court) and not the Registrar, the Deputy Registrar or an Assistant Registrar of the Supreme Court. Unlike *Tan Boon Heng*, it thus cannot be said that this court is exercising confirmatory jurisdiction; rather, this court is exercising appellate jurisdiction in its true sense since the appealed decision does in fact emanate from an inferior court. In this sense, the principles espoused by Goh J in *Lim Chee Seng* would be more germane to the present case.

21 Despite these observations, it must be acknowledged that ultimately, the principles of appellate intervention as set out in *Tan Boon Heng* do not greatly differ from those summarised by Goh J in *Lim Chee Seng*. This is primarily because the central issue common to both contexts is how findings of fact of the judge of first instance – who had the benefit of hearing the evidence of the witnesses – should be treated. In this regard, particularly where findings of fact based on oral evidence are concerned, it is essential that some deference must be given to that judge who had the benefit of hearing the evidence of the witnesses (*ie*, the Assistant Registrar in the case of *Tan Boon Heng* or the learned DR in the present case).

22 Finally, it is also a crucial reminder that "at the end of the day, the appellate court's duty is to do justice by correcting plainly wrong decisions": *Tan Meow Hiang* at [26].

Burden of proof

23 It should go without saying that the appellant bears the legal burden of establishing his case (see s 103 of the Evidence Act 1893 (2020 Rev Ed) ("the Evidence Act") which encapsulates the same principle at common law): see *Loo Chay Sit v Estate of Loo Chay Loo, deceased* [2010] 1 SLR 286 at [14]. In the context of assessing damages in personal injury cases, I note the remarks of the court in *Yap Pow Kin v Muhammad bin Johari* [2019] SGMC 40 at [21], which I endorse:

> … Whatever the value of the claim might be the plaintiff bears the burden of proving every material facet of his case on a balance of probabilities. That means, for instance, that he must be able to justify the sum being claimed for transport expenses incurred even if that sum is in the order of mere tens of dollars. To take another example, it means that a bare assertion in his affidavit of evidence-in-chief that he earns so much income a day will not suffice if it can reasonably be expected that there should exist documentary evidence of such income, in particular statements of income tax where the amount of income he asserts crosses the threshold for taxability. It is the court's function to scrutinise every claim in order to ensure that relief is granted only where it is factually and legally correct to do so, and plaintiffs ought to be advised that where the evidence they proffer falls short the court may reduce their claim or dismiss it entirely.

Whether the opposing parties are entitled to raise issues of causation

24 The appellant raised a preliminary issue of whether the opposing parties were even entitled to challenge the causation of injuries and/or damages suffered by the appellant at the AD stage. While this issue did not appear to be seriously pursued by the appellant, with no oral submissions made in this regard

at the hearings before me, I shall address this question for completeness. The appellant submitted that because of the decision in *Salmizan (HC)* ([15] *supra*), which was decided on the basis of "the substantive law on the tort of negligence" and because "there has not been any changes in the law of negligence which would render the decision inapplicable to past cases", the opposing parties should not be entitled to challenge the element of causation, particularly when the issue was never raised at any time until the commencement of the AD.[4]

25 Before substantively addressing this argument, I note that this argument was not advanced in the appellant's written submissions before the learned DR. However, this omission is excusable on account of the fact that *Salmizan (HC)*, which the appellant's argument is based on, was decided on 30 March 2023 while his submissions at first instance were filed before, on 19 December 2022.

26 In *Salmizan (HC)*, the parties there had submitted, pursuant to O 33 r 2 of the Rules of Court (2014 Rev Ed), three questions of law to the court for preliminary determination prior to the AD of that underlying matter. The true import of those questions was whether the issue of causation can be reserved, or at least challenged to some extent, at the AD stage of a proceeding. After a thorough and comprehensive analysis of the tort of negligence, Goh Yihan JC (as he then was) held that the causation of injuries and/or damages cannot be challenged to any extent at the AD stage: *Salmizan (HC)* at [61] and [145]. Be that as it may, in the subsequent case of *Foo Kok Boon v Ngow Kheong Shen and others and another matter* [2023] 5 SLR 1633 ("*Foo Kok Boon*") at [26] and [37], Goh JC clarified that the doctrine of prospective overruling applied in relation to *Salmizan (HC)* and therefore a defendant who had entered into an interlocutory judgement (whether by consent or not) prior to the date of the

[4] AWS at para 9.

decision in *Salmizan (HC)* (*ie*, 30 March 2023) was entitled to raise issues of causation at the AD stage.

27 In coming to her decision, the learned DR was cognisant of the effect of *Salmizan (HC)* and *Foo Kok Boon*. In her view, since the interlocutory judgment for DC 2183 was entered on 13 December 2017, *ie* before the date of the decision in *Salmizan (HC)*, the opposing parties were entitled to raise issues of causation in respect of all the damage the appellant claims to have suffered.[5] Despite this, the appellant consequently raised his objection for the first time in RA 56, stating that the opposing parties were not entitled to dispute causation.[6] The learned DJ took notice of the learned DR's finding in this regard and found that the appellant's objection had no merit.[7]

28 Notwithstanding this, the appellant yet again raises the same objection, that too without any further substantiation. In fact, the appellant expressly acknowledges the effect of *Foo Kok Boon* in his submissions for this appeal.[8]

29 Concurrent to the present proceedings, the CA heard and allowed the appeal against the decision of the High Court in *Salmizan (HC)*: *Salmizan (CA)* ([3] *supra*) at [4] and [64]. In brief, the CA found that the issue of causation can be reserved *in toto* to the AD stage: *Salmizan (CA)* at [64]. Based on the CA's analysis, an interlocutory judgment is an intermediate judgment that determines a preliminary or a subordinate point but does not finally decide the case:

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5 Decision of DR Koh Jia Ying delivered on 23 August 2023 ("DR's Decision") at para 4.

6 Plaintiff's Skeletal Submissions dated 10 November 2023 ("App's RA Subs") at para 7.

7 Decision of DJ James Leong delivered on 18 December 2023 ("DJ's Decision") at para 6.

8 AWS at para 9.

Salmizan (CA) at [47]. To this end, it is an incorrect presupposition that there cannot be an interlocutory judgment without first establishing liability: *Salmizan (CA)* at [48]. In determining what an "interlocutory judgment" is, the context and the terms of that particular interlocutory judgment are crucial: *Salmizan (CA)* at [50]. Accordingly, the CA held that liability does not need to be fully established before a *consent* interlocutory judgment can be entered into in the context of personal injury motor accident cases: *Salmizan (CA)* at [35] and [48].

30 In the present case, the interlocutory judgment was not entered by *consent*, but rather after trial before the learned DR. At the conclusion of the first tranche, the learned DR found the following:

> … For the above reasons, I find that the Defendant was solely liable for the accident. Accordingly, I grant the Plaintiff interlocutory judgment with damages to be assessed, with costs and disbursements reserved to the Registrar.

Thus, only the CA's remarks in *Salmizan (CA)* in respect of the general principles concerning interlocutory judgments are assistive for our purposes.

31 Turning back to the issue at hand, namely whether the opposing parties are entitled to raise issues of causation at the AD stage, the critical question is what subordinate point was determined in the learned DR's interlocutory judgment. On the facts of the present case, it is undisputable that the parties had proceeded on the basis that the issue of causation of the appellant's injuries was to be reserved for the AD stage. The parties only adduced evidence relating to the respondent's liability for the Accident at the first tranche, and no evidence was given in relation to the alleged injuries suffered by the appellant. The learned DR's review was thus confined to the facts of the Accident; she did not, and could not, make any findings pertaining to whether the appellant's injuries

(which are the basis of his claim for damages) were caused by the Accident. Therefore, I find that the learned DR's interlocutory judgment only determined whether the respondent had caused the Accident. The subsequent question of whether the Accident had caused the appellant's injuries was not addressed in the interlocutory judgment and this issue can be challenged by the opposing parties at the AD stage.

32 Before leaving this matter, I pause to briefly record my views on interlocutory judgments that are *not* entered into by consent. As the CA recognised, issues may continue to arise as to what an interlocutory judgment was entered in respect of: *Salmizan (CA)* at [50]. In this regard, the CA remarked at [51] that:

> At this juncture, it is apposite to underscore the importance of ensuring accuracy, precision, and clarity in drafting such a *consent* interlocutory judgment. For one, a clear distinction should be drawn between an interlocutory judgment on *issues* and an interlocutory judgment on *liability*. Where it is the latter, then it would, by definition, mean that such an interlocutory judgment would have established liability fully reserving only issues relating to the assessment of damages; where it is the former, then it is important to expressly define the particular *issues* that the interlocutory judgment had resolved. [emphasis in original]

33 In my view, any issue related to ascertaining what an interlocutory judgment after trial was entered in respect of can be avoided if the order for bifurcation states what issues are to be determined at which tranche of the trial of the claim. It is therefore imperative for the Court and the parties, when consenting to or applying for a bifurcation, to be precise in expressing the manner of the bifurcation of the proceedings. In an instance such as the present where the parties wish to resolve the issue of causation of a claimant's injuries at the AD stage, the bifurcation order should unequivocally state so. It is undesirable for parties to use the concepts of "liability" and/or "damages"

loosely if they intend to reserve certain questions that implicate liability itself to the next stage of the trial. The remarks in *Salmizan (CA)* as reproduced above would thus apply equally to drafting the order for bifurcation.

34 I should caveat that requiring precision and clarity ought not to be taken as an indication that the practice of reserving selected questions to a later stage of the proceedings is discouraged. On the contrary, some cases will necessarily be better disposed of if such an approach is taken. For example, such a practice is eminently sensible in the context of personal injury motor accident claims such as the present case, given the resource intensive process of gathering and adducing medical evidence; it might be far more practical for the factual questions of whether a duty of care had been breached and whether a defendant had caused *the motor accident* (as opposed to causing *a claimant's injuries*) to be determined first, before moving further into the process.

35 Having dealt with this preliminary issue, I move to consider the awards for general damages, followed by the awards for special damages.

General Damages

Claim (A)(i): Severe exacerbation of whiplash injury

36 At first instance, the appellant sought $30,000 for the allegedly severe exacerbation of his Grade 2 Whiplash Associated Disorder – which he suffered after the Previous Accident – that caused severe pain and stiffness of his neck and cervicogenic headaches and permanent disabilities.[9] The learned DR awarded $12,000 for the worsened neck pain requiring stronger treatment and

[9] Plaintiff's Written Submissions dated 19 December 2022 ("App's AD Subs") at para 13.

the additional symptoms of cervicogenic headaches suffered by the appellant after the Accident.[10] This award was affirmed by the learned DJ.[11]

37 On appeal, the appellant submits that based on the increase in the medical expenses to treat his whiplash injury after the Accident and the differences in modalities of treatment for the injury, the resultant severe exacerbation of the whiplash injury suffered after the Accident was an intervening event which would have overwhelmed and subsumed the effects of the injury suffered after the Previous Accident. Accordingly, the appellant cites the case of *Salcon Ltd v United Cements Pte Ltd* [2004] 4 SLR(R) 353 ("*Salcon*") to suggest that the respondent should be wholly liable for the severe aggravation of the whiplash injury as well as the consequential losses.[12] The appellant further contends that in the premises, the award of $12,000 is low bearing in mind the awards in *Pang Tim Fook Paul v Ang Swee Koon and another* [2005] SGDC 258 ("*Pang Tim Fook*"), *Karuppiah Nirmala v Singapore Bus Services Ltd* [2002] 1 SLR(R) 934 ("*Karuppiah*") and *Scott Grayham De Silva v Comfort Transportation Pte Ltd and others* [2017] SGDC 215 ("*Scott Grayham*"), and hence, claims for no less than $25,000.[13]

38 The opposing parties do not dispute that the appellant suffered an exacerbation of his neck whiplash injury as a result of the Accident. However, they argue that the appellant's overall neck symptoms and disabilities cannot be

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10 NE (23 August 2023) at p 16.

11 NE (18 December 2023) at p 15.

12 AWS at paras 10–11.

13 AWS at para 12.

entirely attributed to the injuries sustained in the Accident.[14] The opposing parties highlight that the appellant's neck pains from his whiplash injury as a result of the Previous Accident persisted to the time of the Accident,[15] and the appellant would have still required treatment for his pre-existing neck injury, irrespective of the Accident.[16] Since the appellant had another pre-existing condition, that of degenerative asymptomatic cervical spondylosis, which predated the accidents,[17] this similar factual matrix must be accounted for in the case authorities relied on.[18] Comparing with the cases of *Lee Chen Cher v Chia Boon Hua* (DC Suit No 3233 of 2011) ("*Lee Chen Cher*") and *Karuppiah*,[19] the learned DR's award of $12,000 is fair and reasonable.[20]

39 It is not disputed that the appellant had sustained a Grade 2 neck whiplash injury as a result of the Previous Accident. The key question is whether the exacerbation of the whiplash injury suffered after the Accident should be considered as an intervening event which would have overwhelmed and subsumed the effects of the injury suffered after the Previous Accident. If this is so, an award should be made on the 'new' injury without reference to the injuries that pre-existed the Accident. However, if the question is answered in the negative, the neck injury in the Accident would be treated as an exacerbation of a pre-existing neck injury and the award should take into account that pre-existing injury. In my view, the answer to this question lies in understanding the

14 RWS at para 28.

15 RWS at para 29, 32–33.

16 RWS at para 31.

17 RWS at para 34.

18 RWS at para 35.

19 RWS at para 36.

20 RWS at para 37.

condition of the appellant prior to the Accident and the extent of injuries caused by the Accident. Hence, I turn to the medical evidence.

40 After the Previous Accident, the appellant had seen Dr Razmi Rahmat ("Dr Razmi"), an orthopaedic specialist, who had diagnosed the appellant with Grade 2 whiplash injury to his neck.[21] In a report dated 30 January 2011, Dr Razmi opined that the X-ray and MRI findings after the Previous Accident suggest that the appellant "already ha[d] asymptomatic preexisting mild changes of the cervical spondylosis".[22] In addition, I observe that the appellant had continued to seek treatment with Dr Razmi after the Previous Accident for chronic neck pain, with the last visit before the Accident as late as 19 December 2013.[23] Under cross-examination, Dr Razmi opined that absent the Accident, the neck injury from the Previous Accident would have continued to affect the appellant:[24]

> Q: Already from [Previous Accident], plaintiff's injuries would have hampered him in his work.
>
> A: Correct.
>
> Q: And even if there was no [Accident] to talk about, he would be experiencing exacerbation, chronic pain affecting his work activities?
>
> A: Yes.

41 Similarly, the appellant conceded under cross-examination that he would have needed to continue his treatment absent the Accident:[25]

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21 Supp AEIC at p 11.

22 Supp AEIC Choo at p 11.

23 AEIC Choo at p 44.

24 NE (22 March 2022) at p 23.

25 NE (23 September 2021) at p 10.

> Q: At that point in time [in November 2013 when the appellant took an MRI], there was genuine concern that you would need further treatment for your neck as it was not healing?
>
> A: Yes.
>
> Q: Even without [Accident], you would probably have needed to continue seeking treatment.
>
> A: Yes.

42 Having established that the appellant suffered from a pre-existing condition, namely chronic pain arising from cervical spondylosis and the Grade 2 whiplash injury after the Previous Accident, the question that follows is, what then is the effect of this pre-existing condition in the assessment of the respondent's liability. The appellant argues that the pre-existing condition was "overwhelmed and subsumed" by the injury of the Accident and cites the case of *Salcon* in support of his assertion that the respondent had to be fully liable for the symptoms resulting from the aggravation of the neck injury.

43 I do not find the case of *Salcon* to be relevant for the proposition advanced by the appellant. *Salcon* was a commercial case concerned with the liability of a contractor who built a defective silo that had eventually collapsed due to the *later* actions of a third party. The question there was whether the later actions of a third party operated as a *novus actus interveniens* that relieved the liability of the contractor. It is clear that *Salcon* was concerned with determining the liability of the *earlier* tortfeasor that caused the defects in the silo. In the present case, the respondent is not in an analogous position. Rather, the respondent is the subsequent tortfeasor in the chain of events since the appellant had a pre-existing condition before the Accident, and the respondent had caused further injury to the appellant. As such, this authority does not support the appellant's argument that the respondent should be held fully liable for all the symptoms suffered as if the appellant had suffered a fresh injury.

44 Instead, in my judgment, due consideration must be given to the fact that the appellant had a pre-existing condition that would have continued regardless of the Accident. To ignore such a condition would be artificial and effectively attribute excessive liability onto the respondent. However, this is not to say that the respondent should not be held responsible for the eventual injuries sustained by the Accident. Rather, the respondent would still be liable for the full extent of the appellant's neck injury after the Accident, albeit recognising the pre-existing condition of the appellant which is not related to the Accident. On this note, I move to consider the extent of injury to the appellant's neck that was attributable to the Accident.

45 After the Accident, the appellant was first admitted at the hospital on 2 January 2014, at which point Dr Razmi, who was already treating him for his neck injury and chronic pain from the Previous Accident, diagnosed the appellant with "severe exacerbation of his neck whiplash injury" and graded the injury as Grade 2.[26] After he was discharged on 4 January 2014, the appellant was re-admitted two more times, on 8 January and 18 February 2014.[27] During both of these re-admissions, he complained of severe neck pain associated with headaches and giddiness. On his second re-admission, the appellant was referred to Dr Nicholas Chua ("Dr Chua"), a pain specialist,[28] who diagnosed the appellant with Grade 2 Whiplash disorder and associated cervicogenic headache.[29] The appellant was re-admitted again in June[30] and October 2014[31]

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26 AIEC Choo at p 42.

27 AIEC Choo at p 42.

28 AEIC Choo at p 47.

29 AEIC Choo at p 48.

30 AIEC Choo at p 48.

31 AEIC Choo at p 50.

for his neck pain, among other things. The appellant continued seeking treatment for his neck pain and associated headaches regularly with Dr Chua all the way up till 2020.[32] This included a whole host of treatments such as pain relief injections, muscle relaxants, nonsteroidal anti-inflammatory drugs and neuropathic medications.[33] Post-2020, the appellant also sought treatment at Singapore General Hospital ("SGH") twice. Thus, I find that after the Accident, the appellant had sustained a Grade 2 whiplash injury *with* associated cervicogenic headaches.

46 In comparison with the condition of the appellant immediately prior to the Accident, there is evidently an *exacerbation or aggravation* of the neck injury. The appellant sought stronger treatment and had the added symptom of cervicogenic headaches. In this regard, the learned DR's characterisation of the relevant injury as an aggravation of a pre-existing condition of the neck[34] was correct.

47 With that, I address the final issue in relation to this specific claim, that being the appropriate quantum of damages to be awarded. I first set out the cases cited by the parties before applying the relevant precedents to the present facts.

48 In *Pang Tim Fook* ([37] *supra*), the plaintiff claimed for personal injuries sustained in a chain collision along the expressway, from the drivers of the two motor cars behind him in the chain. The plaintiff suffered, *inter alia*, Grade 2 neck whiplash and had pre-existing age-related degenerative cervical spondylosis. The court in that case awarded the plaintiff $12,000 for the injury.

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32 Supp AEIC Choo at p 40; NE (22 March 2022) at p 67

33 Supp AEIC Choo at pp 39–40.

34 NE (23 August 2023) at p 16.

49 In *Karuppiah* ([37] *supra*),[35] the first instance court awarded the plaintiff $14,000 for a whiplash injury to the cervical spine aggravating existing cervical spondylosis, with the prospect of osteoarthritis. This was not appealed against and so, this award was not reviewed by the appellate court.

50 In *Lee Chen Cher* ([38] *supra*),[36] the plaintiff who suffered a Grade 2 whiplash injury with persistent neck pain, headaches and nausea and stiffness arising from exacerbation of pre-existing cervical spondylosis was awarded $10,000 for the injury. The plaintiff was noted to have restricted range of spinal motions and accelerated progress of cervical spondylosis.

51 In *Scott Grayham* ([37] *supra*), the plaintiff suffered a Grade 2 whiplash injury that aggravated the plaintiff's pre-existing cervical spondylosis. At and around the time after the accident, there was limited range of motion and reduced lateral rotation of the neck. Two and a half years after the accident, the plaintiff complained of intermittent left-sided neck pain and did not take any medication. Five and a half years after, the new symptoms of pain and numbness were noted, which the doctor opined to be related to the pre-existing cervical spondylosis. The court there awarded $11,000 for the injury.

