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DEPUTY REGISTRAR

SHEN WANQIN

10 December 2025

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

[2025] SGDC 318

District Court Suit No 352 of 2022
Assessment of Damages 180 of 2024

Between

Chan Kong Thoe

... Plaintiff

And

Tricilia Tang Pei Lu

... Defendant

JUDGMENT

[Tort] — [Negligence] — [Causation]
[Damages] — [Assessment]

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Chan Kong Thoe
v
Tricilia Tang Pei Lu

[2025] SGDC 318

District Court Suit No 352 of 2022

Deputy Registrar Shen Wanqin

28 October 2024, 29 November 2024, 6 January 2025, 10 January 2025, 15 January 2025, 27 January 2025, 14 February 2025, 17 February 2025, 3 March 2025, 7 March 2025, 12 March 2025, 24 March 2025, 21 April 2025, 25 April 2025, 29 September 2025, 19 November 2025

10 December 2025

Judgment reserved.

Deputy Registrar Shen Wanqin:

Introduction

1 The plaintiff, Mr Chan Kong Thoe, then aged 54, was riding his motorcycle on 2 October 2014 when it collided with a car driven by the defendant, Ms Tricilia Tang Pei Lu (“**the 2014 Accident**”). Consent interlocutory judgment was entered in 2018, with the defendant accepting 85% liability for the 2014 Accident. The parties’ positions on the extent of injuries, however, diverge significantly. The plaintiff contends that the 2014 Accident injured his neck, back and knees, rendering him chronically disabled and largely unemployable in the security industry. He seeks the maximum agreed recoverable damages of S\$510,000 (at 85% liability). The defendant acknowledges that some injuries were sustained but maintains these were minor

and resolved without lasting consequence. She attributes the plaintiff's current complaints to pre-existing degenerative diseases, a subsequent motorcycle accident on 27 January 2015 ("**the 2015 Accident**"), and/or natural age-related degeneration.

2 The central issue is therefore whether the 2014 Accident caused the plaintiff's injuries and rendered him unable to sustain employment as a security officer ("**the causation issue**"). I find that the plaintiff has failed to adduce sufficient evidence to prove that the 2014 Accident caused the majority of the injuries and losses claimed. His own medical experts stopped short of expressing any definitive opinion on causation in his favour, and the contemporaneous medical evidence demonstrates that only minor injuries were sustained in the 2014 Accident.

3 These findings rest on established principles governing the assessment of damages. The assessment of damages is an exercise grounded in evidence. In a motor accident case involving personal injury claims, the plaintiff bears the burden of proving, on a balance of probabilities, that the claimed injuries and losses were caused by the accident. Subjective belief, however sincerely held, cannot substitute for evidence. The court determines what the evidence establishes, not what the plaintiff perceives he should receive. As the majority of the plaintiff's claims are unsupported by evidence, I award damages strictly limited to those injuries and losses that the evidence demonstrates were caused by the 2014 Accident. The awards are detailed in the table below (see rightmost column).

Head of Claim	Plaintiff's Position (S\$)	Defendant's Position (S\$)	Court's Award (S\$)
Aggravation of cervical spondylosis	10,000	0	0
Aggravation of lumbar spondylosis	10,000	0	0
Foraminal stenosis with numbness of hands and feet	35,000	0	0
Multiple abrasions on right knee, right groin, left palm and lower abdomen	3,500	2,800 + 7,000 for soft tissue injuries (right shoulder, right palm and right knee)	3,000 + 7,000 for soft tissue injuries (right knee, right shoulder and upper limb)
Right knee anterior cruciate ligament ("ACL") tear	20,000	0	0
Right knee scarring and effusion/swelling	1,500	0	0
Surgical scarring from future arthroscopic knee surgery	3,000	0	0
Pre-trial loss of earnings	178,165	0	276.65
Loss of future earnings	253,677	0	0

Head of Claim	Plaintiff's Position (S\$)	Defendant's Position (S\$)	Court's Award (S\$)
Loss of earning capacity	5,000	0	0
Future medical expenses	144,845.20	0	0
Future transport expenses	3,500	0	0
Medical expenses	4,936.64	108	108
Medical Equipment for pain	578.80	0	0
Transport expenses	3,500	20	30
Total	654,857.44	9,928.00	10,414.65
85%	556,628.82, adjusted to 510,000	8,438.80	8,852.45

Undisputed Facts

4 The key events are as follows:

Date	Event
23.05.1997 01.08.1997	Plaintiff visited the Orthopaedic Department at the Singapore General Hospital (“SGH”) for back and right shoulder pain.
16.01.2004	Plaintiff visited SGH Orthopaedic Department for neck and back pain.
17.01.2004	MRI of cervical and lumbar spine showed mild cervical and lumbar spondylosis.
08.11.2011	Plaintiff visited SGH Orthopaedic Department for chronic neck and lower back pain.
02.10.2014 (The 2014 Accident)	Plaintiff visited the Emergency Department of National University Hospital (“NUH”) after the 2014 Accident. He was diagnosed with hand contusion and multiple abrasions.
27.01.2015 (The 2015 Accident)	Plaintiff visited NUH Emergency Department after the 2015 Accident. He sustained abrasions over right knee and right forearm as well as neck strain.