52 The precedent authorities generally support an award of $10,000–$14,000 for exacerbation of existing cervical spondylosis. I agree with the learned DR that the case of *Scott Grayham* is most similar to the present case. Granted that the degree of severity of the plaintiff's injury in *Scott Grayham* was not as high as that of the appellant in the present case, it must be noted that the appellant's pre-existing condition was already rather advanced, especially

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35 Appellant's Bundle of Documents dated 15 February 2024 ("ABOD") at p 399.

36 The Intervener's and the Respondent's Joint Bundle of Documents dated 15 February 2024 ("RBOD") at p 679.

in view of the regularity and extensiveness of treatment over the three years with Dr Razmi prior to the Accident. Post the Accident, the appellant's treatment was amplified to include more medication and the appellant was also hospitalised. Hence, while the present case involved more intensive treatment as compared to *Scott Grayham*, this should be seen in the context of the treatment the appellant was already undergoing before the Accident. In my judgment, the award of $12,000 is fair and reasonable, and I uphold the learned DR's decision in this regard.

Claim (A)(ii): Bilateral wrist contusion

Left wrist contusion

53 At first instance, the appellant sought $15,000 for his left wrist contusion. The learned DR declined to make an award for the left wrist contusion on the basis that the appellant had not proven, on a balance of probabilities, that the left wrist injury was caused by the Accident.[37] This was affirmed by the learned DJ on appeal.[38] The learned DR relied primarily on the testimony of Dr Peng Yeong Pin ("Dr Peng"), a hand surgeon who had treated the appellant, which I will set out in greater detail later.[39]

54 In the present appeal, the appellant submits, first, that his complaint of left wrist pain in March 2014 is consistent across the body of evidence, particularly the testimony of Dr Razmi, the appellant's orthopaedic specialist, and the medical report authored by Dr Peng.[40] Second, although his complaint

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37 NE (23 August 2023) at p 18.

38 NE (18 December 2023) at p 15.

39 NE (23 August 2023) at p 32.

40 AWS at para 14.

of left wrist pain only surfaced sometime in March 2014, some three months after the Accident, the appellant submits that the delay in his reporting was explained by Dr Razmi.[41] In brief, Dr Razmi highlighted that the appellant had been under heavy medication for his neck injury that desensitizes the nerves and thereby reduces pain.[42] Dr Razmi also testified that he was not aware of any other accident that could have caused the injury to the appellant's left wrist.[43] According to the appellant, the learned DR failed to give due consideration to this explanation.[44] Third, the appellant argues that, based on the testimony of Dr Peng, it was "not uncommon that the Accident may have indirectly caused [the] left wrist injury due to over reliance on the uninjured left wrist as a result of the injury and pain from the right wrist".[45] As such, even if the left wrist injury was indirectly caused by the Accident, the respondent would still be liable for the same since it is undisputed that the appellant suffered the right wrist injury due to the Accident.[46]

55 The opposing parties submit that there is no cogent medical evidence that the appellant's left wrist injury resulted from the Accident.[47] They point to Dr Razmi's concession that the appellant's injury may not be related to the Accident,[48] as well as Dr Peng's testimony that there is a higher likelihood of an

41 AWS at para 15.

42 *Ibid*.

43 *Ibid*.

44 *Ibid*.

45 *Ibid*.

46 AWS at para 16.

47 RWS at para 39.

48 RWS at para 40.

intervening event that caused the pain when there is a longer lapse of time between the traumatic event (*ie*, the Accident) and the manifestation of pain.[49]

56 The first documented complaint of left wrist pain appears in Dr Razmi's medical report dated 31 October 2014, where it was stated that "[e]xamination [on 2 January 2014] of his *left* wrist revealed tenderness over the radial and ulnar styloids of his right wrist but there was no limitation in the range of motion" [emphasis added].[50] Under cross-examination, Dr Razmi clarified that when the appellant saw him on 2 January 2014, the appellant only presented with right wrist pain and only developed left wrist pain later.[51] As such, the examination by Dr Razmi only focused on the right wrist,[52] and there was no diagnosis made in respect of the left wrist.[53] In view of this, I am in agreement with the learned DR[54] that the reference to the "left wrist" in Dr Razmi's medical report dated 31 October 2014 had to be an error, and that the appellant did not complain for pain to his left wrist when he saw Dr Razmi on 2 January 2014, after the Accident.

57 Given so, the question remains as to when the appellant had first complained about pain to his left wrist. In Dr Razmi's medical report dated 31 March 2014, he noted "left wrist pain" as part of a list of new complaints

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49 RWS at para 41.

50 AEIC Choo at p 41.

51 NE (22 March 2022) at p 36.

52 *Ibid*.

53 NE (22 March 2023) at p 37.

54 NE (23 August 2023) at p 17.

that the appellant experienced immediately after the Accident.[55] Under cross-examination, Dr Razmi clarified as much:[56]

> Q: When was the first time [the appellant] complained about [his] left wrist?
>
> A: Can't remember, but at some point, I had to refer him to Dr Peng who is the hand specialist.
>
> …
>
> Q: That suggests that left wrist pain [may have been mentioned] some time in March 2014?
>
> A: Possible.

58 This is consistent with Dr Peng's medical report of 20 January 2018, where he stated that "[p]ain in the right wrist started immediately after the [Accident] and pain in the left wrist developed a few months later".[57] Under-cross examination, Dr Peng also clarified that he was not sure when the complaint was first made over the left wrist pain.[58] Thus, the evidence of Dr Razmi and Dr Peng strongly suggest that the complaint of left wrist pain was *not* made at and/or around the time of the Accident. Rather, it is clear to me that the complaint only arose some months after the Accident.

59 Regarding this delay, Dr Razmi conceded under cross-examination that it was possible that the left wrist pain was not related to the Accident:[59]

> Q: Given that there was no mention of left wrist pain in near aftermath of [the Accident], possible that left wrist pain may not be related to accident.

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55 AEIC Choo at pp 44–45.

56 *Ibid*.

57 Supp AEIC Choo at p 23.

58 NE (23 March 2022) at p 13.

59 NE (22 March 2022) at pp 37–38.

> A: Possible but [I am] not aware of any accident that would have caused it.
>
> …
>
> Q: … Given [the] lack of complaint and length of time from the Accident, [it] would suggest [that the] left wrist issue [is] not related to [the Accident].
>
> A: It is possible.
>
> …

Be that as it may, Dr Razmi also implied that the delay in the manifestation of pain to the left wrist may be due to the other medications the appellant had been taking:[60]

> Q: You didn't make diagnosis on left wrist, MRI 1.5 years later showed ligament issue with left wrist. If he had this ligament issue, if it is in fact caused by [the Accident], symptoms of pain should manifest within a month from date of [the Accident]?
>
> A: Yes agree, it should have the symptoms but do remember [the appellant] is heavily on medication. On painkillers, medication that desensitises nerve, all this plays a role in reducing.
>
> Q: … If someone has suffered a ligament injury to left wrist, it should manifest within a month, reasonable.
>
> A: I would say yes, agree generally.

60 Ultimately, Dr Razmi could not commit to whether the left wrist injury had been caused by the Accident:[61]

> Q: If complaint of left wrist happened a few months after [the Accident], rather unlikely to be caused by [the Accident]?
>
> A: … Hard to tell timeline for sure and say for sure that this is due to [the Accident] or not.
>
> Q: Cannot say for sure that left wrist injury was caused by [the Accident]?

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60 NE (22 March 2022) at p 40.

61 NE (22 March 2022) at pp 40–41, 49.

> A: Can't say for sure …
>
> …
>
> Q: Regards wrist injury. Can you tell us what is cause of injury that he had to his wrist.
>
> A: … I did mention earlier [that I] cannot 100% tell you [that the Accident] is [the] cause but that is possible.

61 Dr Peng went further and was more certain in his conclusions than Dr Razmi, opining that the left wrist injury was not directly caused by the Accident:[62]

> Q: Given that there was no manifestation of the left wrist pain that warranted a referral until June 2015, would you agree that left wrist injuries likely to be due to [the Accident] on 31 December 2013?
>
> A: In my opinion, the left side is probably not directly caused by [the Accident] as it only showed up a few months later.
>
> …
>
> Q: Given the delay of complaint of left wrist from traumatic event [(*ie*, the Accident)] and fact that contemporaneous medical evidence by first two treating doctors did not state that there was any complaint of left wrist pain in immediate aftermath, unlikely that left wrist injury was caused by [the Accident]?
>
> A: Agree that left wrist injury not directly caused by the [Accident].

62 In addition, Dr Peng agreed that the longer the time period between the event and the alleged manifestation of pain, the lower the likelihood that the alleged manifestation of pain is related to the traumatic event.[63] As to Dr Razmi's explanation that the appellant had been suffering from pain in relation to his neck and had been on pain medication for that, and thus may not

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62 NE (23 March 2022) at pp 14–15.

63 NE (23 March 2022) at p 7.

have mentioned his wrist pain as it was "masked", Dr Peng agreed with the explanation.[64] However, this should be examined in light of Dr Peng's earlier testimony under cross-examination:[65]

> Q: For injury by trauma, especially orthopaedic kind of injury, the symptoms usually present itself within a few days of traumatic event. Agree or disagree?
>
> A: Agree.
>
> Q: Sometimes there are factors that may affect presentation of symptoms, such as more pain in other areas of body, so lesser pain may present a few days to a week later. Agree?
>
> A: Yes, that's possible.
>
> Q: The other way of late presentation is when painkillers are given, it is a systematic medication so whilst it helps to lessen the pain in a more injured areas, will certainly mask pain in less painful areas, so when systematic medication tapers off then pain in less painful areas appear.
>
> A: Yes.
>
> …
>
> Q: Generally speaking, despite all these possibilities of these conditions making manifestation of pain felt later, if [there] is a traumatic event that leads to an injury, it will probably manifest at most within a week.
>
> A: Unless patient has life threatening condition, it should.
>
> Q: Within a week, at most a month.
>
> A: Yes.

Thus, while Dr Peng accepted that the pain medication consumed by the appellant may have caused some delay in the manifestation of pain to his left wrist, Dr Peng did not take the position that this would explain the three-month delay.

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64 NE (23 March 2022) at p 16.

65 NE (23 March 2022) at pp 6–7.

63 On a review of the evidence, I find that the appellant has indeed not proven, on a balance of probabilities, that his left wrist injury was caused by the Accident. On one hand, Dr Razmi's evidence is equivocal and only informs me that it was *possible* that the Accident caused (or did not cause) the injury to the left wrist. On the other hand, Dr Peng expressly stated that it was his opinion that the injury was not directly caused by the Accident. From this, it is evident that neither Dr Razmi nor Dr Peng was of the opinion that the left wrist injury was *likely* caused by the Accident. While it is important to prove that causation was *possible*, it is even more crucial for the appellant, bearing the burden of proof, to prove that causation was *probable*. On the evidence, this was not achieved. At its highest, the appellant has raised mere suspicions that his left wrist injury is related to the Accident.

64 Therefore, I uphold the learned DR's decision in this regard and make no award for the left wrist injury.

Right wrist contusion

65 The learned DR awarded $500 for the appellant's right wrist contusion on the basis that the injury suffered as a result of the Accident had resolved completely soon after the Accident.[66] The learned DR reached this conclusion in view of the fact that the right wrist contusion was treated almost immediately after the Accident and there was no further treatment of wrist pain until June 2015, *ie*, a year and a half after the Accident. This, in her view, meant that any complaint of wrist pain in May or June 2015 was, on the balance of

[66] NE (23 August 2023) at p 19.

probabilities, unrelated to the Accident.[67] The learned DJ affirmed the award of $500 on appeal.[68]

66 In the present appeal, the appellant submits that the award of $500 is "too low" in light of the awards of $2,500 and $3,000 in *Pang Tim Fook* ([37] *supra*) and *Sia Choon Cheong v Yap Choon Hong* (MC Suit No 26103 of 2000) ("*Sia Choon Cheong*"), respectively.

67 The opposing parties submit that the right wrist injury was minor and did not necessitate any treatment,[69] and resolved soon after the Accident.[70] As such, the award of $500 for a single contusion was fair and reasonable.[71]

68 Unlike the injury to the appellant's left wrist, the key question here is not whether the right wrist injury was caused by the Accident, but rather, what the extent of the injury was. Based on Dr Razmi's medical report of 31 October 2014, the first instance of a complaint of right wrist pain by the appellant was on 2 January 2014.[72] Dr Razmi's physical examination revealed that there was "tenderness over the radial and ulnar styloids of his right wrist but there was no limitation in the range of motion".[73] The appellant was diagnosed to have suffered from a right wrist contusion,[74] and treatment for this injury was by way of the systematic painkiller, Celebrex, which was prescribed

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67 *Ibid*.

68 NE (18 December 2023) at p 15.

69 RWS at para 44.

70 RWS at paras 45–46.

71 RWS at paras 47–48.

72 AEIC Choo at p 40.

73 AEIC Choo at p 41.

74 AEIC Choo at p 42.

for his other injuries as well.[75] At the end of the same report, Dr Razmi did not include this right wrist pain as an outstanding problem of the appellant at that time, *ie*, 31 October 2014.[76]

69 Subsequently, on 28 May 2015, the appellant underwent an MRI scan over both wrists,[77] and was reviewed by Dr Peng in June 2015.[78] The MRI scan of the right wrist demonstrated extensor carpi ulnaris teninitis, dorsal scapholunate ligament strain and radial-volar gangilion in the wrist joint.[79] The appellant was referred to occupational therapy thereafter for strengthening exercises for both wrists, which lasted till mid-July 2015.[80] While surgical management was discussed with the appellant, he did not return for a follow up appointment.[81] The appellant also agreed that there was no documented complaint of right wrist pain after 2 January 2014 until the time he was seen by Dr Peng in June 2015, about 18 months afterwards.[82]

70 The next documented complaint of right wrist pain by the appellant is in the report of Dr P Thiagarajan ("Dr Raj"), the respondent's medical expert appointed to review the appellant's condition, dated 6 June 2016. Dr Raj noted that when he saw the appellant on 10 May 2016, the appellant had complained of bilateral wrist pain.[83] Dr Raj opined that the MRI scans and clinical findings

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75 NE (22 March 2022).

76 AEIC Choo at p 43.

77 AEIC Choo at p 53.

78 Supp AEIC Choo at p 23.

79 AEIC Choo at p 54; Supp AEIC Choo at p 23.

80 Supp AEIC Choo at p 23.

81 *Ibid*.

82 NE (23 March 2022) at pp 14–15.

83 RBOD at p 386.

were quite normal apart from slight weakness of the hand, particularly of the *left* wrist.[84] Further, Dr Raj "did not think any further treatment [was] necessary and the symptoms [would] resolve in the long-term and [was] unlikely to cause any long-term disability".[85]

71 Looking at the medical evidence as a whole, the lacuna is that there is no support for a finding that the right wrist pain in *May or June 2015* was linked to the Accident. In particular, Dr Razmi did not note the right wrist pain as an outstanding issue for the appellant as of 31 October 2014. In the same vein, Dr Peng accepted that a minor wrist injury was commonly resolved relatively quickly:[86]

> Q: And it is quite common for minor injuries like a wrist contusion to resolve in a few days maybe up to a couple of weeks
>
> A: For minor injuries, yes.
>
> Q: If I suggest to you that [the appellant] had only suffered a mild right wrist contusion, which had resolved without further incident, would you agree that is a fair statement given the lack of complaints on the right wrist and treatment of the right wrist?
>
> A: It was not a severe injury agree, no fracture nothing.

72 In addition, the lack of complaints and treatment for the right wrist for approximately 18 months should also be viewed in light of the appellant's general disposition to actively seek medical treatment for his other ailments. It is expected that the appellant would have raised complaints about his wrist if there was indeed an unresolved issue.

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84 RBOD at pp 388 –389.

85 RBOD at p 389.

86 NE (23 March 2022) at p 15.

73 Hence, I take the same view as the learned DR that the appellant's right wrist contusion had resolved completely soon after the Accident. The consequence of this is that the award of damages should only be made in respect of the diagnosis by Dr Razmi of a wrist contusion in January 2014, and not in respect of the clinical findings from mid-2015 onwards. In addition to the quick resolution of the injury, I note that this injury was treated conservatively with a systematic painkiller, Celebrex.[87] Accordingly, the right wrist contusion can be considered a minor injury.

74 Having determined the extent of the injury to be compensated for, I turn to address the appropriate quantum of the award. The recommended award for a single contusion on any part of the body as detailed in Charlene Chee *et al*, *Guidelines for the Assessment of General Damages in Personal Injury Cases* (Academy Publishing, 2010) ("the Guidelines") is $500.[88] Notwithstanding this, the appellant argues that the quantum of $500 is "too low" in light of the awards in *Pang Tim Fook* ([37] *supra*) and *Sia Choon Cheong* ([66] *supra*).[89]

75 In *Pang Tim Fook*, the plaintiff suffered a right wrist injury and was awarded $2,500 for that injury: *Pang Tim Fook* at [2]. There was an unchallenged specialist report of a medical examination of the plaintiff there some two years after the relevant incident, which noted that there was slight swelling at the right wrist: *Pang Tim Fook* at [31]. The court also accepted that there was perhaps some slight residual disability: *Pang Tim Fook* at [31]. Having regard to the medical evidence which showed that there could have been some slight swelling of the wrist even two years after the accident and noting

87 NE (22 March 2022).

88 RBOD at p 691.

89 AWS at para 17.

that the injury had affected the plaintiff's ability to type efficiently at the keyboard, the court assessed damages at $2,500 for the plaintiff. In contrast, the present case concerns no such residual disability, especially given my view that the right wrist injury had resolved completely (see above at [73]). *Pang Tim Fook* can hence be distinguished for involving a more serious injury.

76 As for *Sia Choon Cheong*, the case is unreported. It was cited in *Pang Tim Fook* at [35], although no details were provided about the extent of the wrist injury. Similarly, *Sia Choon Cheong* was cited in Carrie Chan *et al*, *Assessment of Damages: Personal Injuries and Fatal Accidents* (LexisNexis, 2017), where no details were provided about the wrist contusion.[90] Accordingly, there is a lack of facts to enable the court or the parties to reach a comprehensive understanding of that case to allow any meaningful comparisons to be made with the present case.

77 Therefore, absent a reason why the recommended award as per the Guidelines should not be adhered to, I uphold the learned DR's award of $500 for the appellant's right wrist contusion.

Claim (A)(iii): Left calf contusion

78 The learned DR awarded $500 for the appellant's left calf contusion.[91] This award was affirmed on appeal by the learned DJ.[92]

79 The appellant's only submission is that this is "low as the award of $500 in the case authority cited by the [opposing parties] was made in 2015, almost

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90 ABOD at p 450.

91 NE (23 August 2023) at p 20.

92 NE (18 December 2023) at p 15.

10 years ago and as such there should be an uplift to take into account inflation".[93] The appellant instead seeks an award of $1,000.

80 The opposing parties submit that there are no cogent arguments on why the learned DR's award was not warranted on the evidence and the appellant has not substantiated his claim of $1,000.[94] The opposing parties make reference to the Guidelines which recommends an award of $500 for a single contusion on any part of the body.[95] In addition, the opposing parties cite the case of *Mohamad Hidayat bin Abdul Rahman v Tan Kim Choon* (MC Suit No 21249 of 2012) ("*Mohamad Hidayat*"),[96] which was relied on at first instance, and also before the learned DJ on appeal. In that case, the plaintiff was awarded $1,000 after sustaining *two* contusions. As such, the opposing parties submit that in view of the *single* contusion of the appellant, a substantial reduction of the benchmark award in *Mohamad Hidayat* is warranted.[97] They argue that the award of $500 is fair and should not be interfered with.[98]

81 In my view, the appellant's submissions in relation to this head of damage has no merit. The award of damages recommended by the Guidelines is straightforward. The appellant has not seriously challenged the application of the Guidelines in this case and similarly has not proffered an explanation as to the exceptional nature of the injury sustained that would justify an award higher than what is recommended.

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93 AWS at para 18.

94 RWS at para 50.

95 Intervener's and Respondent's Joint Bundle of Documents dated 15 February 2024 ("RBOD") at p 691.

96 RWS at para 56.

97 RWS at para 57.

98 RWS at paras 49,58.

82 As for *Mohamad Hidayat*, while I acknowledge that this authority is not recent, this does not justify an uplift to $1,000 for a *single* contusion. With regard to the appellant's submission that an uplift is warranted to take into account inflation, the appellant has not pointed to any authority or legal pronouncement mandating that the court make adjustments for inflation to *all* awards when referencing precedent cases. In any case, it is my view that such an approach may be undesirable for being overly technical and unduly convoluted.

83 Accordingly, the award of $500 for the appellant's left calf contusion, which is consistent with the Guidelines and precedent authority, should be upheld.

Claim (A)(iv): Back injury

84 At first instance, the appellant sought $15,000–$18,000 for the injury to the appellant's lower back caused by the Accident, namely a L4/L5 posterior annular tear ("the annular tear") with associated central disc protrusion and left sacroiliac joint strain with residual disabilities.[99] The learned DR found that the appellant had not discharged his burden of proof that the annular tear was, on a balance of probabilities, caused by the Accident.[100] As such, the learned DR found that the award should only be in respect of a lumbar contusion caused by the Accident,[101] which had resolved by 31 July 2015.[102] It was hence fair in her

99 App's AD Subs at para 27.

100 NE (23 August 2023) at p 23.

101 NE (23 August 2023) at p 24.

102 NE (23 August 2023) at pp 24–25.

view for an award of $6,000.[103] The learned DJ affirmed this finding and the award.[104]

85 I shall consider what injury was caused to the appellant's back, before proceeding to consider what the appropriate quantum of the award is.

The injury caused by the Accident

86 On appeal, the appellant challenges the learned DR's finding that the annular tear was not caused by the Accident. The appellant submits that in view of: (a) the strong impact into the appellant's motor car in the Accident; (b) the appellant's complaints of back pain in addition to neck pain following the Accident; (c) the fact that the appellant did not have any back problems prior to the Accident; and (d) the opinion of Dr Chua, the appellant's pain specialist, and Dr Raj, the respondent's medical expert that examined the appellant, it was more likely than not that the annular tear was caused by the Accident.[105] Even if the annular tear existed prior to the Accident, the Accident had "at least triggered the symptoms arising from the injury caused" to the appellant's back in the Accident, and he should be compensated for this.[106] In addition, the appellant challenges the learned DR's finding that the back pain caused by the Accident would have resolved sometime before 31 July 2015, on the basis that he was still having ongoing chronic back pain when he suffered an injury while moving boxes at work on 9 November 2015 (see above at [12]).[107]

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103 NE (23 August 2023) at p 25.

104 NE (18 December 2023) at p 15.

105 AWS at para 19.

106 AWS at para 19.

107 AWS at para 20.

87 The opposing parties maintain that the annular tear was not caused by the Accident and the award should be limited to compensation for a lumbar contusion.[108] They highlight that Dr Razmi, the appellant's orthopaedic specialist, had diagnosed the appellant with a lumbar contusion without reference to the annular tear, despite the fact that the appellant's MRI scan showed an annular tear.[109] Additionally, there was cogent medical evidence to suggest that the appellant's lumbar pain from the Accident had resolved before 31 July 2015,[110] and that the primary trigger for his lumbar back pain on 11 November 2015 was an injury sustained while the appellant was lifting boxes.[111]

88 The key question is whether the annular tear suffered by the appellant was, on the balance of probabilities, caused by the Accident. I shall set out the medical evidence that is relevant to this issue. First, the annular tear was only discovered upon an MRI scan on the appellant's lumbar spine which was carried out after the appellant saw Dr Razmi on 2 January 2014, two days after the Accident.[112] Notwithstanding this, Dr Razmi only diagnosed the appellant with a lumbar contusion, and not the annular tear.[113] Under cross-examination, Dr Razmi clarified why he had done so:[114]

> Q: In your report you said [the appellant] complained of lumbar back pain?
>
> A: Yes.

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108 RWS at para 61.

109 RWS at para 62.

110 RWS at para 66.

111 RWS at paras 67–68.

112 AEIC Choo at p 42.

113 AEIC Choo at p 42.

114 NE (22 March 2022) at p 42.

> Q: You arranged for MRI of lumbar spine which showed presence of L4L5 annular tear?
>
> A: Yes.
>
> Q: That led to diagnosis of lumbar contusion.
>
> A: Yes.
>
> Q: Your report did not say lumbar contusion caused L4L5 tear.
>
> A: *Yes, as I am not sure.*
>
> Q: This tear could have pre-existed the accident on 31 Dec 2013.
>
> A: *Yes, it is possible.*
>
> [emphasis added]

Under re-examination, Dr Razmi reiterated his position:[115]

> Q: In [your report], presence of L4L5 annular tear and [desiccation]. Can that be caused by [the Accident]?
>
> A: There was [a] question on this, my reply was *it is possible it is due to accident but at the same time it could be pre-existing.*
>
> [emphasis added]

89 Dr Razmi also noted under re-examination that to his knowledge, the appellant never had any issues with his back prior to the Accident:[116]

> Q: In your report … you mentioned that the [appellant] was totally asymptomatic and has not experienced any neck and scapular pain, how did you arrive at that conclusion?
>
> A: Direct question to him, he said no. I have known him since 2008 for knee pain and he never surfaced any [neck] or back pain. If he had any significant neck or back pain, he would have surfaced to me.

115 NE (22 March 2022) at p 50.

116 NE (22 March 2022) a p 51.

90 In short, Dr Razmi did not state that the Accident had caused the annular tear because he was not certain, although he did concede the possibility that the annular tear could have been caused by the Accident and conversely, the possibility that it could have pre-existed the Accident. I also note that Dr Razmi neither opined that the annular tear was *likely* to have been caused by the Accident nor opined that the annular tear was *unlikely* to have been caused by the Accident. Thus, I find that Dr Razmi's evidence is equivocal. His evidence alone is insufficient to prove the appellant's case.

91 Second, Dr Chua, the appellant's pain specialist, reported that "[t]he L4/L5 posterior annular tear with left sacroiliac joint strain *can be* a result of the [Accident] as the car had apparently even spun 180 deg" [emphasis added].[117] Similar to Dr Razmi's evidence above, Dr Chua's statement is one indicating *possibility* rather than *probability*; Dr Chua does not opine about whether the annular tear was likely or unlikely to have been caused by the Accident, which is the focus of this inquiry. In this regard, I specifically reject the appellant's submission that Dr Chua had opined that the annular tear was caused by the Accident. Instead, I find that Dr Chua's evidence is equivocal and similarly insufficient to prove the appellant's case.

92 Third, and perhaps most importantly, Dr Raj, the opposing parties' medical expert that examined the appellant, had testified under cross-examination that:[118]

> Q: Refer you to Dr Razmi's [report], he ordered MRI to be taken of lumbar spine, and that revealed presence of L4L5 annular tear. Based on impact of accident, agree that annular tear could be caused by accident?

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117 Supp AEIC Choo at p 30.

118 NE (6 September 2022) at p 24.

A: Yes, definitely a possibility.

Q: Likely to have been caused?

A: Yes.

[emphasis added]

93 Dr Raj's testimony, unlike that of Dr Razmi or Dr Chua, speaks to the *probability* that the annular tear was caused by the Accident, and not merely the possibility of the same. As such, I find that Dr Raj's evidence is unequivocally in favour of the appellant.

94 Considering the evidence in its totality, especially Dr Raj's testimony, I find that the annular tear had, on the balance of probabilities, been caused by the Accident. I also find some further support, albeit inconclusive on its own, from the opinions of Dr Razmi and Dr Chua that this was a possibility. In addition, the fact that the annular tear was only discovered soon after the Accident and the absence of complaints from the appellant prior to the Accident as testified to by Dr Razmi (see above at [89]) both reinforce my finding.

95 For completeness, I address the learned DR's reasons for her conclusion that the appellant had not proven, on a balance of probabilities, that the annular tear was caused by the Accident. In her view, it was significant that the first doctor to have discovered the annular tear, *ie*, Dr Razmi, had diagnosed the appellant with a lumbar contusion without reference to the annular tear.[119] Respectfully, it is equally significant that Dr Razmi had testified that the omission of the annular tear in his diagnosis was due to his uncertainty as to whether the annular tear had been caused by the Accident, rather than because Dr Razmi had expressly ruled out the link between the tear and the Accident as being impossible or unlikely.

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119 NE (23 August 2023) at p 23.

96 In addition, the learned DR appears to have discounted the opinions of Dr Chua and Dr Raj on the basis that their evidence "only tell us of the possibility or likelihood that the [annular tear] was due to the [Accident], but not of the extent of such possibility or likelihood and therefore cannot be more weighty evidence than that set out above".[120] I am unable to agree with such characterisation of the evidence. While I accept that Dr Razmi's and Dr Chua's evidence only speaks towards the *possibility* that the annular tear was caused by the Accident, Dr Raj had expressly stated that the tear was likely to have been caused by the Accident and therefore addresses the issue of *likelihood* or *probability*. Contrary to the learned DR's views, I do not think that it is necessary for the medical experts (at least in a civil case like this) to ***precisely*** identify "the extent of likelihood" so long as there is evidence as to whether a fact is more likely than not, *ie*, whether the particular fact can be established on a balance of probabilities. To require otherwise would effectively amount to imposing too great of a burden.

97 Therefore, in my judgment, I find that the annular tear had, on the balance of probabilities, been caused by the Accident.

98 In addition to the annular tear, the appellant also submits that he had suffered a left sacroiliac joint strain.[121] Once again, I turn to the relevant medical evidence. In Dr Razmi's medical report dated 31 October 2014, Dr Razmi noted that upon physical examination of the appellant on 2 January 2014, *ie*, the appellant's first medical consultation after the Accident, "[t]here was marked tenderness also noted over his left posterior superior iliac spine. This limited his

120 NE (23 August 2023) at p 24.

121 AWS at p 19.

straight leg raising on the left to 60 deg."[122] No diagnosis of the appellant's injury at his left sacroiliac joint was made by Dr Razmi at that time, although Dr Razmi did note that "left sided back pain" was an outstanding problem for the appellant.

99 In Dr Chua's medical report of 9 September 2014, the appellant was noted to have received "a left sacroiliac joint injection for his lower back pain and hip pain" on 18 June 2014.[123] Similar to Dr Razmi's report, no diagnosis of the appellant's injury at his left sacroiliac joint was made at that time. However, in a later report of Dr Chua dated 11 August 2017, Dr Chua diagnosed the appellant with "low back pain due to L4/L5 posterior annular tear with left sacroiliac joint strain".[124] He also noted that the appellant received another left sacroiliac joint injection on 17 May 2016,[125] which is corroborated by the Clinical Discharge Summary related to the appellant's hospital admission on 16 May 2016.[126]

100 Dr Chua's diagnosis of "low back pain due to L4/L5 posterior annular tear with left sacroiliac joint strain" was reiterated in his medical report of 8 February 2018. The same report also stated that the appellant "developed an exacerbation of his *right* hip and sacro-iliac joint pain on 9 Jan 2018. A *right* sacroiliac joint, hip injection was done …" [emphasis added].[127] The Clinical Discharge Summary of the appellant's hospital admission on 8 January 2018

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122 AEIC Choo at p 41.

123 AEIC Choo at p 48.

124 Supp AEIC Choo at p 19.

125 Supp AEIC Choo at p 20.

126 AEIC Choo at p 64.

127 Supp AEIC Choo at p 26.

however indicated that a "*left* sacroiliac joint … and *left* hip injection [were] performed".[128]

101 The same diagnosis was once again reiterated in Dr Chua's report dated 1 November 2018. In that report, Dr Chua updated that the then-last treatment done on the appellant was on 6 June 2018 whereby the appellant underwent a "*bilateral* sacroiliac joint" injection.[129] The Clinical Discharge Summary of the appellant's hospital admission on 4 June 2018 however indicated "*right* sacroiliac joint injections" had been administered.[130]

102 Based on the above medical evidence, I find that the injury to the appellant's *left* sacroiliac joint is well-documented all the way beginning from the immediate aftermath of the Accident. While there was no formal diagnosis made at that point in time, the symptoms relating to this injury appear to have prevailed and a specific diagnosis was made eventually. In my view, the appellant has therefore proven on a balance of probabilities that he suffered from a left sacroiliac joint strain due to the Accident.

103 Accordingly, the Accident had caused the L4/L5 posterior annular tear with left sacroiliac joint strain. I thus overturn the learned DR's finding in this regard and set aside her award of $6,000, which had been awarded for the appellant's lumbar contusion.

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128 Supp AEIC at p 21.

129 Supp AEIC at p 31.

130 Supp AEIC at p 27.

The appropriate award for the appellant's back injury

104 I move to consider the appropriate damages to be awarded for the annular tear. The appellant submitted for $15,000–$18,000 and cited four cases in support of this figure.[131]

105 First, the appellant referred to *Xiang Ren Cai v Chang Hua Construction Pte Ltd* (DC Suit No 1326 of 2003) ("*Xiang Ren Cai*"). There, the plaintiff was awarded $20,000 for an "annual disc bulge and tear at L2-3 and L5/S1 vertebrae". The plaintiff was noted to have constant back pain and was unable to perform strenuous work.

106 Second, the appellant raised the case of *Bellette David Eason v Yeo Lian Huat* (DC Suit No 3705 of 2010). The plaintiff there suffered a generic back injury and had lower back pain, and was awarded $15,000.

107 The third case referred to was *Siah Siew Wah & Anor v Tan Lian Hwee* (DC Suit No 5188 of 2002) ("*Siah Siew Wah*"). The plaintiff there was awarded $10,000 for a prolapsed intervertebral disc at L4/L5 level (aggravated substantially by the accident). The plaintiff was noted to have persistent lower back pain, limitation in flexion and extension of spine and inability to walk for long distances or to sit and stand for long.

108 Finally, the appellant cited the case of *Tan Boch v Lim Khoong Young* (DC Suit No 4908 of 2001) where the plaintiff was awarded $15,000 for spinal protrusion and prolapse. The plaintiff was noted to have suffered aggravation of existing lower back pain with degeneration of two lower spinal discs and decreased range of motion.

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131 App's AD Subs at para 27.

109 In comparing the above cases, *Xiang Ren Cai* and *Siah Siew Wah* appear to be the most analogous since the injury to the back was at around the same area (the L4/L5 disc). Further, the symptoms appear to be similar with the appellant, with lower back pain and the inability to perform work for long periods of time. As the plaintiff in *Xiang Ren Cai* suffered injury to two areas, that award should be calibrated downwards in the present context where the injury is confined to a single area. Accordingly, I find that an award of $12,000 would be fair and reasonable to compensate the appellant for the annular tear that was caused by the Accident.

Claim (A)(v): Traumatic left knee chondromalacia patella

110 The learned DR awarded $3,000 for the appellant's traumatic left knee chondromalacia patella.[132] This award was affirmed on appeal by the learned DJ.[133]

111 The appellant submits that this award is low based on comparable case authority, specifically citing the case of *Rajandran s/o Vaithialingam v Habil bin Jamal Mohamed* (MC Suit No 25600 of 2000) ("*Rajandran*") where the plaintiff was awarded $5,000 for a contusion of the right knee.[134] The appellant also highlighted that *Rajandran* was decided more than 20 years ago, and the court should take into account inflation in making the award. At the hearing, the counsel for the appellant also made passing reference to two other cases cited in the appellant's submissions before the learned DR:[135] first, *Sia Choon Cheong* ([66] *supra*), where the plaintiff was awarded $10,000 for a left knee contusion;

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132 NE (23 August 2023) at p 26.

133 NE (18 December 2023) at p 15.

134 AWS at para 21.

135 App's AD Subs at para 29.

and second, *Sim Siew Yen June v Benfort Enterprise Pte Ltd & Ors* (MC Suit No 21729 of 1997) ("*Sim Siew Yen June*"), where the plaintiff was awarded $5,000 for a right knee contusion. In addition, the appellant emphasises that the complaints over his left knee persisted for some 17 months following the Accident, before an MRI scan of the appellant's knee was undertaken.[136] As such, given the residual disabilities to the appellant's left knee and the case authorities referred to, the appellant seeks an award of $5,000, which he submits is fair and reasonable.[137]

112 On appeal, the opposing parties do not dispute that the appellant sustained this injury but rather submit that the injury was minor and had completely resolved without any treatment.[138] The opposing parties therefore submit that the award of $3,000 is fair and reasonable and should not be interfered with.[139]

113 I first address the extent of the appellant's injury attributable to the Accident. In his report of 31 March 2014, Dr Razmi had noted that, on 2 January 2014, *ie*, two days after the Accident, the appellant complained of left patella pain.[140] On a physical examination, the appellant had full range of his left knee albeit the patella grinding on his left knee was tender.[141] The report further noted that left patellar knee cap pain was an outstanding problem at the time of the report.[142] The appellant was thus diagnosed to have traumatic left knee

136 AWS at para 21.

137 *Ibid*.

138 RWS at paras 75–78.

139 RWS at para 82.

140 AEIC Choo at p 40.

141 AEIC Choo at p 41

142 AEIC Choo at p 43.

chondromalacia patellae.[143] Under cross-examination, Dr Razmi stated that despite the appellant's complaint, the injury did not warrant further investigation and to the same end, the injury was not significant to warrant an X-ray scan, unlike the other injuries suffered by the appellant.[144] In the same vein, Dr Razmi opined that the appellant did not require specific treatment to his left knee, and the systematic medication in the form of painkillers and anti-inflammatory medication would have been sufficient to address the pain of the left knee.[145] Similarly, the appellant acknowledged under cross-examination that no treatment was undertaken for his alleged left knee pain.[146] It was only on 28 May 2015, almost 17 months after the Accident, that an MRI scan of the appellant's left knee was ordered.

114 In my judgment, it is fallacious for the appellant to assert that his left knee pain *persisted* for the entire period. While I am prepared to accept that the appellant was probably experiencing pain in May 2015, thereby warranting the MRI scan, it is farfetched to say that it was the *same* pain which was caused by the Accident – allegedly remaining unresolved for 17 months – that had prompted the MRI scan. The appellant's position is implausible as it does not explain why no further investigation of the knee pain or treatment was pursued in the intervening period. This lack of investigation or treatment for the knee pain must also be observed against the fact that the appellant had been actively seeking treatment for his other injuries, and it is inexplicable why the appellant would not take the same approach for this injury to his knee. Instead, it is my view that the evidence only supports the fact that the left knee pain persisted till

143 AEIC Choo at p 42.

144 NE (22 March 2022) at p 34.

145 *Ibid*.

146 NE (22 September 2021) at p 66.

at least 31 March 2014, namely the date of Dr Razmi's report wherein he had stated the left knee pain as an outstanding problem. Further, this report was the last record of the appellant's complaint of knee pain until the MRI scan in May 2015.

115 Taking this into account, alongside the fact that no specific treatment was pursued for the appellant's left knee, I agree with the learned DR's characterisation of this injury as a minor injury. According to the Guidelines ([74] *supra*), an award in the range of $1,500–$5,000 is appropriate for a minor knee injury.[147]

116 Having established the extent of the injury and the corresponding range of damages to be awarded, I turn to the precedent cases that the appellant urged me to consider in order to determine where in the said range the award should fall. All three cases were considered by the learned DR,[148] as the opposing parties point out. It does not help that the appellant does not elaborate in his submissions on the learned DR's analysis of those cases. Nevertheless, I shall review those three authorities afresh.

117 In relation to *Rajendran* ([111] *supra*) where an award of $5,000 was granted, the plaintiff there had suffered from tilting of the right patella, resulting in permanent knee pain with difficulty in walking long distances or climbing stairs.[149] Given that the injury there was clearly more serious than the present case, especially since Dr Razmi had reported that the appellant had full range of his left knee, *Rajendran* can be distinguished. As for *Sia Choon Cheong*

147 RBOD at p 735.

148 NE (23 August 2023) at p 26.

149 ABOD at p 444.

([66] *supra*), the plaintiff there was noted to have problems climbing up stairs and getting up from a squatting position.[150] Similar to *Rajendran*, the injury in *Sia Choon Cheong* was clearly more aggravated than the present case. In fact, the severity of the injury was reflected in the award of damages for that injury, *ie* $10,000, which falls outside the range of damages for a minor knee injury. Lastly, in relation to *Sim Siew Yen June* ([111] *supra*), no details were provided of the extent of the knee injury suffered and the treatment undergone such that a meaningful comparison could be made between that case and the present case.[151]

118 Considering that both *Rajendran* and *Sia Choon Cheong* involved more serious injuries, it is my view that the award of $3,000 is fair and reasonable, and should be upheld.

119 For completeness, I note that the appellant had, at first instance[152] and on appeal to the learned DJ,[153] sought to claim damages for the menisco-capsular junction sprain that he had sustained, which was discovered after the MRI scan of his left knee in May 2015. However, this claim was not pursued on appeal before me. I thus make no findings in this regard.