Date	Event
18.11.2015	MRIs conducted on cervical and lumbar spine showed degenerative conditions.
25.11.2015	Plaintiff was seen in SGH for right knee pain.
23.10.2018	Consent interlocutory judgment entered (85% liability to defendant).

Credibility of the plaintiff

Whether the plaintiff is a credible witness

5 I first assess whether the plaintiff is a credible witness. This assessment is critical because several heads of claim – including general damages for pain and suffering, loss of earnings, and future medical expenses – depend primarily on the plaintiff’s subjective account of pain, disability, and functional limitation. Having carefully evaluated the plaintiff’s evidence against the medical records, I find that the plaintiff is not a credible witness for three reasons.

6 First, the plaintiff’s account of how the 2014 Accident occurred varied significantly over time, with each iteration becoming progressively more severe. On the day of the 2014 Accident, he told triage nurses that he was not flung from his motorcycle and was able to walk (Defendant’s Bundle of Documents (Supplementary) (“**DBOD (Supp)**”) at 70). Later that same day, he told his attending doctor, Dr Lim Chee Sem, that he was flung around 10m but

did not lose consciousness. By 1 March 2017, when he saw Dr Mohammad Mashfiqul Arafin Siddiqui at SGH, he stated he lost consciousness for several minutes. In his affidavit dated 27 May 2022, he stated that he lost consciousness for a “split second” after being flung and was unable to stand and walk without assistance. At the hearing on 25 April 2025, he testified that he was flung 50m. These variations concern the severity of the 2014 Accident – whether he was flung, how far he was flung, and whether he lost consciousness. Yet, the plaintiff did not provide any reasonable explanation for these variations. The progressive escalation in the severity of his account over time undermines the reliability of the plaintiff’s testimony and raises doubts about whether the accident was severe enough to cause the injuries he now claims.

7 Second, the plaintiff’s account of his injuries immediately after the 2014 Accident contradicts his subsequent claims that the accident caused his neck and back pain. The contemporaneous medical records from the National University Hospital (“**the NUH records**”) show that during triage on the day of the accident, he denied having any neck or back injuries (DBOD (Supp) at 70; see also Notes of Evidence (“**NEs**”) dated 25 April 2025 at 12). This initial account is significant. It represents what the plaintiff reported when seeking immediate medical attention – at a time when he would have been most aware of his injuries and had every incentive to report them fully to receive appropriate treatment. Yet years later, when providing his medical history to treating doctors, he stated that he had experienced worsening pain in his neck and back since the 2014 Accident. The emergence of these complaints only in later accounts, when they were entirely absent from the contemporaneous records, undermines his claim that the 2014 Accident caused these symptoms.

8 Third, the plaintiff omitted material information directly relevant to causation when providing his medical history to his treating doctors at SGH. He

attributed all his injuries to the 2014 Accident without mentioning the 2015 Accident. Yet the medical records show that following the 2015 Accident, he suffered neck pain, right shoulder pain and abrasions over the left upper limb and right knee (Plaintiff's Bundle of Documents ("PBOD") at 12). In his own statement in the Accident Report for the 2015 Accident, he reported that he was seriously injured after skidding and falling on his right side (Exhibit marked D7 at 2 in the Defendant's Bundle of Documents ("DBOD")). Critically, the 2015 Accident involved injuries to the same body parts that the plaintiff claims were injured in the 2014 Accident – the neck and right knee. This presents an alternative explanation for his symptoms. The omission of this material information bears on his credibility as a witness and raises questions about the reliability of his evidence on matters central to establishing causation.

9 For these reasons, I find that the plaintiff is not a credible witness. The material inconsistencies in his accounts, the progressive escalation of the severity of the 2014 Accident in his testimony, and his omission of the 2015 Accident when providing his medical history reveal a pattern of unreliability that extends across key factual matters in dispute. These inconsistencies and omissions concern facts that are central to the causation issue. Given these credibility concerns, I cannot accept the plaintiff's claims without corroborative evidence.