Claim (A)(vii): Right shoulder acromioclavicular strain

120 At first instance, the appellant claimed $18,000 for his right shoulder acromioclavicular strain allegedly caused by the Accident,[154] while the opposing

150 ABOD at p 450.

151 Appellant's Bundle of Documents dated 15 February 2024 ("ABOD") at p 451.

152 App's AD Subs at para 28.

153 App's RA Subs at para 21.

154 App's AD Subs at paras 31–33.

parties submitted that no award should be made as there was no cogent evidence that the injury resulted from the Accident .[155] The learned DR held that there was a lack of medical evidence supporting the appellant's position that the shoulder injury was caused by the Accident, and therefore made no award for this injury.[156] This was affirmed on appeal by the learned DJ.[157]

121 On appeal, the appellant maintains that his claim for $18,000 is fair and reasonable.[158] First, the appellant submits that Dr Chua, the appellant's pain specialist since February 2014, explained that it was possible for the appellant to have suffered an injury to his right shoulder in view of the mechanism of the collision in the Accident.[159] Second, the appellant argues that the delayed reporting of this injury (which I shall set out in greater detail later) could be explained by the fact that the pain from the whiplash injury to his neck had extended down to the muscles of his shoulders and masked the pain at his right shoulder.[160] In light of these, the appellant submits that it is more likely than not that his shoulder injury was caused by the Accident.[161] In addition, the appellant contends that if there was any other accident that had caused his shoulder injury, this would have been reported to his treating doctor.[162]

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155 1st Defendant's and Intervener's Joint Closing Submissions dated 19 December 2022 at paras 317–334.

156 NE (23 August 2023) at p 28, para 64.

157 NE (18 December 2023) at p 15.

158 AWS at para 26.

159 AWS at para 23.

160 *Ibid*.

161 AWS at para 24.

162 AWS at para 25.

122 The opposing parties do not dispute that the appellant sustained a right shoulder acromioclavicular strain but instead argue that there is no cogent evidence that this injury was caused by the Accident.[163] They cite Dr Chua's equivocal remarks about the cause of the shoulder injury,[164] and the lack of a cogent explanation for the appellant's delayed reporting of the injury.[165] As such, the dismissal of this claim by the learned DR should be upheld.[166]

123 Based on the parties' submissions, the central question is whether the appellant's right shoulder acromioclavicular strain is attributable to the Accident.

124 I first consider the appellant's delayed reporting of his injury. The first documented report of the injury to the appellant's right shoulder is in a Clinical Discharge Summary issued on or after 24 March 2017, more than three years after the Accident.[167] No earlier medical report contained any mention of a complaint of pain to the appellant's right shoulder. Under cross-examination, the appellant conceded as much and confirmed that his first complaint of right shoulder pain was in March 2017 to Dr Chua.[168] Be that as it may, under re-examination, the appellant explained that the pain from his whiplash injury "overlapped" such that he did not feel the pain to his shoulder and only noticed it when his neck pain had subsided after a year and particularly after the pain-relief injections.[169] The learned DR dismissed this explanation, noting that the

163 RWS at para 84.

164 RWS at paras 85–86.

165 RWS at para 87.

166 RWS at para 88.

167 RBOD at p 44.

168 NE (22 September 2021) at pp 83–85.

169 NE (30 November 2021) at p 24.

appellant had multiple hydrocortisone and lignocaine injections for pain relief in relation to his neck injury as early as January 2014.[170] Similarly, Dr Chua had, under cross-examination, remarked that it was *quite unlikely* for the symptoms of shoulder pain to manifest after three and a half years if the injury had been caused by the Accident.[171]

125 In my judgment, the appellant's explanation – that the pain from his neck injury had masked the pain to his right shoulder for *more than three years* – is incredible and internally inconsistent. Indeed, if the appellant only noticed the pain to his right shoulder after his neck pain had subsided, he would have noticed the pain, at least temporarily, as and when he received the hydrocortisone and lignocaine injections that addressed the pain from his neck injury. This, however, was not the case, as recognised by the learned DR. In addition, I am unable to accept the appellant's contention that, because there was no other documented incident in the intervening period of more than three years that could explain the shoulder injury, it followed that the injury was caused by the Accident. The appellant bears the burden to positively prove his case and such an argument does not satisfy this burden.

126 I next consider the remarks of Dr Chua in relation to the likely cause of the appellant's shoulder injury. In Dr Chua's report dated 12 September 2018, he noted the following:[172]

> …However, it is unclear if the shoulder injury occurred during the [Accident]. The mechanism is certainly possible as during a collision, the force transmitted from gripping the steering wheel is transmitted mostly to the shoulders. …

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170 NE (23 August 2023) at p 28.

171 NE (22 March 2022) at p 61.

172 Supp AEIC Choo at p 30.

In addition, under cross-examination, Dr Chua gave the following response:[173]

> Q: And given that the right shoulder complaint was made, more than three years from the [Accident], would you agree that his right shoulder symptoms are unlikely to result from the [Accident] on 31 December 2013?
>
> A: My initial notes from [the] first time I saw [the appellant] in hospital and subsequent consultations in 2014, predominant symptoms were neck and lower back pain, which includes sacroiliac joint. I had no entry of shoulder pain, but when I saw him in 2017, he did say that right shoulder pain was also a result of the [Accident]. So I leave it as that. *I cannot say whether it is due to or not.* I can only say what my notes say.
>
> …
>
> I cannot say for certain whether it is due to [the Accident] or not.
>
> [emphasis added]

127 In my view, Dr Chua's remarks are insufficient for the appellant to prove that the shoulder injury was caused by the Accident. Dr Chua only goes as far as to accept that it was "certainly *possible*" that that was the case. However, in the same breath, he conceded that it was unclear to him whether the Accident had caused the injury. Under cross-examination, he appeared unable to comment on the *likelihood*, as opposed to the mere *possibility*, that the shoulder injury was caused by the Accident. As such, Dr Chua's remarks do not assist in proving the appellant's case on a balance of probabilities. This was accepted by the appellant under cross-examination, where he stated:[174]

> Q: [You agree] that [in] none of [the] medical reports before this court did any doctor link right shoulder injury to [the Accident]?
>
> A: Yes, after so many years can't confirm.

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173 NE (22 March 2022) at pp 60–61.

174 NE (22 September 2021) at p 85.

> Q: In fact Dr Chua stated in his report dated [12 September 2018], it is unclear if the shoulder injury occurred during the [Accident]
>
> A: Yes.
>
> Q: Other than your own assessment, there is no evidence your right shoulder injury was caused by [the Accident], correct?
>
> A: Yes.

128 Therefore, having rejected the appellant's explanation for his delayed reporting of the injury, and having determined that there is insufficient medical evidence linking the shoulder injury to the Accident, I find that the appellant has not proven, on a balance of probabilities, that the shoulder injury was caused by the Accident. I thus affirm the learned DR's dismissal of the claim for damages related to the appellant's right shoulder acromioclavicular strain.

Claim (B): Loss of future earnings / Loss of earning capacity

The law on loss of future earnings and loss of earning capacity

129 In *Teo Ai Ling (by her next friend Chua Wee Bee) v Koh Chai Kwang* [2010] 2 SLR 1037, the High Court at [49] set out the relevant principles in relation to claims for loss of future earnings and loss of earning capacity:

> Arising from the above cases, the following principles can be extracted:
>
> (a) Loss of future earnings is awarded for real and assessable loss which must be proved by evidence.
>
> (b) Loss of earning capacity is typically awarded when the plaintiff retains employment post-accident and has not suffered any immediate loss of earnings but may as a result of the injury be at a disadvantage in securing an equally well paid job should he subsequently lose that employment. This is sometimes referred to as "handicap" or "loss of competitive edge" or "weakening of his competitive position" in the labour market.

> (c) Loss of earning capacity may be awarded if there is no available evidence of the plaintiff's earnings to facilitate a proper computation of future earnings.

130 The CA in *Teo Sing Keng and another v Sim Ban Kiat* [1994] 1 SLR(R) 340 at [38] similarly recognised the following:

> … [I]n *Ong Ah Long v Dr S Underwood* [1983] 2 MLJ 324, a decision of the Federal Court of Malaysia where, at 333, Syed Agil Barakbah FJ said:
>
> > Now, the general principle is that an injured plaintiff is entitled to damages for the loss of earnings and profits which he has suffered by reason of his injuries up to the date of the trial and for the loss of the prospective earnings and profits of which he is likely to be deprived in the future. There must be evidence on which the court can find that the plaintiff will suffer future loss of earnings, it cannot act on mere speculation. If there is no satisfactory evidence of future loss of earnings but the court is satisfied that the plaintiff has suffered a loss of earning capacity, it will award him damages for his loss of capacity as part of the general damages for disability and not as compensation for future loss of earnings. (*Ashcroft v Curtin*, and *Rasidin bin Partorjo v Frederick Kiai*.) It was applied by Syed Othman FJ (as he then was) in *Multar v Lim Kim Chet*.
>
> …

131 An award for lost earning capacity is made when a person's future chances of getting work in the labour market have been diminished as a result of the injury caused: see *Soh Eng Wah v Saifuddin bin Sulaiman* [1999] SLR(R) 1200 ("*Soh Eng Wah*") at [19]. The consideration of this head of damages should be made in two stages: (a) whether there is a "substantial" or "real" risk that a plaintiff will lose his present job at some time before the estimated end of his working life; and (b) if there is (but not otherwise), the court must assess and quantify the present value of the risk of the financial damage which that plaintiff will suffer if that risk materialises, having regard to the degree of the risk, the time when it may materialise, and the factors, both

favourable and unfavourable, which in a particular case will, or may, affect that plaintiff's chances of getting a job at all, or an equally well paid job: *Soh Eng Wah* at [20], citing *Moeliker v A Reyrolle & Co Ltd* [1977] 1 All ER 9 at 15.

132 In short, where loss of future earnings is concerned, there must be evidence beyond just mere speculation to establish the prospective earnings as real and assessable loss that the defendant is responsible for. Where loss of earning capacity is concerned, the court has to consider if there is a real risk that a plaintiff will lose his job or can only get a lower paying one, and if so, what the present value of that risk is.

Loss of future earnings

133 At first instance, the appellant sought $1,210,591.20 for the loss of future earnings.[175] The learned DR dismissed this claim. She noted the following:[176]

> (a) The impact of the appellant's injuries affecting his employment in the medical reports was based on the appellant's complaints and description of his work.
>
> (b) While the appellant's declared income did decrease after the Accident, the appellant could not prove that he had to take on a lower paying job because of the injuries from the Accident. The termination of his company's distributorship agreements in 2014 and 2015 was not substantiated or proven to be linked to his injuries. There was no supporting evidence that showed the appellant had to travel overseas for

175 App's AD Subs at para 49.

176 NE (23 August 2023) at pp 29–32.

his business or that he made deliveries of his company's products on his own.

(c) The appellant's evidence of the income he earned as a private-hire driver or his inability to resume private-hire driving due to allegedly being in arrears in his Medisave payments was lacking.

(d) The appellant's evidence of his current employment as a Laksa stall assistant was an undated document that stated his remuneration and engagement. This was not set out in his Affidavit of Evidence-in-Chief ("AEIC") and the maker of the document was not called to give evidence. The learned DR was thus unable to give weight to this document.

(e) The appellant also conceded during cross-examination that he did nothing either to find alternative employment, or to try looking for a job.

134 On appeal to the learned DJ, the appellant renewed his claim[177] and further sought, in the alternative, for a reduced sum of $901,471.20.[178] The learned DJ dismissed the appeal and likewise did not make any award for the loss of future earnings.[179]

135 In the present appeal, the appellant challenges the finding that there was a lack of evidence to support his contention that he had lost his income from his business and that he could no longer perform his duties in the same manner prior

177 App's RA Subs at para 30.

178 App's RA Subs at para 31.

179 NE (18 December 2023) at p 15.

to the Accident.[180] The appellant further submits that there was no failure to mitigate on his part,[181] and even if there was, he should be awarded loss of earnings on the basis that he could still resume private-hire driving.[182]

136 I begin with a basic overview of the appellant's employment history, as reported by him. At the time of the Accident, the appellant ran his own company ("BHI") and was the sole director and shareholder of BHI.[183] As he was unable to attend to his company's business due to his disabilities, he lost his customers and distributorships, leading to a decline in his business.[184] In April 2016, the appellant started driving for private-hire service providers such as Uber and Grab.[185] After September 2018, the appellant did not resume his private-hire driving.[186] Since 2019, the appellant had been working as a Laksa stall assistant for $400 a month.[187]

137 Based on the Notice of Assessments ("NOAs") issued by the Inland Revenue Authority of Singapore ("IRAS") to the appellant, the following was the appellant's income for each year:[188]

Year	**Income ($)**
2010	80,000

180 AWS at paras 28–33.

181 AWS at para 36.

182 AWS at para 37.

183 AEIC Choo at para 13.

184 AEIC Choo at para 15, 17–18.

185 AEIC Choo at para 16.

186 Supp AEIC Choo at para 7.

187 App's AD Subs at para 38.

188 AEIC Choo at pp 329–335.

2011	80,000
2012	65,000
2013	80,000
2014	30,000
2015	18,000
2016	15,000

138 Based on the NOAs, it is clear that the appellant's reported income has decreased after the Accident. In the year after the Accident, *ie*, 2014, the appellant's income fell from $80,000 to $30,000. I make two observations in this regard.

139 First, beyond the income declared in the NOAs, it is imperative that there is supporting evidence from the appellant to prove his income prior to and after the Accident. This is especially since the appellant was self-employed and the income reflected in his NOAs was self-reported. I would be hesitant to simply rely on the declared income without any further inquiry. The danger of doing so has been demonstrated by the learned DR in her grounds. By way of an example, on one hand, the appellant's income for the year 2012 as reflected in his 2013 NOA is $65,000.[189] However, on the other hand, BHI's financial statements stated that the appellant had been paid a director's fee of $80,000 for the same year.[190] In this regard, I note that the income reported in 2013 and 2014 accurately corresponded with BHI's financial statements.[191] The same cannot be said for the income in 2015 and 2016 which remain unsupported.

189 AEIC Choo at p 331.

190 AEIC Choo at p 388.

191 AEIC Choo at p 408.

140 Second, even if the appellant has shown that his income did decrease after the Accident, the appellant must prove that this decrease was *due to the Accident*. In other words, the appellant must demonstrate that the disabilities occasioned by the Accident caused him to have to take a lower paying job which in turn translates to a lower future income. I therefore turn to address the appellant's contentions that the decrease in income was due to his injuries from the Accident.

(1) Business of BHI

141 Before turning to analyse the evidence, it bears repeating that the appellant needs to attribute his claims of his company's poor or reduced business to his injuries from the Accident.

142 The appellant's case is that he had to manage and operate BHI's business on his own such that the business was wholly dependent on him.[192] This entailed making sales calls, attending to his (potential) customers and marketing his products to overseas customers.[193] As narrated by the appellant:[194]

> 13 … As I work alone prior to the [Previous Accident and Accident], I have to handle sales, delivery as well as the administration of the said company. I had not only to be on the road in Singapore to promote sales but also had to travel overseas as well. Before the said accidents I would have to travel overseas regularly. I was, however, not able to travel overseas to visit clients and procure sales as often after [the Previous Accident], but had to cease travelling overseas after [the Accident], due to disabilities resulting from my injuries. I also have to spend long hours on the computers liaising with clients. Hence, my work hours are long as I have to make sales calls and deliveries and thereafter handle the paperwork. Due to the constant pain at my neck and shoulders, I was not able to work

192 AWS at para 28.

193 AWS at para 29.

194 AEIC Choo at para 13,15.

> as long hours as prior to the said accidents. Moreover, I was unable to make as many sales calls as I had difficulties carrying samples of the electrical products my company deals with, which weighs [*sic*] between 5 to 10 kilograms. After the said accident, I had to incur additional expenses engaging delivery services to deliver the products to customers, which deliveries I would have done if not for my disabilities. Over exerting myself or working on the computer for prolonged periods of time, would aggravate the pain and I would either have to relief [*sic*] the pain by taking pain medication of take intermittent breaks to relief [*sic*] the pain. I would nevertheless try to endure the pain as much as possible so as to avoid being too reliant on pain medication which also causes drowsiness. Hence I was not able to work efficiently and effectively as before the said accidents and the hours I am able to work had to be reduced significantly, which invariably led to a reduction in the company's volume of business following the said accidents. …
>
> 15 … As I was not able to attend to my company's business due to my disabilities, I not only lost my customers but also distributorships of 2 of my core products after [the Accident]. …

143 In my view, much of the appellant's assertions remain unsupported and unsubstantiated. For one, the appellant has not adduced evidence that he previously made deliveries of the products himself. The appellant argues that it is too onerous to require such evidence bearing in mind the lapse of time. This is an unacceptable reason. As the sole director of BHI, the appellant should have access to past order records and could, at the very least, demonstrate several instances where he had made the deliveries himself. In any case, even if the appellant did make those deliveries and was unable to do so after the Accident, he could, on his own case, have engaged a delivery service. In fact, as evidenced from BHI's financial statements, BHI did regularly engage such services.[195] What was left unexplained was why the expense for "transportation & delivery charges" reduced, instead of increased, in 2014 (*ie*, after the Accident) as compared to 2013.

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195 AEIC Choo at p 408.

144 In the same vein, the appellant has not adduced evidence of his need to travel overseas for his sales. The appellant alleges that he attempted to admit evidence of his business dealings in Vietnam but was disallowed by the learned DR. Upon review of the record of proceedings, this is an erroneous and incomplete summary. Granted, the learned DR declined to allow the appellant's oral application to admit the said evidence, however, the learned DR expressly stated that "if the [appellant] wishes to adduce further evidence by way of these documents, a proper application is to be taken out with a supporting affidavit".[196] This was not done by the appellant. What remains is that there is no evidence before me that the appellant was required to make overseas trips for his business. Additionally, the appellant has not even proven that he was no longer able to travel overseas for work as a result of his injuries.

145 As for the two distributorships with BHI that were terminated, the appellant had tendered two letters dated 1 November and 2 December 2014. In these letters, which are materially similar, the distributor wrote to terminate the distributorship agreement with BHI and gave BHI one month's notice. No reason for the termination was cited. Accordingly, there is no evidence beyond the appellant's assertion that the distributorships were terminated *because* he was not able to attend to BHI's business. Moreover, there is no evidence to show that these two distributors related to BHI's "core products" as alleged, that the distributors were BHI's main suppliers, or the precise impact of the termination of the distributorship on the business of BHI.

146 Finally, the appellant did not introduce any of BHI's financial statements post 30 June 2014, despite confirming under cross-examination that annual

196 NE (30 November 2021) at p 8.

returns for BHI were filed all the way till 2019.[197] This meant that there was only six months of BHI's financial results which the appellant relies on to demonstrate his allegation that his business was impacted. In my judgment, such limited evidence is insufficient to prove that the drop in his income was due to the Accident.

147 For completeness, I note that there is medical evidence where the appellant's treating doctors had expressed a view on the impact of the appellant's injuries on his employment. This had been considered by the learned DR.[198] However, as it was not the focus of the appellant's submissions on appeal, I shall address them in brief only. I find that those reports did not suffice to prove that the business of BHI, and in turn the appellant's income, had suffered *due* to the appellant's injury.

148 Ultimately, the appellant has not demonstrated that his employment and income has been affected *because of* his injuries from the Accident. I shall return to this conclusion later when determining the award for pre-trial loss of earnings.

(2) Private-Hire Driver

149 The appellant averred that he started private-hire driving in April 2016.[199] However, he only tendered evidence of a consolidation of earnings as a private-hire driver under Grab for the period 11 July 2016–14 September 2018.[200] In the ordinary course of things, this would not be

197 NE (23 September 2021) at p 38.

198 NE (23 August 2023) at pp 29-30.

199 AEIC Choo at para 16.

200 Plaintiff's Bundle of Documents dated 2 July 2021 at p 526–722.

sufficient to establish the appellant's *total* income for the said period. Comparatively, the appellant's NOAs for those years would be instructive as to his actual income. Save for the year 2016, NOAs for the years 2017 and 2018 were not provided to corroborate the appellant's income.

150 The appellant claimed that he could not continue with his private-hire driving around September 2018, as his Medisave was allegedly in arrears.[201] There was no explanation, supported with evidence, as to why the status of his Medisave payments prevented him from continuing with his private-hire driving. Similarly, there was no evidence of the fact that the appellant's Medisave was actually in arrears. While the appellant claims that he attempted to introduce such evidence, this again is incorrect and my remarks above at [144] apply here as well.

(3) Laksa Stall Assistant

151 Similar to his employment as a private-hire driver, the appellant's evidence of employment as a Laksa stall assistant earning $400 a month is scant. I acknowledge that there is an undated document from one Lionel Tan of Loon Laksa stating that the appellant had been working at the stall since August 2019 for four times a week and that his daily wage was $25.[202] However, this document was not set out in an AEIC, be it the appellant's or Lionel Tan's, and the said Lionel Tan was not called as a witness to verify this information. I thus agree with the learned DR that no weight should be given to this document in assessing what the appellant's loss of future earnings would be.

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201 Supp AEIC Choo at para 5.

202 Plaintiff's Bundle of Documents dated 2 July 2021 at p 525.

152 In addition, it is notable that the appellant had conceded under cross-examination, on several occasions, that he did not bother attempting to find suitable employment after ceasing to earn an income from BHI.[203]

153 Pulling all the threads together, the appellant has not proven that (a) the disabilities occasioned by the Accident caused him to be unable to continue with his then-current job as a director of BHI; (b) he had *no choice* but to take another job such as a private-hire driver or a Laksa stall assistant; and (c) the alternative jobs are in fact lower paying. There is a signal lack of evidence to support these propositions combined with an abundance of bare, unsubstantiated assertions by the appellant. In the premises, it would be pure speculation to conclude that the appellant had to take on a lower paying job due to his injuries from the Accident. Therefore, I cannot find that the appellant will suffer a future loss of earnings and I do not award anything for this. I uphold the learned DR's dismissal of this claim.

Loss of earning capacity

154 At first instance, the appellant sought $50,000 for the loss of earning capacity with his claim for the loss of future earnings, or $500,000 for a standalone award for the loss of earning capacity.[204] The learned DR found that the risk of the appellant losing his job as a director had already materialised,[205] and because of his residual disabilities of chronic neck pain, he was disadvantaged in the open labour market.[206] Taking reference from *Pang Tim Fook* ([37] *supra*), where the plaintiff was awarded $20,000 for the loss of

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203 NE (23 September 2021) at pp 39–43.

204 App's AD Subs at p 57.

205 NE (23 August 2023) at p 33.

206 NE (23 August 2023) at pp 33–34.

earning capacity, the learned DR concluded that similarly, an award of $20,000 for the loss of earning capacity here was reasonable.[207] On appeal to the learned DJ, the award for the loss of earning capacity was increased to $40,000. Having regard to the appellant's earnings as a director and the nature of his disabilities *vis-à-vis* his ability to generate those earnings, the learned DJ found that an enhancement to $40,000 was warranted.[208]

155 On appeal, the appellant submits that the award of $40,000 "is too low" in light of (a) the medical opinions on how the appellant's injuries will affect his ability to work; (b) the appellant's lack of academic qualifications; and (c) his earning capacity before the Accident based on his annual income of $80,000, and accordingly, that a sum of $500,000 would be fair and reasonable.[209] The appellant also cites the case of *Koh Soon Pheng v Tan Kan Eng* [2003] 2 SLR(R) 538 ("*Koh Soon Pheng*"), where the plaintiff was awarded $180,000.[210]

156 The opposing parties submit that there is limited documentary evidence on whether the appellant's chronic neck pain would affect his job prospects in the open labour market, particularly given that the appellant has not attempted to look for an alternative equally well-paying job.[211] They cite *Pang Tim Fook*,[212] which was relied on by the learned DR, and argue that the learned DR's award

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207 NE (23 August 2023) at p 34.

208 NE (18 December 2023) at pp 16–17.

209 AWS at para 35.

210 *Ibid*.

211 RWS at para 102.

212 RWS at para 103.

of $20,000 was fair and reasonable, although they also accept the learned DJ's revision to $40,000.[213]

157 Based on the parties' submissions, the dispute centres on whether the appellant will suffer a disadvantage in the open labour market due to his injuries, and less on whether there is a real risk that the appellant would lose the job he had at the time of the Accident. I shall therefore focus my assessment on the quantification of that disadvantage.

158 Based on my earlier findings (see above at [45] and [103]), the appellant's residual disabilities are chronic neck pain and associated cervicogenic headaches due to the exacerbation of his neck whiplash injury and back injury pain due to an L4/L5 posterior annular tear with left sacroiliac joint strain. Dr Chua, the appellant's pain specialist, opined in his report dated 13 February 2020 that "[the appellant] is unable to sit at the desk for long hours. He is unable to lift anything heavy (more than 5kg)."[214] More recently, in February 2022, the appellant was issued a medical certificate ("MC") for eight months by Dr Ang Chay You ("Dr Ang") of SGH, the most recent doctor to have treated the appellant.[215] However, Dr Ang clarified that there was no physical examination of the appellant carried out by him and the MC was issued largely due to the appellant's complaint of back and neck pain, which according to him meant that he was unable to work.[216]

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213 RWS at para 104.

214 Supp AEIC Choo at p 40.

215 NE (6 September 2022) at p 9.

216 NE (6 September 2022) at pp 9–11.

159 Moreover, under cross-examination, Dr Raj, the respondent's medical expert that reviewed the appellant's condition, testified that:[217]

> Q: … agree that with his symptoms he would have some difficulty holding down regular job requiring him to work everyday, regular employment?
>
> A: Yes, also depends on what physical exertion required in job. If desk bound job, could be able to cope with recurrent problems he is expected to face.
>
> Q: My instructions are that he could not have desk bound job, problems concentrating because of headaches and could not work on computers for long period of time. Agree?
>
> A: That is possible, his symptoms could interfere with such activities.
>
> …
>
> I am not sure how much of his symptoms interfere, whether intermittent, and whether in between free of symptoms or baseline of symptoms throughout the day.
>
> Q: So treating physician best person?
>
> A: Yes.

160 There are other medical reports such as from Dr Raj or Dr W C Chang, who had also examined the appellant to provide his opinion to the court, which do include medical opinions on the appellant's future fitness to work. However, these were rather dated and not as probative as Dr Chua's latest report in 2020 and Dr Ang's interaction with the appellant in February 2022. I therefore did not place much weight on them.

161 Based on the above, I accept that the appellant would have some difficulty maintaining a desk-bound job or any other similar job that would cause the same level of exertion on his neck.

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217 NE (6 September 2022) at pp 27−28.

162 Moving to the appellant's argument that his lack of academic qualifications would cause difficulties in sourcing for suitable employment, I find that the premise of his argument is unsubstantiated. Beyond the appellant's bare assertions of his academic qualifications in his AEIC,[218] no further evidence was introduced. Additionally, because the appellant has not even attempted to find suitable employment after his alleged inability to continue with BHI's business due to his injuries (see above at [152]), the appellant has not meaningfully demonstrated the extent of the disadvantage that he faces in the open labour market.

163 I turn to the authorities cited by the parties. The appellant relies on *Koh Soon Pheng* ([155] *supra*) to justify an increase in the award. In *Koh Soon Pheng*, the plaintiff was a motorcycle mechanic. The accident had badly injured his hands and right shoulder and the medical evidence had supported the conclusion that his ability to work at the trade that he had followed his whole life had been severely impaired. The extent of impact to the earning capacity of the plaintiff in *Koh Soon Pheng* is much higher than the present case, where the medical evidence generally pointed towards the appellant's inability to lift heavy objects or sit at a desk for long periods of time. Accordingly, the relevance of *Koh Soon Pheng* is overstated.

164 In contrast, the facts of *Pang Tim Fook* ([37] *supra*) are more analogous to the present case. As summarised by the court in *Pang Tim Fook* at [38]–[39]:

> 38 As earlier stated, *the Plaintiff is 45 years old. He has a good 15 years at least, remaining of his working life*. The whiplash injury he sustained in the accident has left the Plaintiff with *recurrent neck pain* which, from the doctors' prognosis, is permanent. The pain is accompanied by restriction of neck movements. *It is foreseeable that the Plaintiff may suffer exacerbations of neck pain* in the future which could

[218] AIEC Choo at para 16.

> last a lifetime and hence, affect him up to the end of his working life. There is unchallenged evidence that *the neck pain affects the Plaintiff's work concentration*. He stated that he has to take frequent breaks from desk work in the course of a working day to relieve the pain in his neck. He *is unable to lift or carry heavy loads.*
>
> 39 At the time of the accident, *the Plaintiff was a director* of a company known as Mtec Systems & Consultancy Pte Ltd ("Mtec") which was in business as a software provider. …
>
> [emphasis added]

165 In the present case, the appellant is currently aged 53 and would similarly have approximately 15 years remaining of his working life (considering the current national re-employment age of 68). Similar to *Pang Tim Fook*, he suffers from a neck injury that affects his ability to work. He was also similarly a director of a company, although the salaries of the plaintiff in *Pang Tim Fook* and the appellant are different. The plaintiff in *Pang Tim Fook* earned $3,000 per month at the time of the accident, and $5,000 per month with an additional car allowance at the time of the AD hearing. The salary of the appellant here was approximately $6,600 per month (as derived from $80,000 per annum) at the time of the Accident. Therefore, recognising the similarities between the present case with *Pang Tim Fook* and taking into account the difference in salaries, an uplift from the award of $20,000 in *Pang Tim Fook* is warranted. Accordingly, I uphold the learned DJ's award of $40,000, which is fair and appropriate.

Claim (C): Future medical expenses

166 At first instance, the appellant sought $957,656 for future medical expenses, plus an additional $50,000 for a spinal cord stimulation treatment procedure.[219] The learned DR concluded that the appellant had not put forward

[219] App's AD Subs at paras 52, 55.

sufficient evidence to prove on a balance of probabilities that future treatment was necessary and declined to make an award.[220] This was affirmed on appeal by the learned DJ.[221]

167 On appeal, the appellant argues that the learned DR's decision is unjustifiable in light of the unchallenged opinion of Dr Chua, the appellant's pain management specialist, that the appellant's neck pain with associated headaches was incredibly difficult to treat and can only be controlled by certain injections at an interval of six to eight months.[222] While the appellant's last visit to Dr Chua for treatment was 21 January 2020, when an injection was administered to his neck, the appellant argues that his failure to continue treatment was not due to a lack of need but due to a lack of ability to afford the treatment after his medical insurance policy had lapsed.[223] Given that the appellant continues to seek treatment at SGH, because his neck problems have not resolved, the appellant should be entitled to costs of future treatment.[224] I note that the appellant did not renew his claim for the additional $50,000 for a spinal cord stimulation treatment procedure in his appeal to the learned DJ and to me. I therefore will not make any findings in that regard.

168 The opposing parties contest the necessity of future medical treatment. They point to the following facts: (a) Dr Chua had no knowledge of the appellant's condition after 22 January 2020;[225] (b) there is no evidence on the cost of his Celecoxib and Pregabalin treatments from SGH and the duration of

220 NE (23 August 2023) at pp 36–37.

221 NE (18 December 2023) at p 15.

222 AWS at para 39.

223 AWS at para 39.

224 AWS at para 40.

225 RWS at para 107.

such treatments;[226] and (c) the appellant has not adduced evidence of further visits to SGH after 22 February 2022. According to them, the lack of medical records demonstrates that, on the balance of probabilities, the appellant would not require further medical treatment.[227]

169 For the purposes of determining whether a particular medical expense is reasonable, the court will consider a range of circumstances including, *inter alia*, whether or not the particular treatment in question is necessary and whether or not it was taken pursuant to a doctor's advice: see *Poh Huat Heng Corp Pte Ltd and others v Hafizul Islam Kofil Uddin* [2012] 3 SLR 1003 at [63].

170 I start with Dr Chua's evidence. In his report dated 12 September 2018, Dr Chua stated that "[the appellant] may require injections for relief of symptoms as long as he is still experiencing the above-said symptoms. The interval is roughly every 6 months."[228] In a later report dated 13 February 2020, Dr Chua explained that since 2016, the appellant had "[undergone] cervical interspinous and paravertebral prolotherapy injections with an interval of between 6–8 months. Each treatment seemed to have lengthened his period of relief. … Each treatment costs about $8000."[229] Be that as it may, Dr Chua also conceded under cross-examination that he did not have up to date knowledge of the appellant's condition:[230]

> Q: Last time you saw the [appellant] was 22 January 2020.
>
> A: As a patient yes … Officially the last time I treated him was in 2020.

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226 RWS at para 108

227 RWS at para 110.

228 Supp AEIC Choo at p 31.

229 Supp AEIC Choo at p 40.

230 NE (22 March 2022) at p 57.

> Q: Fair to say that you wouldn't have any knowledge of the [appellant's] condition after 22 Jan 2020?
>
> A: Yes.

On re-examination, Dr Chua also confirmed that the last injection administered to the appellant was 21 January 2020.[231]

171 There are two issues with Dr Chua's evidence that deprive the appellant of the support which he hopes it provides. First, Dr Chua's evidence was *not* that the appellant would need to continue receiving the injections at an interval of between six and eight months. Rather, that was simply a report of the then-current condition of the appellant. Strictly speaking, Dr Chua did not comment on the treatment that the appellant would require in the future. Put another way, Dr Chua omitted to state that because the appellant had been receiving the injections at intervals of between six and eight months, it was likely that the appellant would need to continue receiving the injections at the same interval, or that it was recommended to maintain the same treatment plan. As such, Dr Chua's report does not assist the appellant in proving his need for *future* medical treatment, and merely amounts to a report of what treatments the appellant had been undergoing at that point in time.

172 Second, even if I were to infer that Dr Chua's report stood for a recommendation that the appellant maintain his treatment plan of receiving the injections at the same interval, I find that the report would not be of much utility given the lapse of time and change of circumstances since its making. As Dr Chua himself conceded, his assessment of the appellant's condition was only up till January 2020 and he could not provide an insight into the appellant's current condition. In particular, the appellant had since ceased treatment with

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231 NE (22 March 2022) at p 67.

Dr Chua and instead sought treatment from SGH. In my view, the fact that the report is outdated means that the report is not probative as to the appellant's current and future need for treatment.

173 I next turn to the evidence of Dr Ang of SGH. The appellant saw Dr Ang on 18 February 2022,[232] after he ceased treatment with Dr Chua. The purpose of that consultation was to review the appellant's MRI scan results and discuss management options; additionally, Dr Ang gave the appellant an open date appointment for review, certified him unfit for work and prescribed medications for him, specifically Celecoxib capsules.[233] Dr Ang also testified that apart from this occasion, the appellant had attended at SGH's orthopaedic department on 8 October 2021 and was seen by his junior colleague,[234] and after that appointment, the appellant was referred to a pain specialist for further treatment.[235] In sum, the evidence demonstrates that the appellant had only sought treatment twice at SGH, and his last known appointment was 18 February 2022.

174 In relation to the SGH pain specialist, no evidence was adduced from the SGH pain management doctor that had seen the appellant. Rather, under re-examination, which was conducted before the appellant had seen Dr Ang, the appellant testified that he had visited SGH's orthopaedic department and they had transferred him to the pain specialist.[236] The doctor informed him that he had to be referred to another doctor for "injection PRP", and the nurses informed

232 NE (6 September 2022) at pp 5, 7, 12.

233 NE (6 September 2022) at p 13.

234 NE (6 September 2022) at p 12.

235 NE (6 September 2022) at p 16.

236 NE (30 November 2021) at p 26.

him that the "procedure for PRP" costs approximately $3,000 and government subsidies were unavailable as it was considered a private procedure.[237] All these are unsubstantiated, bare assertions by the appellant and as such, I am unable to accept them.

175 I pause to address the appellant's argument that he "did not return to Dr Chua for treatment for his neck pain, not because he did not require such treatment but because he could no longer afford to pay for the treatment he received".[238] In my view, ongoing treatment for his injuries with Dr Chua is but one way to demonstrate a continuing need for medical care. It was equally open for the appellant to have undergone a medical examination with Dr Chua and/or SGH in order to obtain an updated medical report explaining his need for future medical treatment, *without actually* receiving that treatment if he could not afford it. For reasons only known to the appellant, this was not an option contemplated or pursued by him.

176 For completeness, I also note that there are other medical reports such as those of Dr Razmi, the appellant's orthopaedic specialist, and Dr Raj, the respondent's medical expert that reviewed the appellant's condition, or Dr Chua's earlier reports. However, I did not consider them to be probative of the necessity of future medical treatment for the same reason as Dr Chua's latest report in 2020. These other reports are even more outdated and do not take into account the various developments in the appellant's care and treatment over the years. There is therefore no reason to consider and analyse them, much less to rely on them in order to establish a continuing need for medical care at this point in time.

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237 NE (30 November 2021) at p 26.

238 AWS at para 39.

177 In considering the medical evidence in totality, I distil several points. First, the appellant's last injection was in January 2020, some four years ago. Second, the appellant's last known visit to seek treatment for his injuries was in February 2022. At that point, he was prescribed Celecoxib capsules only. Third, there is no up-to-date medical opinion that the appellant requires further medical treatment, especially in relation to the injections. Together, these do not demonstrate, or lead to the inference, that the appellant is in need for any future medical treatment. Nevertheless, I acknowledge that, based on my earlier findings (see above at [45] and [103]), the appellant has residual disabilities in the form of chronic neck pain and associated cervicogenic headaches due to the exacerbation of his neck whiplash injury and back injury pain due to an L4/L5 posterior annular tear with left sacroiliac joint strain.

178 On the whole, the appellant has not established, on a balance of probabilities, what and how much future medical expenses will be incurred by himself. Notwithstanding this, given the residual disabilities that the appellant is suffering from, it is clear that he would need *some* future medical treatment. I thus find that a nominal sum for future medical expenses should be granted. I set aside the learned DR's dismissal of this claim and the learned DJ's affirmation of the same, and award the appellant $1,000 for this category of damages to reflect the appellant's need for future medical care.

Claim (D): Future transport expenses

179 At first instance, the appellant claimed $1,651.12 for future transport expenses.[239] The learned DR declined to make any award for future transport expenses as there was a lack of evidence from the appellant.[240] This was affirmed

239 App's AD Subs at para 56.

240 NE (23 August 2023) at p 37.

by the learned DJ.[241] On appeal, the appellant does not advance any specific submissions in relation to this head of claim.

180 Given my judgment that the appellant has not proven the extent of need for future medical care, the appellant equally has not proven the extent of need for transport in relation to the said medical care. Accordingly, I similarly make a nominal award for future transport expenses. I set aside the learned DR's dismissal of this claim and the learned DJ's affirmation of the same, and award the appellant $100 for this category of damages.

Special Damages

Claim I: Pre-trial medical expenses

181 At first instance, the appellant sought reimbursement for medical expenses incurred from the date of the Accident, *ie*, 31 December 2013, for the injuries he suffered in the Accident.[242] According to the appellant, this amounted to a sum of $301,019.27 as derived from the medical invoices tendered, less $11,359.14 being the expenses relating to the treatment for his shoulder injury after his fall in August 2019 (see above at [12]), and less $14,985.14 being the expenses relating to the removal of a tablet blister in January 2020.[243] Upon tabulation, this is a net sum of $274,674.99 arising from 229 invoices.

182 I digress slightly to note that a different amount, namely $310,910.85, was reflected in the summary of the appellant's submissions at first instance,[244] which is higher than the original sum relied on before any deductions. I further

241 NE (18 December 2023) at p 15.

242 App's AD Subs at para 57.

243 App's AD Subs at para 57.

244 App's AD Subs at para 62

note that on tabulation of the amounts reflected in all the invoices tendered by the appellant, the total amount is $327,425.95, which is an even higher figure (see Annex I: Pre-Trial medical and transport expenses). It should go without saying that such discrepancies should be ironed out well before making submissions at the first instance court and certainly well before any appeal. Discrepancies like this are a recipe for confusion and do not assist any party making a claim.

183 Turning back, the learned DR, after a review of the medical invoices, awarded $85,790.19.[245] This was affirmed by the learned DJ.[246]

184 A few features of the learned DR's approach which are relevant to the present appeal should be noted:

(a) The learned DR discounted all expenses related to the appellant's neck injury by 50% as she attributed half of these expenses to the appellant's neck injury from the Previous Accident and the remaining half of the expenses to the neck injury from the Accident.[247]

(b) The learned DR disallowed all claims for invoices from "Yang Zheng Tang TCM Clinic" or "Thoo Chee Chinese Physician & Acupuncture". In her view, these treatments were not recommended by any medical expert, and it was unclear what the expenses were for.[248]

(c) Where the invoice concerned treatment related to the appellant's back and neck injury, and there was no clear allocation of costs in respect

245 NE (23 August 2023) at p 37.

246 NE (18 December 2023) at p 15.

247 NE (23 August 2023) at pp 42–43.

248 NE (23 August 2023) at p 42.

of each injury, the learned DR attributed 50% of the costs to each injury and applied a further 50% apportionment in respect of the neck injury (consistent with the above at [184(a)]).[249]

(d) The learned DR disallowed claims related to physiotherapy that was undertaken outside of Dr Chua's clinic, in particular at "Physio Connectionz", as she found: (i) the required physiotherapy already took place at Dr Chua's clinic; (ii) there was no recommendation that the appellant seek out physiotherapy every few days elsewhere; and (iii) there is no evidence that the physiotherapy was related to the injuries arising from the Accident.[250]

(e) The learned DR disallowed claims where the medical expenses were not proven to be connected to the appellant's neck or back injuries that were caused by the Accident.[251]

(f) The learned DR disallowed claims related to the appellant's wrist injury from 2015 and beyond.[252] The learned DR also disallowed claims related to the appellant's back injury after 31 July 2015 as she found that the back injury had resolved by then.[253] Similarly, the learned DR disallowed claims related to the appellant's shoulder injury based on her finding that it was not caused by the Accident.[254]

185 On appeal, the appellant advances several submissions in this regard:

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249 NE (23 August 2023) at pp 49–50.