Whether the plaintiff's account to the medical experts is credible

10 Given my finding that the plaintiff is not a credible witness, I now examine whether his account to the medical experts was credible. This is a threshold issue because the medical experts' opinion on whether the plaintiff's injuries were caused by the 2014 Accident depend primarily on his self-reported account. The medical experts in question are Dr Ng Yeong Huei ("**Dr Ng**"),

Associate Professor Dr Paul Chang (“**Dr Paul**”) and Dr W C Chang (“**Dr Chang**”) (collectively, “**the medical experts**”). According to his account to the medical experts, he was (a) flung off his motorcycle upon impact; (b) asymptomatic before the 2014 Accident; and (c) experienced worsening pain in his neck, back and knee since the 2014 Accident. If his account is not credible, the medical opinions founded upon it cannot establish whether the plaintiff’s injuries were caused by the 2014 Accident.

11 I find that the plaintiff’s account to the medical experts lacks credibility for three reasons.

12 First, the plaintiff’s account to the medical experts is inconsistent with medical and court records in several material aspects. In respect of his pre-accident condition, he informed Dr Chang, and maintained in his affidavit and testimony, that he was asymptomatic prior to the 2014 Accident (see affidavit dated 27 May 2022 at [10] and NEs dated 25 April 2025 at 10). This is contradicted by SGH medical records showing he sought treatment for chronic neck and back pain since 1997. When apprised of these records, he provided no reasonable explanation for his current position. His claim of being asymptomatic before the 2014 Accident is therefore not credible.

13 In respect of his post-accident condition, his account of worsening neck, back and knee pain since the 2014 Accident is similarly contradicted by contemporaneous medical records. The NUH records show that he denied having any neck or back injuries on the day of the 2014 Accident. Despite multiple polyclinic visits between the two accidents, the medical records show no complaints of neck, back or knee pain during this period, nor any worsening of such pain. These complaints were documented only after the 2015 Accident.

His account to the medical experts that he experienced worsening pain in the aforesaid body parts since the 2014 Accident is therefore not credible.

14 Second, the plaintiff's account to the medical experts contains material omissions. He failed to inform Dr Chang about his pre-existing neck and back symptoms, despite their clear relevance to his claim. He also failed to inform Dr Ng and Dr Paul about the 2015 Accident and his true condition as reflected in the NUH records after the 2014 Accident (see [13] above). Instead, he attributed all his injuries to the 2014 Accident only, leading the doctors to believe only one accident had occurred. The information withheld from the medical experts were material and should reasonably have been disclosed when discussing the history of his neck, back or knee problems with the medical experts during medical examination and treatment. An incomplete account that omits such critical information cannot be considered credible.

15 Third, the plaintiff's account to the medical experts regarding the circumstances of the 2014 Accident differs materially from his contemporaneous account. He told the medical experts he was flung from his motorcycle during the 2014 Accident, but the triage nurse, Ms Bavani d/o Pannirsilvam, recorded him denying this on the day of the 2014 Accident. He provided no reasonable explanation for this inconsistency (NEs dated 25 April 2025 at 13) and failed to call the nurse as a witness. This inconsistency undermines the credibility of his account regarding the severity and mechanism of the 2014 Accident.

16 The plaintiff's explanations cannot salvage his account's credibility. He relied on a physiotherapy report to suggest that he disclosed both accidents to the SGH doctors (see PBOD at 14). However, this report only shows that he

mentioned both accidents to the physiotherapist on 22 September 2015. There is no evidence he disclosed the 2015 Accident to any of the medical experts.

17 Regarding his pre-existing symptoms, he explained that he did not inform the medical experts because he had considered them minor and manageable. This explanation cannot be accepted. First, his own subjective assessment does not justify withholding relevant information from the medical experts. Second, the medical records show these were not minor complaints but conditions requiring ongoing medical attention since 1997.

18 I therefore find that the plaintiff's account to the medical experts is not credible. It contains material inconsistencies and omits critical information. The plaintiff provided no reasonable explanation for these inconsistencies and omissions. These issues reinforce my conclusion that the plaintiff is not a credible witness. Because the medical experts' initial opinions on the causation issue were based on this incomplete and unreliable account, I cannot rely on those opinions to establish that the claimed injuries were caused by the 2014 Accident. I now proceed to examine whether the plaintiff's injuries were in fact caused by the 2014 Accident.

Whether the plaintiff's injuries were caused by the 2014 Accident

Multiple abrasions

19 The plaintiff claimed S\$3,500 for multiple abrasions on his right knee, right groin, left palm and lower abdomen. The defendant accepted that these injuries resulted from the 2014 Accident but submitted that S\$2,800 would be appropriate. The *Guidelines for the Assessment of General Damages in Personal Injury Cases* (Academy Publishing, 2010) ("**Guidelines**") at 59–60 prescribe an award of S\$500 for a single abrasion on any part of the body, and

between S\$500 and S\$3,000 for multiple abrasions. The Guidelines clarify that an award in the higher range is appropriate where the multiple abrasions are large abrasions which result in scars that are not likely to fade away in the long run or despite cosmetic surgery.