250 NE (23 August 2023) at p 55.

251 NE (23 August 2023) at pp 48–49.

252 NE (23 August 2023) at p 72.

253 NE (23 August 2023) at pp 74–75.

254 NE (23 August 2023) at p 95.

(a) In relation to the apportionment of expenses relating to the neck injury caused by the Previous Accident and the Accident, the appellant argues that any expenses incurred for the neck injury suffered by the Previous Accident would be subsumed by the more serious neck injury caused by the Accident.[255] In the alternative, the defendant should bear no less than 80% of the medical expenses relating to the neck injury (as opposed to the learned DR's apportionment of 50%) as that would more accurately reflect the severity of the exacerbation of the whiplash injury caused by the Accident.[256]

(b) In relation to the expenses for the Traditional Chinese Medication ("TCM") treatments, the appellant points out that Dr Razmi had supported the use of acupuncture whenever the appellant experienced neck pain.[257]

(c) In relation to the expenses related to the physiotherapy sessions conducted at "Physio Connectionz", the appellant argues that physiotherapy was recommended by Dr Razmi and Dr Chua. As such, the expenses should be allowed.[258]

(d) In relation to the expenses related to the back injury after 31 July 2015 which were disallowed, the appellant contends that there is no direct evidence from a medical specialist that the appellant had recovered from his back injury by that time.[259]

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255 AWS at para 46.

256 AWS at para 47.

257 AWS at para 48.

258 AWS at para 48.

259 AWS at para 49.

(e) Certain items of expenditure that were disallowed as the learned DR had found their purpose to be unclear, should instead have been allowed as those items were for treatment of pain.[260]

(f) The calculation of certain items should be revised as the learned DR had deducted the amount paid from the appellant's Medisave.[261]

186 The opposing parties submit that the learned DR's award was fair and reasonable.[262] Primarily, they argue that multiple medical receipts tendered by the appellant did not state what treatment or injury the invoice pertained to.[263]

187 I shall set out my views on each of the issues that the appellant has highlighted. These will form the broad parameters for assessing whether a particular expense should be allowed.

Expenses claimable

188 At the outset, it is crucial to designate the medical expenses in respect of which injuries that the appellant should be compensated for. This is in view of my findings above as to whether a particular injury had been caused by the Accident. In summary, these are the only injuries, along with their respective timeframes, which the appellant can claim expenses for treatments:

(a) Exacerbated Grade 2 whiplash injury with associated cervicogenic headaches, from the time of the Accident to date;

260 AWS at para 50.

261 AWS at para 51.

262 RWS at para 115.

263 RWS at paras 117–120.

(b) Right wrist contusion, from the time of the Accident to soon after the Accident;

(c) Left calf contusion, from the time of the Accident to soon after the Accident;

(d) L4/L5 posterior annular tear with associated central disc protrusion and left sacroiliac joint strain, from the time of the Accident to date;

(e) Traumatic left knee chondromalacia patella, from the time of the Accident to soon after the Accident; and

(f) Post-concussion syndrome, from the time of the Accident to soon after the Accident. The findings made by the learned DR, specifically that this was a minor head injury that resolved completely without treatment,[264] was not appealed against by the appellant.

189 The appellant should not be compensated for any treatment to his left wrist injury or his right shoulder acromioclavicular strain, given my findings above at [63] and [128] respectively.

Apportionment of expenses related to the neck injury

190 Given my view that due consideration must be given to the fact that the appellant had a pre-existing condition (see above at [44]), I find that it would be fair to only attribute to the respondent a portion of the costs of treatment to the appellant's neck injury after the Accident. As for the percentage of attribution to the Accident, I find that 50% is appropriate based on the evidence before the

[264] NE (23 August 2023) at p 27.

court. In any case, the appellant has not provided any authority as to why the percentage should be "no less than 80%" and simply relies on the assertion that the Accident had caused a "severe exacerbation" of the appellant's neck injury.

Apportionment of expenses related to the back injury

191 As noted (see above at [184(f)]), the learned DR also disallowed claims related to the appellant's back injury after 31 July 2015 as she found that the back injury had resolved by then. Given my finding that the annular tear had been caused by the Accident (see above at [103]), it would be incorrect to conclude that the appellant's back injury had resolved. Thus, the learned DR's approach in this regard cannot be maintained.

192 Be that as it may, it is also necessary to take into account that the appellant incurred medical expenses due to his back injury caused by the incident at work from lifting boxes that occurred on 9 November 2015. Based on the Clinical Discharge Summary dated 13 November 2015 of the appellant's hospital admission due to this incident,[265] the appellant experienced sudden onset pain on 9 November 2015 which worsened. When he was seen two days later, on 11 November 2015, he was reported to have severe back pain and difficulty in walking and getting up, and was therefore admitted for treatment of his lower back pain. He was treated with painkillers and administered a hydrocortisone and lignocaine injection. As the appellant's pain improved and he became more ambulant, he was discharged with medication after two days on 13 November 2015 and given medical leave for two weeks. At his next visit to the hospital on 8 December 2015 when his condition was reviewed, he

[265] Supp AEIC Choo at pp 60–61.

received treatment primarily for his neck injury and it appears that no treatment for his back injury was administered.[266]

193 While I recognise that the appellant's annular tear may have been a contributing factor to this aforementioned incident, I find that the appellant himself should have taken the necessary precautions and been more careful when lifting heavy objects in order to avoid a further exacerbation of his injury. In these premises, I find it appropriate to reduce the damages to be awarded for the medical expenses related to the back injury by half for the period 9 November 2015 to 8 December 2015, *ie*, the date of the incident to the date of the appellant's review. This reduction is reasonable in order to account for the appellant's own conduct which contributed to the aggravation of his injury and the medical expenses incurred to treat the aggravated injury.

Expenses related to physiotherapy and acupuncture and/or TCM

194 In relation to the expenses for acupuncture, I note that Dr Razmi had stated in his report of 2 May 2013 that he "support[s] the use of acupuncture which [the appellant] can obtain from traditional Chinese medicine practitioner".[267] At the hearing on 12 June 2024, the parties disagreed as to the interpretation of the word "support", with the opposing parties taking the view that the report did not stand for a clear, unequivocal recommendation. I find this argument to be pedantic, especially since the substance of the report is fairly clear: Dr Razmi saw the benefits of acupuncture for the appellant and found it reasonable for such treatment to be pursued. In addition, I note that the opposing parties did not raise this issue during their cross-examination of Dr Razmi. I

266 Supp AEIC Choo at p 62.

267 Supp AEIC Choo at pp 16–17.

thus do not agree that simply by the use of the word "support", instead of "recommend", the report cannot assist the appellant's case.

195 In addition to the report of 2 May 2013, I note that in an earlier report dated 30 January 2011, Dr Razmi stated that "[o]n 13 Aug 2010 after the review of his MRI cervical spine, as he was still severely affected by his symptoms, I referred him to see a pain specialist, Dr Tan Tee Yong for acupuncture and further pain control procedures as deemed necessary."[268]

196 Despite the foregoing, however, I find the appellant's reliance on both reports to be misplaced. The reports were made *before* the Accident, and only in relation to the appellant's neck injury from the Previous Accident. As such, their current relevance would be limited in view of the change of circumstances. On the appellant's own case, there was a *severe* exacerbation of the neck injury, which in turn means that the medical reports and their recommended treatments which came prior to the Accident were no longer reliable and relevant.

197 Even if I were to consider that those reports stood for what the appellant asserts, *ie*, that acupuncture had been medically recommended for the appellant, a further hurdle arises. In relation to some of the invoices where "acupuncture" appears in the description of the invoice, I am prepared to accept that acupuncture had been administered to the appellant in those instances. However, beyond this, there is plainly no information on what specific treatment was rendered, in relation to which body part and which injury of the appellant. These are essential information, especially since the appellant was suffering from a number of ailments and only a subset of these can be attributed to the Accident. Unlike the treatment received by the appellant at the hospital or

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268 Supp AEIC Choo at p 11.

clinics, no further evidence in the form of medical reports or expert testimony from the acupuncturist(s) was tendered by the appellant. Absent this essential information, I am not satisfied that the appellant has proven that the acupuncture and/or TCM treatments were undergone to treat injuries suffered in the Accident. Therefore, I dismiss the 16 claims for medical expenses incurred in relation to acupuncture and/or TCM treatments.

198 In relation to the expenses for physiotherapy undertaken at "Physio Connectionz", 138 invoices spanning the period of 30 June 2014–1 August 2016 for the amount of $90–$120 each were issued. The question in this regard is whether the doctors treating the appellant had recommended and/or supported such treatment. Dr Razmi noted in his report of 31 October 2016 that the appellant's "symptoms are currently being treated conservatively with … physiotherapy".[269] Similarly, Dr Chua noted in his report of 9 September 2016 that the appellant "needs to complement his treatment with Physiotherapy with [Extracorporeal Shockwave Therapy]".[270] However, as the learned DR noted,[271] the recommended physiotherapy was already administered at Dr Chua's clinic and there was no recommendation for *additional* physiotherapy *to supplement* whatever physiotherapy the appellant was already receiving.

199 In addition, there is no evidence that the physiotherapy undertaken at "Physio Connectionz" pertained to injuries caused by the Accident. Indeed, the appellant conceded as much under cross-examination.[272] As I had explained in

269 AIEC Choo at p 43.

270 AEIC Choo at p 48.

271 DR's Decision, Annex A1 at Item 136.

272 NE (23 September 2021) at pp 7–8; NE (1 June 2022) at p 14.

relation to the issue of the acupuncture treatments (see above at [197]), it is critical for the appellant to have demonstrated that the treatment undertaken at "Physio Connectionz" was in relation to the injuries caused by the Accident. This is especially since the appellant is known to have been suffering from other injuries that would need treatment as well.

200 Considering these two concerns about the state of evidence in relation to the claims for the expenses for physiotherapy undertaken at "Physio Connectionz", I am unable to find that the appellant has satisfied his burden of proving that these expenses are attributable to the Accident. I therefore dismiss these claims as well.

Amounts paid through the appellant's Medisave

201 With respect to the item(s) where the learned DR had deducted payment(s) made by the appellant via his Medisave, the opposing parties agree with the appellant that such deduction should not have been made. In my judgment, this is sensible. I therefore will amend the award in relation to the two invoices where such deduction had been made.

202 Applying these parameters, I set aside the learned DR's award of $85,790.19 and replace it with an award of $145,453.18 for pre-trial medical expenses incurred by the appellant (see Annex I: Pre-Trial medical and transport expenses).

Claim (F): Transport expenses

203 At first instance, the appellant sought a total of $4,360 for 218 trips made in relation to the medical invoices tendered, at $20 per trip.[273] The learned DR granted an award of $598.33. Relying on her earlier findings in relation to the medical expenses attributed to the Accident, the learned DR determined that there were 58 trips for medical consultations or admissions made in respect of the appellant's injuries arising from the Accident. She provided for the sum of $20 for each round trip, and apportioned the sum in the same manner as the medical expenses (see above at [184(a)] and [184(c)]).[274] This was affirmed by the learned DJ.[275]

204 On appeal, the appellant submits that the transport expenses for the treatment of the appellant's neck injuries should not be apportioned.[276] The opposing parties maintain that the appellant has not substantiated his claim that all 218 trips were incurred as a result of the injuries suffered in the Accident,[277] and therefore the learned DR's award was fair and reasonable.[278]

205 As neither party raised an issue with respect to the sum of $20 per round trip, and since the appellant had proposed this figure at first instance, I will adopt this rate in my calculations.

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273 App's AD Subs at para 58.

274 NE (23 August 2023) at p 38.

275 NE (18 December 2023) at p 15.

276 AWS at para 52.

277 RWS at para 123.

278 RWS at para 124.

206 Similar to the learned DR, I shall rely on my findings above in relation to the medical expenses claimed to determine how many trips made by the appellant are claimable (see Annex I: Pre-Trial medical and transport expenses).

207 There is an additional question as to whether the transport expenses should be further apportioned to take into account that certain trips were attributable to both (a) injuries caused by the Accident and (b) other injuries. On one hand, it can be argued that whether or not the appellant received treatment for his other injuries, he would have still needed to make a trip to the hospital or clinic to obtain treatment for his injuries caused by the Accident, and thus the transport expenses would have been incurred in any case. On the other hand, this same reasoning cuts in the other direction: it can be said that even if the appellant was not going to receive treatment for his injuries caused by the Accident, the trip to the hospital or clinic would nevertheless have been undertaken. From this perspective, the Accident did not cause an increase in the travel expenses in respect of those trips and those expenses should not be attributed to the Accident.

208 The learned DR opted to apportion the transport expenses based on the type of injury (*eg*, neck injury or back injury) that treatment was being sought for and then accounted for the extent that injury was attributable to the Accident. In my view, a more appropriate approach would be to apply a simple 50% apportionment for each trip that concerned both (a) injuries attributable to the Accident and (b) other injuries. The method of apportionment should reflect the reality that there were two concurrent causes for the trip which had an equal effect in prompting the trip to be made. Therefore, where there were trips that involved treatment to the appellant's injuries attributable to the Accident and other injuries, I will apply a 50% discount to the sum of $20 for that round trip.

209 Upon a tabulation, I find that the appellant's transport expenses to attend the various health institutions for his medical treatment amounts to $710 (see Annex I: Pre-Trial medical and transport expenses). I therefore set aside the learned DR's award of $598.33 and instead award the appellant $710 for transport expenses incurred due to the medical treatments sought attributable to the Accident.

Claim (G): Insurance excess payment

210 At first instance, the appellant claimed for his insurance excess payment in the sum of $1,605,[279] relying on a tax invoice from Tan Lim Motor Pte Ltd dated 18 February 2014.[280] The learned DR declined to award the appellant relief on the basis that there was insufficient evidence.[281] She noted:[282]

> The only document that the plaintiff has put forward in support of this claim is a tax invoice from Tan Lim Motor Pte Ltd dated 18 February 2014. While the vehicle number of SFH 1916M has been stated (the car driven by the plaintiff during the [Accident]), the description of the sum of $1500 is bare, with only "DOA: 31 Dec 2014, Excess". No witness from Tan Lim Motor Pte Ltd has been called in this regard, and it is unclear how this sum was derived and that this is a loss incurred by the plaintiff as a result of the [Accident]. There are also no other documents put forward in evidence, such as the motor insurance policy in respect of the vehicle to show the amount of excess that has to be payable and the circumstances in which such excess is payable. Given the lack of evidence in this regard, I am unable to make an award for this claim.

211 The learned DJ affirmed the denial of an award for the excess payment.[283]

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279 App's AD Subs at para 59.

280 AEIC Choo at p 328.

281 NE (23 August 2023) at p 38.

282 NE (23 August 2023) at p 38.

283 NE (18 December 2023) at p 15.

212 On appeal, the appellant argues that the said tax invoice "speaks for itself and provides sufficient proof that the [a]ppellant who is the owner of the motor vehicle … is liable to pay any excess under the motor insurance policy for the said motor car".[284]

213 The opposing parties submit that the appellant has not adduced sufficient documentary evidence in support of his claim,[285] noting that the appellant "has crucially omitted a copy of the motor insurance policy for his vehicle" and has "not tendered any evidence to prove that he was the owner of the account billed in the invoice".[286]

214 The tax invoice appears to be the only evidence that the appellant relies on. I reproduce a portion of the invoice:

284 AWS at para 53.

285 RWS at para 126.

286 RWS at para 127.

TAX INVOICE
CASH BILL NO: 1402199

陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

Bill To:
Choo Yew Liang Sebastian
[redacted]

PIC : Sharon
Page : 1

Vehicle No: SFH1916M
Date :18/02/2014

Quantity	Description	Unit Price	Amount
	DOA : 31 Dec 2013 Excess		$1,500.00

PAID
24 FEB 2014
BY: UOB238755

All overdue account above 30 days will be charged at an interest 1.5% per month.
Cheque should be issued to " Tan Lim Motor Pte Ltd".

Sub Total	$1,500.00
7% GST	$105.00
Total	$1,605.00

215 Several key features should be highlighted. First, the invoice is addressed to the appellant specifically. Second, the appellant's vehicle, which was involved in the Accident, is stated on the invoice as well. Third, the description of the invoice is "DOA: 31 Dec 2013 Excess". I infer that this is a reference to the *date of the Accident* of 31 December 2013 and relates to the "excess" payment. Fourth, the invoice was paid, presumably by a UOB cheque or account bearing the number 238755. Fifth, the total amount payable under the invoice is $1,605.

216 In my view, this is sufficient to prove that the invoice was paid by the appellant in relation to his insurance excess payment for the repairs to his vehicle. Unlike the learned DR and the opposing parties, I do not find that it was necessary to produce a copy of his insurance policy to establish his claim. It is clear on the face of the tax invoice that the payment was for excess in relation to the appellant's vehicle that was involved in the Accident. Further, the invoice was addressed to the appellant. In my view, this is sufficient to form a reasonable inference that the appellant was required to make this payment and had in fact made this payment. In this regard, I similarly do not find that it was necessary to show that the UOB cheque or account noted on the invoice belonged to the appellant. I also note that there is nothing to suggest that the appellant did not make the payment for the sum of the invoice or that the excess amount was less than what was reflected in the tax invoice.

217 In short, there is no ambiguity on the face of the tax invoice to necessitate further evidence. While the insurance policy or the proof of ownership of the UOB cheque or account would assist the appellant in proving his loss, the tax invoice is, in these circumstances, sufficient to prove his loss on a balance of probabilities. I therefore overturn the learned DR's dismissal of this head of claim and award the appellant the sum of $1,605 being the insurance excess payment for his vehicle.

Claim (H): Rental of alternative vehicle

218 At first instance, the appellant claimed for $1,883.20 being the sum paid by the appellant for the rental of an alternative vehicle for the period of 10–

27 January 2014.[287]The learned DR declined to make an award in relation to this claim and noted that:[288]

> The only documents put forward by the plaintiff in this regard are two invoices from Global Advance Leasing dated 11 January 2014 and 27 January 2014 for rental charges of 2 vehicles for the period of 10 to 11 January 2014 and from 11 January to 27 January 2014. The plaintiff agreed during cross-examination that he had not provided any proof that his vehicle was repaired from 10 January 2014 to 27 January 2014. In light of the lack of such evidence, it is impossible to determine whether the rental charges in fact arose due the loss of use of the plaintiff's vehicle arising from the [Accident].

219 The learned DJ affirmed the denial of an award for the payment of rental fees.[289]

220 On appeal, the appellant makes no specific submissions in relation to this claim. The respondent submits that the claim is "totally unsubstantiated",[290] and highlight that the appellant had, under cross-examination, "conceded that he did not have documentary proof that his vehicle was sent to a workshop from 10 January 2014 to 27 January 2014".[291]

221 The dispositive question is whether there is documentary proof that the appellant's vehicle was undergoing repairs during the period of the rental of the alternative vehicle, *ie*, 10–27 January 2014, such that the rental of the alternative vehicle was necessitated. In this regard, I note that the tax invoice of

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287 App's AD Subs at para 60; AEIC Choo at pp 326–327.

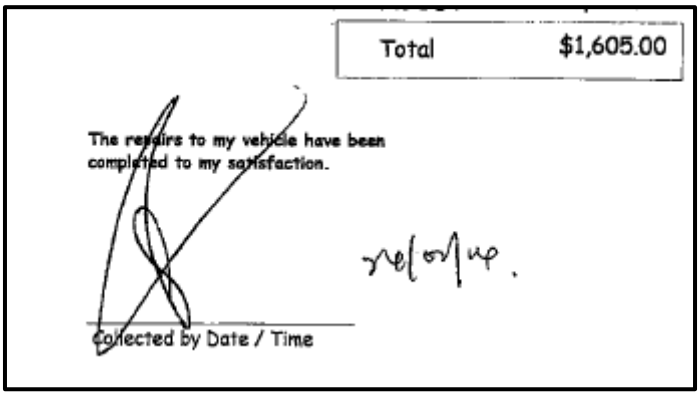
288 NE (23 August 2023) at p 39.

289 NE (18 December 2023) at p 15.

290 RWS at para 131.

291 RWS at para 130.

the insurance excess payment (see above at [210] and [214]) included the following acknowledgment:[292]



From this, it is obvious that the appellant's vehicle had only been collected from his workshop on 24 February 2014. It is only reasonable to conclude that the appellant's vehicle was undergoing repairs at the workshop before that. This means that the appellant's vehicle was in fact undergoing repairs during the period of the rental of the alternative vehicle, *ie*, 10–27 January 2014, and this necessitated the rental of the alternative vehicle.

222 Therefore, contrary to the holding of the learned DR, I find that there is sufficient evidence that the appellant had suffered a loss of use of his vehicle, such that he had to incur a loss by renting an alternative vehicle. I overturn the learned DR's denial of the claim and award the appellant $1,883.20, being the sum paid by the appellant for the rental of an alternative vehicle.

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292 AEIC Choo at p 328.

Claim (I): Pre-trial loss of earnings

223 At first instance, the appellant claimed $594,985.52 for pre-trial loss of earnings.[293] The appellant derived this figure by taking an annual income of $80,000, which was the income reported in his NOA dated 26 May 2014 – and therefore reflecting income earned in 2013 – as the reference point and deducting any income he earned in each year.[294]

224 The learned DR found that it was "pure speculation" that the appellant had to take on a lower paying job due to the injuries arising from the Accident, and thus there was a lack of evidence that the appellant's alleged loss of earnings in the manner calculated by him was due to the injuries suffered as a result of the Accident.[295] Nevertheless, the learned DR was prepared to grant the appellant compensation for the days he was on medical leave, based on the medical certificates tendered.[296] In this regard, she made the following findings:[297]

> (a) The appellant did not lose income after the Accident as his income had increased from $65,000 in 2013 to $80,000 in 2014. Given that there was no loss in earnings from 2013 to 2014, there can be no award made in respect of pre-trial loss of earnings up to 29 December 2014, being the appellant's last day of medical leave in 2014.

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293 App's AD Subs at paras 61–62.

294 App's AD Subs at para 61.

295 NE (23 August 2023) at p 40.

296 *Ibid*.

297 *Ibid*.

(b) In relation to the medical leave in 2015 to April 2016, 28 days were attributable to the Accident. On the basis of an income of $55,000 per year (being the average annual income of the appellant based on his 2014 and 2015 NOAs), the learned DR awarded $4219.18 for pre-trial loss of earnings for this period.

(c) In relation to the medical leave between April 2016 and September 2018, 8.4 days were attributable to the Accident. The learned DR reduced this by 2.5 days as the appellant was working during that period of medical leave. Based on the appellant's income statements from Grab, the appellant's daily income during this period was $90.56. On these facts, the learned DR awarded $534.30 for the pre-trial loss of earnings for this period.

(d) In relation to the period after September 2018, the learned DR found that there was no further reliable evidence for the court to base any pre-trial loss of earnings on. No award was thus made for that period.

225 On appeal, the appellant challenges the learned DR's finding that there was no loss of income for the year ending 2014 as the NOAs demonstrate that there was indeed a decline in earnings.[298] In this regard, the appellant contends that the decline was due to the severe exacerbation of the appellant's neck whiplash injury which prevented him from attending to his business.[299] The appellant's case is that the injuries suffered in the Accident had a "significant

298 AWS at para 43.

299 *Ibid*.

adverse impact" on the appellant's business and his earnings.[300] Further, the appellant had tried to mitigate his losses by working as a private-hire driver.[301]

226 The opposing parties submit that the appellant has not substantiated his claim that he took on a lower paying job due to the injuries from the Accident.[302] In view of that, the learned DR's award was correct and fair based on the limited availability of documentary evidence.[303]

227 It is trite that the appellant has the burden of precisely proving and quantifying the loss of earnings on a balance of probabilities. Much of my findings and remarks in relation to the award for loss of future earnings (see above at [136]–[153]), particularly in relation to BHI's business, are relevant. To reiterate, the appellant has not demonstrated that his employment and income has been affected *because of* his injuries from the Accident. As such, I am unable to make an award for pre-trial loss of income that the appellant previously derived from BHI. Given this, the question of mitigation does not arise. I thus affirm the learned DR's holding in this regard.

228 I similarly agree in principle with the learned DR that the appellant should at least be compensated for the days that he was on medical leave. Be that as it may, I do not adopt the learned DR's computation and make several revisions to the approach to tabulating the lost income. First, I find that the appellant should be compensated for loss of earnings for the year 2014. Looking at the NOAs, the appellant's income was $80,000 for the year 2013 (per the

300 AWS at para 44.

301 AWS at para 45.

302 RWS at para 135.

303 RWS at para 136.

2014 NOA)[304] and $30,000 for the year 2014 (per the 2015 NOA).[305] Therefore, the learned DR was incorrect to find that there was no loss of earnings in 2014. The appellant did indeed suffer a loss in income for the year 2014 and should be compensated for the days he was on medical leave in 2014.

229 Second, given my finding that the annular tear had been caused by the Accident (see above at [103]), the appellant should be compensated for any medical leave which was excluded by the learned DR on her account that the appellant's back injury had resolved by mid-2015. Notwithstanding this, the appellant should not be compensated for any medical leave that is attributable to the incident at work from lifting boxes that occurred on 9 November 2015. A consolidation of the number of days of medical leave to be compensated for can be found in Annex II: Loss of pre-trial income due to medical leave.

230 In addition, I am conscious that there have been no NOAs beyond the year 2016. While there are NOAs for the years 2015 and 2016, they are unverified and unsupported by any corroborating documents (see above at [139]). Nevertheless, I will rely on these to determine the daily rate of income of the appellant for the years 2015 and 2016, till 11 July 2016 when the appellant commenced his private-hire driving. This is the best evidence available of the appellant's income and there is no reason for the appellant to have inflated these figures when reporting his income to IRAS.

231 As for the period of 11 July 2016–14 September 2018, the appellant was self-employed as a private-hire driver. With reference to the consolidation of

304 AEIC Choo at p 332.

305 AEIC Choo at p 333.

his earnings that was tendered, the learned DR had derived his daily income as $90.56. As there was no dispute in this respect, I shall adopt the same rate.

232 There is no evidence that the appellant had been employed or was earning an income at all between 15 September 2018 and August 2019. There is thus no loss of income due to certified medical leave to be compensated for in this period.

233 For completeness, I do not make any adjustments towards the learned DR's apportionment of the medical leave where the medical leave related to multiple injuries or where it related to the appellant's neck injury.

234 Upon a tabulation, I find that the appellant has suffered a pre-trial loss of income of the sum of $6,971.60. I therefore set aside the learned DR's award of $4,753.48 and instead award the appellant $6,971.60.

Conclusion

235 In summary, I uphold all the awards for general damages save for the nil awards for the appellant's back injury, future medical expenses and future transport expenses. In relation to the awards for special damages, I set aside all the learned DR's awards and make the awards in the following table instead.

Claim	**Item**	**My Award***
General Damages		
(A)	Pain and Suffering	
(i)	Severe exacerbation of neck whiplash injury and associated cervicogenic headaches	$12,000
(ii)	Right wrist contusion	$500
(iii)	Left calf contusion	$500
(iv)	L4/L5 posterior annular tear with left sacroiliac joint strain	$12,000
(v)	Traumatic left knee chondromalacia patella	$3,000
(vi)	Post concussion syndrome with giddiness and frequent headache	**No appeal from award of $2,000**
(vii)	Right shoulder acromioclavicular strain	$0
(B)	Loss of future earnings ("LFE") Loss of Earning Capacity ("LEC")	$0 $40,000
(C)	Future Medical Expenses	$1,000
(D)	Future Transport Expenses	$100
Special Damages		
(E)	Medical Expenses	$145,453.18
(F)	Transport expenses	$710
(G)	Excess	$1,605
(H)	Rental of alternative vehicle	$1883.20
(I)	Pre-trial loss of earnings	$6,971.60
	Total	**$225,722.98**

*The purple highlighted cells denote the revised awards.

236 I will hear parties on the issue of costs for this appeal.

Lee Seiu Kin
Senior Judge

Lee Yuk Lan (Benedict Chan & Company) for the appellant;
Chey Cheng Chwen Anthony (Island Law Practice LLC) for the respondent; and
Phua Cheng Sye Charles (PKWA Law Practice LLC) for the intervener.

Annex I: Pre-trial medical and transport expenses

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
1	89-93	04.01.2014	Mount Elizabeth Novena Hospital ("MEH")	Admission (02.01.2014 - 04.01.2014) Breakdown includes: Medication, Radiology - MRI & X-Ray, Physiotherapy, Ward charges, Doctors' fee	$ 7,521.86	$ 7,521.86	Admission was due to the Accident.	$ 20.00
2	94	23.01.2014	MEH	PT follow-up extended	$ 161.00	$ 161.00	Given that this is a rehabilitation visit and in close proximity to the Accident, I accept this expense to be wholly arising from the Accident.	$ 20.00
3	95	26.01.2014	Yang Zheng Tang TCM Clinic	Acupuncture and medical fees	$ 294.00	$ -	No award (see Judgment at [197])	$ -
4	96	09.02.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 294.00	$ -	See reason for S/N 3	$ -
5	97-99	20.02.2014	MEH	Admission (18.02.2014 - 20.02.2014) Breakdown includes: Anaesthetic, OT fees, Pharmacy expenses, Radiology, Physiotherapy, Ward charges, Doctors' fees	$ 12,921.19	$ 9,690.89	Admission relates to neck and back injury based on the medical report of Dr Nicholas Chua dated 9 September 2014 and the medical report of Dr Razmi Rahmat dated 2 March 2022. I am of the view that it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]).	$ 10.00
6	100	23.02.2014	Yang Zheng Tang TCM Clinic	Acupuncture and medical fees	$ 294.00	$ -	See reason for S/N 3	$ -
7	101	25.02.2014	Specialist Pain International Clinic	Chronic Pain Specialist Phy L1	$ 128.40	$ -	No explanation of what this expense relates to	$ -
8	102	04.03.2014	Specialist Pain International Clinic	Breakdown includes: Botox: 290 Inj Marcaine 0.5%: 15 Consultation Repeat Brief: 75 Myofascial Inj & Prf Treatment: 210 Diagnostic Block - Head and Neck: 140 Plus GST: 51.10	$ 781.10	$ 390.55	Treatment relates to neck injury based on the medical report of Dr Nicholas Chua dated 9 September 2014. Apportionment of 50% (see Judgment at [190])	$ 10.00

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
9	103	09.03 2014	Yang Zheng Tang TCM Clinic	Acupuncture and medical fees	$ 298.00	$ -	See reason for S/N 3	$ -
10	104	18.03.2014	Specialist Pain International Clinic	Breakdown includes Inj Naropin: 20 Dexamethasone SOD Phos: 16.40 Nortriptyline: 9 Lipesco-E: 36 Inj Hyaluronidase: 60 Consultation Repeat Brief: 75 Epidural Diagnostic Injection: 500 Myofascial Needling and Inject: 0 Plus GST: 50.15	$ 766.55	$ 383.28	See reason for S/N 8	$ 10.00
11	105	19.03.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 120 Celebrex: 33 Consultation - Follow up: 180 GST: 23.31	$ 356.31	$ 178.16	Treatment relates to neck injury based on the medical report of Dr Razmi Rahmat dated 2 March 2022. Apportionment of 50% (see Judgment at [190])	$ 10.00
12	106	20.03.2014	Centre for Spine and Orthopaedic Surgery	Dreamliner Memory Pillow	$ 211.86	$ 105.93	See reason for S/N 11	$ 10.00
13	107	23.03.2014	Yang Zheng Tang TCM Clinic	Medical Fees	$ 297.00	$ -	See reason for S/N 3	$ -
14	108	06.04.2014	Yang Zheng Tang TCM Clinic	Medical Fees	$ 297.00	$ -	See reason for S/N 3	$ -
15	109	11.04.2014	Specialist Pain International Clinic	Breakdown includes: Nortriptyline: 9 Tramadol: 14 Biofreze Spray: 25 Consultation Repeat brief: 75 Physiotherapy Treatment S2: 100 ESWT Treatment: 45 GST: 18.76	$ 286.76	$ 143.38	See reason for S/N 8	$ 10.00

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16	110	15.04.2014	Specialist Pain International Clinic	Breakdown includes: ESWT Treatment: 45 Physiotherapy Treatment S2: $100 GST: 10.15	$ 155.15	$ 77.58	See reason for S/N 8	$ 10.00
17	111	21.04.2014	Specialist Pain International Clinic	Breakdown includes: ESWT Treatment: 45 Physiotherapy Treatment S2: $100 GST: 10.15	$ 155.15	$ 77.58	See reason for S/N 8	$ 10.00
18	112	25.04.2014	Specialist Pain International Clinic	Breakdown includes: Nortriptyline: $9 Propanolol: $18 Consultation Repeat Brief: $75 Transcutaneous PRF Treatment: $90 TENS Machine (Sale): $250 Electrodes: $15 Physiotherapy Treatment S2: $100 ESWT Treatment: $45 GST: $42.14	$ 644.14	$ 322.07	See reason for S/N 8	$ 10.00
19	113	28.04.2014	Yang Zheng Tang TCM Clinic	Medical Fees	$ 187.00	$ -	See reason for S/N 3	$ -
20	114	30.04.2014	Specialist Pain International Clinic	Breakdown includes: ESWT Treatment: 45 Transcutaneous PRF Treatment: $50 Physiotherapy Treatment S2: 100 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
21	115	30.04.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Consultation Follow Up: 180 Celebrex: 66 GST: 17.22	$ 263.22	$ 197.42	Treatment relates to neck and back injury based on the medical report of Dr Razmi Rahmat dated 2 March 2022. I am of the view that it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]).	$ 10.00
22	116	04.05.2014	Yang Zheng Tang TCM Clinic	Medical Fees	$ 187.00	$ -	See reason for S/N 3	$ -

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23	117	05.05.2014	Specialist Pain International Clinic	Breakdown includes: Nortriptyline: 14 Consultation Repeat Brief: 75 Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 19.88	$ 303.88	$ 151.94	See reason for S/N 8	$ 10.00
24	118	11.05.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 187.00	$ -	See reason for S/N 3	$ -
25	119	14.05.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Ultrasound Treatment: 30 GST: 12.25	$ 187.25	$ 93.63	See reason for S/N 8	$ 10.00
26	120	18.05.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 187.00	$ -	See reason for S/N 3	$ -
27	121	26.05.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 188.00	$ -	See reason for S/N 3	$ -
28	122	28.05.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
29	123	01.06.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 188.00	$ -	See reason for S/N 3	$ -
30	124	02.06.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Consultation Follow up: 180 Lyrica (Pregabalin): 120 GST: 21	$ 321.00	$ 240.75	See reason for S/N 21	$ 10.00

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31	125	04.06.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
32	126	08.06.2014	Yang Zheng Tang TCM Clinic	Acupuncture and medical fees	$ 188.00	$ -	See reason for S/N 3	$ -
33	127	11.06.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
34	128	15.06.2014	Yang Zheng Tang TCM Clinic	Medical and acupuncture fees	$ 174.00	$ -	See reason for S/N 3	$ -
35	129-131	19.06.2014	MEH	Admission (17.06.2014 - 19.06.2014) Breakdown includes: Anaesthesiology, Laundry, OT fees, Pharmacy expenses, Radiology fees, Physiotherapy, Ward fees, Doctors' fees.	$ 18,340.72	$ 13,755.54	Admission relates to neck and back injury based on the medical report of Dr Nicholas Chua dated 9 September 2014. I am of the view that it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]).	$ 10.00
36	132	30.06.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	Expenses for physiotherapy treatment at Phsio Connectionz are not allowed (see Judgment at [200])	$ -
37	133	03.07.2014	Specialist Pain International Clinic	Breakdown includes: Clonazepam: 15 Consultation Repeat Brief: 75 GST: 6.30	$ 96.30	$ 76.24	Based on the medical report of Dr Nicholas Chua dated 9 September 2014, (a) the oral Clonazepam was started to aid in control of the plaintiff's upper back pain; and (b) the treatment relates to neck and back injury. With respect to the Clonazepam, this is awarded on a 100% basis. For the remainder, it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]).	$ 10.00
38	134	08.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
39	135	10.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
40	136	15.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
41	137	16.07.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Celebrex: 33 Consultation Follow Up: 180 Hydrocortisone & Lignocaine: 150 GST: 25.41	$ 388.41	$ 291.31	See reason for S/N 21	$ 10.00
42	138	17.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
43	139	22.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
44	140	24.07.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
45	141	24.07.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
46	142	13.08.2014	Specialist Pain International Clinic	Breakdown includes: ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 Chronic Pain Specialist Phy L1: 120 GST: 15.05	$ 230.05	$ 115.03	See reason for S/N 8	$ 10.00
47	143	15.08.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
48	144	18.08.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
49	145	20.08.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 Consultation Rehabilitation: 300 GST: 34.65	$ 529.65	$ 264.83	See reason for S/N 8	$ 10.00
50	146	22.08.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -

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51	147	25.08.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
52	148	27.08.2014	Specialist Pain International Clinic	Breakdown includes: Clonazepam: 21 Sumatran: 96 Topiramate: 315 Zomig: 24 Elomet: 24.75 Daivonex: 62.40 Consultation Repeat Brief: 80 GST: 43.62	$ 666.77	$ 333.39	See reason for S/N 8	$ 10.00
53	149	29.08.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
54	150	01.09.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
55	151	03.09.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
56	152	05.09.2014	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
57	153	10.09.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
58	154	12.09.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00
59	155	15.09.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 13.65	$ 208.65	$ 104.33	See reason for S/N 8	$ 10.00

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
60	156	19.09.2014	Specialist Pain International Clinic	Breakdown includes: Cymbalta: 92.40 Consultation Repeat Brief: 100 Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous PRF Treatment: 50 GST: 27.12	$ 414.52	$ 157.83	See reason for S/N 8, save that the expense for Cymbalta has not been included as this was not mentioned as a medication in respect of the appellant's neck pain and headaches and it is unclear what such medication is for.	$ 10.00
61	157	19.09.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
62	158	22.09.0214	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
63	159	24.09.2014	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
64	160	26.09.2014	Specialist Pain International Clinic	Breakdown includes: Cymbalta: 46.20 ESWT Treatment: 45 Physiotherapy Treatment S2: 100 Transcutaneous PRF Treatment: 50 GST: 16.88	$ 258.08	$ 104.32	See reason for S/N 60	$ 10.00
65	161	29.09.2014	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
66	162	01.10.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Interferential treatment: 25 GST: 11.90	$ 181.90	$ 90.95	See reason for S/N 8	$ 10.00
67	163	02.10.2014	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -

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68	164	08.10.2014	Specialist Pain International Clinic	Breakdown includes: Zomig: 144 Venlafaxine: 29.40 Minocil: 50 Consultation Repeat Brief: 100 Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Transcutaneous Treatment: 50 GST: 36.29	$ 554.69	$ 234.87	See reason for S/N 8, save that the expense for Venlafaxine and Minocil have not been included as these was not mentioned as a medication in respect of the appellant's neck pain and headaches and it is unclear what such medication is for.	$ 10.00
69	165	10.10.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
70	166	13.10.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
71	167	15.10.2014	Specialist Pain International Clinic	Breakdown includes: Physiotherapy Treatment S2: 100 ESWT Treatment: 45 Interferential treatment: 25 GST: 11.90	$ 181.90	$ 90.95	See reason for S/N 8	$ 10.00
72	168	17.10.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
73	169	20.10.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
74	170	20.10.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Consultation Follow up: 180 Hydrocortisone and Lignocaine: 300 GST: 33.60	$ 513.60	$ 256.80	See reason for S/N 11	$ 10.00
75	171-173	25.10.2014	MEH	Admission (23.10.2014-25.10.2014) Breakdown includes: Pharmacy expenses, Radiology fees (MRI), Ward charges, Doctor's fee	$ 10,290.15	$ 7,717.61	The admission was for both the neck injury and back injury. Given that there is no clear allocation of the costs in respect of each injury, I am of the view that it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]). Additionally, I do not exclude any Medisave deducted from the total expense (see Judgment at [201]).	$ 10.00
76	174	31.10.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
77	175	03.11.2014	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -

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78	176	07.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
79	177	08.11.2014	Specialist Pain International Clinic	Breakdown includes: Xanax Alprazolam: 21 Zoloft (Setraline): 105 Ultracet (Tramadol/Paracet): 66 Anarex: 24 Minocil: 50 Daivobet (Ointment): 62.40 Consultation Repeat Brief: 100 GST: 29.99	$ 458.39	$ 219.35	See reason for S/N 8, save that the expenses for the medications other than Zoloft have not been included as their purpose is unclear from the evidence.	$ 10.00
80	178	10.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
81	179	14.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
82	180	17.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
83	181	17.11.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 120 Celebrex: 66 Consultation - Follow up: 180 Hydrocortisone & Lignocaine: 150 GST: 36.12	$ 552.12	$ 276.06	See reason for S/N 11	$ 10.00
84	182	24.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
85	183	28.11.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
86	184	01.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
87	185	05.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
88	186	05.12.2014	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 100 Zoloft (Setraline): 420 Zomig: 144 GST: 46.48	$ 710.48	$ 355.24	See reason for S/N 8.	$ 10.00
89	187	08.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -

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90	188	12.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
91	189	15.12.2014	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 120 Consultation Follow Up: 180 GST: 21	$ 321.00	$ 160.50	See reason for S/N 11	$ 10.00
92	190	15.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
93	191	19.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
94	192	22.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
95	193	26.12.2014	Physio Connectionz	Physiotherapy Treatment	$ 90.00	$ -	See reason for S/N 36	$ -
96	194	29.12.2014	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
97	195	02.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
98	196	05.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
99	197	09.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
100	198	12.01.2015	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 120 Lyrica (Pregabalin): 40 Consultation Follow Up: 180 GST: 23.80	$ 363.80	$ 181.90	See reason for S/N 11	$ 10.00
101	199	15.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
102	200	19.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
103	201	26.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
104	202	30.01.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
105	203	02.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -

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106	204	06.02.2015	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 150 Epidural Diagnostic Injection: 1430 Inj Naropin: 27 Inj Dexamethasone: 9.20 Inj Hyaluronidase: 80 Zoloft: 105 Zomig: 48 GST: 129.44	$ 1,978.64	$ -	The injections done on this visit and the consultation were not mentioned in any of Dr Chua's medical reports and there is insufficient evidence that this consultation is in respect of the injuries arising from the Accident. No award for this expense.	$ -
107	205	06.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
108	206	09.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
109	207	16.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
110	208	23.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
111	209	25.02.2015	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Visit Ext: 180 ESWT Treatment: 120 Physiotherapy Treatment S2: 150 Ultrasound Treatment: 90 Zoloft (Setraline): 105 GST: 45.15	$ 690.15	$ 296.93	See reason for S/N 8, save that the expense for the Ultrasound has not been included as its purpose is unclear from the evidence.	$ 10.00
112	210	27.02.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
113	211	02.03.2015	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 360 Consultation Follow Up: 180 Hydrocortisone & Lignocaine: 150 GST: 48.30	$ 738.30	$ 369.15	See reason for S/N 11	$ 10.00
114	212	02.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
115	213	06.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
116	214	09.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -

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117	215	12.03.2015	Specialist Pain International Clinic	Breakdown includes: Zoloft (Setraline): 210 Clonazepam: 21 Physiotherapy Treatment S2: 150 Consultation Repeat Visit Ext: 180 GST: 39.27	$ 600.27	$ 455.82	See reason for S/N 37	$ 10.00
118	216	13.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
119	217	16.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
120	218	20.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
121	219	23.03.2015	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
122	220	27.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
123	221	31.03.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
124	222	02.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
125	223	06.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
126	224	08.04.2015	Centre for Spine and Orthopaedic Surgery	Breakdown includes: Lyrica (Pregabalin): 120 Lyrice (Pregabalin): 40 Consultation - Follow Up: 180 Hydrocortisone & Lognocaine: 150 GST: 34.30	$ 524.30	$ 524.30	Treatment relates to back injury based on the medical report of Dr Razmi Rahmat dated 2 March 2022.	$ 20.00
127	225	09.04.2015	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Visit Ext: 180 Diagnostic Block - Head & Neck: 350 GST: 37.10	$ 567.10	$ 283.55	See reason for S/N 8	$ 10.00
128	226	10.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
129	227	13.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
130	228	17.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
131	229	20.04.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
132	230	20.05.2015	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
133	231	22.05.2015	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
134	232	25.05.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
135	233	02.06.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
136	234	04.06.2015	Hand Surgery Associates	Breakdown includes: Follow Up Consultation: 120 Image Intensifier: 100 GST: 15.40	$ 235.40	$ -	No award (see Judgment at [63], [73], [188(b)]–[189])	$ -
137	235	05.06.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
138	236-238	13.08.2015	MEH	Admission (11.08.2015-13.08.2015) Breakdown includes: Pharmacy expenses, Ward charges, Doctor's Fee	$ 6,845.03	$ 3,422.52	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's neck pain. Apportionment of 50% (see Judgement at [190]).	$ 10.00
139	239	14.08.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
140	239	17.08.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
141	240	21.08.2015	Physio Connectionz	Physiotherapy Treatment (Long Session)	$ 120.00	$ -	See reason for S/N 36	$ -
142	241	24.08.2015	Physio Connectionz	Physiotherapy Treatment	$ 120.00	$ -	See reason for S/N 36	$ -
143	242	18.09.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
144	243	02.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
145	244	05.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
146	245	09.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
147	246	16.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
148	247	19.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
149	248	23.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
150	249	26.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
151	250	30.10.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
152	251	06.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
153	252	06.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
154	253	09.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
155	254-256	13.11.2015	MEH	Admission (11.11.2015-13.11.2015) Breakdown includes: Pharmacy expenses, Radiology fees, Physiotherapy, Ward charges, Doctors' fees	$ 6,276.35	$ 3,138.18	Admission relates to the incident at work from shifting boxes. Apportionment of 50% (see Judgment at [193]).	$ 10.00
156	257	16.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
157	258	20.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
158	259	23.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
159	260	30.11.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
160	261	04.12.2015	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
161	262-265	10.12.2015	MEH	Admission (08.12.2015-10.12.2015) Breakdown includes: Anaesthesiology, OT fees, Pharmacy expenses, Ward charges, Doctor's fees	$ 11,483.53	$ 5,741.77	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's neck pain. Apportionment of 50% (see Judgement at [190]). Additionally, I do not exclude any Medisave deducted from the total expense (see Judgment at [201]).	$ 10.00
162	266	01.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
163	267	04.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
164	268	15.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
165	269	19.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
166	270	19.02.2016	Centre for Spine and Orthopaedic Surgery	Consultation - Follow Up	$ 192.60	$ 144.45	See reason for S/N 21	$ 10.00
167	271	22.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
168	272	26.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
169	273	29.02.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
170	274	04.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
171	275	07.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
172	276	11.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
173	277	14.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
174	278	18.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
175	279	21.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
176	280	24.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
177	281	28.03.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
178	282-284	01.04.2016	MEH	Admission (28.03.2016-01.04.2016) Breakdown includes: Pharmacy expenses, Ward charges, Doctor fee	$ 12,176.31	$ 6,088.16	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's neck injury. Apportionment of 50% (see Judgement at [190]).	$ 10.00
179	285	04.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
180	286	05.04.2016	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 80 Zoloft: 100.80 Lyrica: 93.80 Ultracet: 22 Chronic Pain Specialist Phy L2: 250 GST: 38.26	$ 584.86	$ 292.43	It is unclear whether this consultation was in respect of the appellant's neck injury or back injury. Whichever the case, the appellant would be entitled to minimally a 50% apportionment of this expense.	$ 10.00
181	287	07.04.2016	Thoo Chee Chinese Physician & Acupuncture	Consultation, treatment and medication	$ 60.00	$ -	See reason for S/N 3	$ -
182	287	11.04.2016	Thoo Chee Chinese Physician & Acupuncture	Consultation, treatment and medication	$ 60.00	$ -	See reason for S/N 3	$ -
183	288	08.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
184	289	11.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
185	290	12.04.2016	Specialist Pain International Clinic	Breakdown includes: Chronic Pain Specialist Phy L2: 250 ESWT Treatment: 170 GST: 29.40	$ 449.40	$ 224.70	See reason for S/N 180	$ 10.00
186	291	19.04.2016	Specialist Pain International Clinic	Chronic Pain Specialist Phy L2	$ 267.50	$ 133.75	See reason for S/N 180	$ 10.00
187	292	19.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
188	293	21.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
189	294	25.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
190	295	29.04.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
191	296	03.05.2016	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 100 Lyrica: 93.80 Lyrica: 53.20 Chronic Pain Specialist Phy L2: 250 GST: 34.79	$ 531.79	$ 265.90	See reason for S/N 180	$ 10.00
192	297	04.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
193	298	06.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
194	299	10.05.2016	Specialist Pain International Clinic	Breakdown includes: ESWT Treatment: 200 Chronic Pain Specialist Phy L2: 250 GST: 31.50	$ 481.50	$ 240.75	See reason for S/N 180	$ 10.00
195	300	13.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
196	301-304	19.05.2016	MEH	Admission (16.05.2016 - 19.05.2016) Breakdown includes: Anaesthesiology, OT fees, Pharmacy expenses, Radiology fees, Ward charges, Doctor's fees	$ 13,179.94	$ 9,884.96	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's neck injury and back injury. I am of the view that it would be reasonable to attribute at least 50% of the expenses to the appellant's neck injury, and thereafter apply to 50% apportionment in respect of the Accident (see Judgment at [190]).	$ 10.00
197	305	23.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
198	306	27.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
199	307	30.05.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
200	308	03.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
201	309	06.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
202	310	10.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
203	311	14.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
204	312	17.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -

S/N	Page of AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount in Invoice	Award	Reasons	Award for Transport Expenses
205	313	20.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
206	314	24.06.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
207	315	04.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
208	316	08.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
209	317	11.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
210	318	15.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
211	319	18.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
212	320	26.07.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
213	321	01.08.2016	Physio Connectionz	Physiotherapy Treatment - Long Consultation	$ 120.00	$ -	See reason for S/N 36	$ -
214	322-325	24.03.2017	MEH	Admission between (21.03.2017-24.03.2017) Breakdown includes: Anaesthesiology, OT fees, Radiology fees, Ward charges, Doctor's Fee	$ 16,307.96	$ 4,076.99	The admission was for both the appellant's neck injury and shoulder injury. It is unclear from the hospital bill how much of the expenses should be allocated to the shoulder treatment. I am of the view that it would be reasonable to attribute at least 50% of the expenses to the appellant's neck injury, and thereafter apply to 50% apportionment in respect of the Accident (see Judgment at [190])	$ 10.00

S/N	Page of Supp AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount	To award	Reasons	Award for Transport Expenses
215	44-51	16.09.2017	MEH	Admission (05.09.2017-08.09.2017) Breakdown includes: Ward charges, Pharmacy expenses, Radiology Fees, Anaesthesiology, OT fees, Doctors' fees	$ 15,669.73	$ 3,917.43	See reason for S/N 214	$ 10.00
216	52	16.10.2017	Roland Shoulder & Orthopaedic Clinic Pte Ltd	Follow Up Consultation	$ 128.40	$ -	No award as this expense relates to the appellant's shoulder injury (see Judgment at [128], [189])	$ -
217	53-56	12.01.2018	MEH	Admission (08.01.2018-12.01.2018) Breakdown includes: Anaesthesiology, Lab, OT, Pharmacy, Radiology, Recovery, Ward charges, Doctors' Fee	$ 20,590.02	$ 10,295.01	The admission was for both the appellant's neck injury, back injury and shoulder injury. It is unclear from the hospital bill how much of the expenses should be allocated to each treatment. I am of the view that it would be reasonable to attribute at least 33% of the expenses to the appellant's neck injury, and thereafter apply to 50% apportionment in respect of the Accident (see Judgment at [190]) as well as 33% of the expenses to the appellant's back injury.	$ 10.00
218	57-60	08.06.2018	MEH	Admission (04.06.2018-08.06.2018) Breakdown includes: Anaesthesiology, Lab, OT, Pharmacy, Radiology, Recovery, Ward charges, Doctors' fees	$ 24,307.61	$ 12,153.81	While the Clinical Discharge Summary for this admission states that the appellant was admitted for severe neck and back/hip pain, other treatment unrelated to the injuries arising from the Accident was rendered. I am of the view that it would be reasonable to award 50% of the expenses to the injuries attributable to the Accident on a rough and ready basis.	$ 10.00
219	61	27.09.2018	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 120 Chronic Pain Specialist Physio L2: 150 GST: 18.90	$ 288.90	$ 144.45	See reason for S/N 180	$ 10.00
220	62	01.10.2018	Specialist Pain International Clinic	Breakdown includes: Consultation repeat Brief: 120 Dressing: 50 Chronic Pain Specialist Physio L2: 150 GST: 22.40	$ 342.40	$ 171.20	See reason for S/N 180	$ 10.00

S/N	Page of Supp AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount	To award	Reasons	Award for Transport Expenses
221	63	12.10.2018	Specialist Pain International Clinic	Breakdown includes: Consultation Repeat Brief: 120 Collagen Regenerix Gold: 225 Chronic Pain Specialist Physio L2: 150 GST: 34.65	$ 529.65	$ 264.83	See reason for S/N 180	$ 10.00
222	64-67	02.11.2018	MEH	Admission (29.10.2018 - 02.11.2018) Breakdown includes: OT, Pharmacy, Radiology, Recovery, Ward charges, Doctor's Fee	$ 14,897.29	$ 11,172.97	The admission was for both the neck injury and back injury. Given that there is no clear allocation of the costs in respect of each injury, I am of the view that it would be reasonable to attribute 50% of the costs to each injury, and following this, to apply to a 50% apportionment in respect of the neck injury caused by the Accident (see Judgment at [190]).	$ 10.00
223	68-70	19.01.2019	MEH	Admission (15.01.2019 - 19.01.2019) Breakdown includes: OT, Pharmacy, Radiology, Ward charges, Doctor's Fee	$ 16,514.10	$ 16,514.10	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's back injury.	$ 10.00
224	71-74	01.03.2019	MEH	Admission (27.02.2019 - 01.03.2019) Breakdown includes: Anaesthesiology, OT, Pharmacy, Radiology, Recovery, Ward charges, Doctor's Fee	$ 14,985.14	$ 7,492.57	Based on the Clinical Discharge Summary for this admission, the admission was for the appellant's neck injury. Apportionment of 50% (see Judgement at [190]).	$ 10.00
225	75-78	08.04.2019	MEH	Admission (01.04.2019 - 08.04.2019) Breakdown includes: Anaesthesiology, OT, Pharmacy, Radiology, Recovery, Rehabilitation (Physiotherapy), Ward charges, Doctors' fee	$ 31,997.54	$ -	See reason for S/N 216	$ -
226	79	15.04.2019	Roland Shoulder & Orthopaedic Clinic Pte Ltd	Breakdown includes: Follow Up Consultation: 150 STO: 80 GST: 16.10	$ 246.10	$ -	See reason for S/N 216	$ -
227	80-83	08.08.2019	MEH	Admission (04.08.2019 - 08.08.2019) Breakdown includes: A&E, Lab, Ward Charges, Pharmacy, Radiology, Doctors' fee	$ 11,359.14	$ -	See reason for S/N 216	$ -

S/N	Page of Supp AEIC Choo	Date of Invoice (DD.MM.YYYY)	Organisation	Description	Amount	To award	Reasons	Award for Transport Expenses
228	84-87	22.01.2020	MEH	Admission (20.01.2020 - 22.01.2020) Breakdown includes: Anaesthesiology, Endoscopy, OT, Pharmacy, Radiology, Recovery, Ward charges, Doctors' fee	$ 20,078.70	$ 2,546.78	The estimated expenses relating to the removal of the tablet blister of $14,985.14 should be excluded. It is unclear to me how this sum was derived by the appellant. However, given that the balance of the bill based on the appellant's position that relates to the neck injury is $5,093.56, which is far less than the sum of $11,021 which is reflected as Dr Chua's doctor fees, I am of the view that it would be fair to apply the apportionment of 50% on the sum of $5093.56 to determine the sum that the plaintiff should be awarded in respect of his neck injury arising from the Accident (see Judgment at [190]).	$ 10.00
229	Plaintiff's Supplementary Bundle of Documents dated 7 May 2022 at pp 26-27	26.02.2022	SGH	Celecoxib: 12 Pregabalin: 50.4	$ 62.40	$ 46.80	The consultation was for the appellant's neck injury and back injury. I am of the view that it would be reasonable to attribute at least 50% of the expenses to the appellant's neck injury, and thereafter apply to 50% apportionment in respect of the Accident (see Judgment at [190]).	$ 10.00
Total Medical Expenses:					**$ 327,425.95**	**$ 145,453.18**		**$ 710.00**

Annex II: Loss of pre-trial income due to medical leave

S/N	Page of AEIC Choo	Organisation	Start Date	End Date	Total No. of Days	No. of Days to be compensated for	Reasons	Daily Income	Loss of Income
1	67	Tan Tock Seng Hospital	31.12.2013	03.01.2014	4	4	This was after the Accident.	30,000 / (365-77)	$ 416.67
2	68	Mount Elizabeth Novena Hospital ("MEH")	02.01.2014	09.01.2014	8	6	2 days are overlapping with the previous MC.	30,000 / (365-77)	$ 625.00
3	77	Centre for Orthopaedics	13.02.2014	24.02.2014	12	6	This was for the neck pain, and any pre-trial loss of earnings should only be awarded on a 50% basis.	30,000 / (365-77)	$ 625.00
4	69	MEH	18.02.2014	28.02.2014	11	2	7 days are overlapping with previous MC. See also reason for S/N 3	30,000 / (365-77)	$ 208.33
5	78	Centre for Orthopaedics	19.03.2014	26.03.2014	8	4	See reason for S/N 3	30,000 / (365-77)	$ 416.67
6	70	MEH	19.06.2014	02.07.2014	14	10.5	This was for both the neck and back injuries. Given that there is no clear allocation of the costs in respect of each injury, I am of the view that it would be reasonable to attribute 50% of the pre-trial loss of earnings to each injury, and apply the 50% apportionment in respect of the neck injury for the Accident.	30,000 / (365-77)	$ 1,093.75
7	71	MEH	25.10.2014	29.10.2014	5	3.75	See reason for S/N 6	30,000 / (365-77)	$ 390.63
8	79	Centre for Orthopaedics	15.12.2014	29.12.2014	15	7	1 day coincides with Christmas Day, a Public Holiday. See also reason for S/N 3	30,000 / (365-77)	$ 729.17
9	80	Centre for Spine and Orthopaedic Surgery	08.04.2015	14.04.2015	7	7	This is for the back injury.	18,000 / (365-28)	$ 373.89
10	72	MEH	11.08.2015	17.08.2015	7	3.5	See reason for S/N 3	18,000 / (365-28)	$ 186.94
11	73	MEH	08.12.2015	21.12.2015	14	7	See reason for S/N 3	18,000 / (365-28)	$ 373.89
12	81	Centre for Spine and Orthopaedic Surgery	19.02.2016	03.03.2016	14	10.5	See reason for S/N 6	15,000 / (365-38)	$ 481.65
13	74	MEH	28.03.2016	10.04.2016	14	7	See reason for S/N 3	15,000 / (365-38)	$ 321.10
14	75	MEH	16.05.2016	25.05.2016	10	7.5	See reason for S/N 6	15,000 / (365-38)	$ 344.04
15	76	MEH	21.03.2017	27.03.2017	7	1.75	This was for both the neck and shoulder injuries. Given that there is no clear allocation of the costs in respect of each injury, I am of the view that it would be reasonable to attribute 50% of the pre-trial loss of earnings to each injury, and apply the 50% apportionment in respect of the neck injury for the Accident.	90.56	$ 158.48

S/N	Page of Supp AEIC Choo	Organisation	Start Date	End Date	Total No. of Days	No. of Days to be compensated for	Reasons	Daily Income	Loss of Income
16	87	MEH	05.09.2017	14.09.2017	10	2.5	See S/N 15	90.56	$ 226.40
17	88	MEH	08.01.2018	17.01.2018	10	5	This admission was for the neck injury, shoulder injury and back injury. I am of the view that it would be reasonable to attribute at least 33% of the pre-trial loss of earnings to each of the plaintiff's neck injury and back injury, and thereafter apply to 50% apportionment in respect of the neck injury for the Accident.	0	$ -
18	89	MEH	29.10.2018	Unclear	14	10.5	See reason for S/N 6	0	$ -
19	90	MEH	15.01.2019	24.01.2019	10	0	As there is no corresponding medical report or invoice, it is unclear what the medical leave relates to. No award for loss of pre-trial expenses to be granted.	0	$ -
20	91	MEH	27.02.2019	08.03.2019	10	5	See S/N 3	0	$ -
Total									$ 6,971.60