20 I award S\$3,000 for the abrasions. This quantum is appropriate for the following reasons. First, it accounts for inflation since the Guidelines were published in 2010. Second, the abrasions were sustained across four distinct areas of the body. Third, the evidence shows that these abrasions healed relatively quickly without complications, and there was no evidence of permanent scarring or lasting effects. The quantum of S\$3,000 appropriately reflects the moderate severity of these injuries and the pain he experienced across multiple body sites.

Cervical and lumbar spondylosis

21 Cervical and lumbar spondylosis refers to degenerative changes in the neck and lower back regions of the spine. The plaintiff's case regarding these conditions has shifted materially throughout the proceedings. In his affidavit dated 27 May 2022 and opening statement filed on 21 October 2024, he contended that the 2014 Accident caused the early onset of cervical and lumbar degeneration. By his closing submissions on 29 September 2025, he claimed that the 2014 Accident aggravated his pre-existing cervical spondylosis and caused the onset of lumbar spondylosis. His position changed again in his updated opening statement filed on 27 October 2025, where he asserted that the 2014 Accident aggravated both conditions. The defendant submitted that the plaintiff's cervical and lumbar spondylosis was pre-existing and neither caused nor aggravated by the 2014 Accident.

22 I accept the defendant's submission. The shifting nature of the plaintiff's case itself undermines the credibility of his claims. On the evidence before me, the plaintiff has not established, on a balance of probabilities, that the 2014 Accident caused or aggravated his pre-existing cervical and lumbar spondylosis. I reach this conclusion for three principal reasons: (a) the medical records establish that he had pre-existing spondylosis; (b) the medical evidence does not reveal any injury of sufficient severity to have aggravated that condition; and (c) the expert medical opinion unanimously supports the defendant's position.

23 First, the medical records establish that the plaintiff's cervical and lumbar spondylosis pre-existed the 2014 Accident by over a decade. The records show he sought treatment at SGH for spinal complaints on multiple occasions: in 1997 for back pain, in 2004 for neck and back pain, and in 2011 for chronic neck pain and lower back pain. An MRI performed in 2004 showed mild cervical and lumbar spondylosis with mild foraminal stenosis. He also sought treatment at NUH for neck problems in 2008, when degenerative changes in his neck were detected. This documented history of spinal complaints demonstrates that his spondylosis was already well-established and symptomatic before the 2014 Accident.

24 The degenerative changes observed in the plaintiff's neck and spine after the accidents are therefore consistent with the natural progression of his pre-existing condition rather than trauma from the 2014 Accident. This accords with the established medical understanding that spondylosis is a chronic degenerative process that is most likely unrelated to any acute traumatic event (NEs dated 15 January 2025 at 16 and NEs dated 24 March 2025 at 26). The medical evidence therefore does not support a finding that the 2014 Accident caused the plaintiff's cervical or lumbar spondylosis.

25 Second, the medical evidence shows that the 2014 Accident caused only minor soft tissue injuries that healed quickly, without any spinal trauma. Associate Professor Dr Naresh Kumar (“**Dr Kumar**”), an orthopaedic spine surgeon and senior consultant at the University Spine Centre of NUH, examined the plaintiff at NUH on 10 March 2015. He found that the plaintiff sustained only soft tissue injuries from the 2014 Accident, and that these injuries had fully healed by the time of his examination (NEs dated 15 January 2025 at 18). Crucially, his examination revealed no evidence of spinal trauma, skeletal injury or back pain that might have caused or aggravated the plaintiff’s cervical or lumbar spondylosis.

26 The timing of the plaintiff’s pain complaints further undermines his case. Significant spinal injuries causing or aggravating spondylosis would typically prompt immediate complaints of pain (NEs dated 15 January 2025 at 24). Yet the plaintiff’s first documented complaint of neck pain occurred on 27 January 2015, after the 2015 Accident. His back pain was not documented until 27 August 2015, more than seven months after the 2014 Accident. Despite multiple polyclinic visits between the two accidents, the medical records contain no complaints of neck or back pain during this period. The emergence of neck pain only after the subsequent 2015 Accident, and the delayed onset of back pain months later, indicate that the 2014 Accident did not cause spinal injury of the type that would cause or aggravate his pre-existing degenerative changes.

27 Third, the expert medical opinion supports the conclusion that the 2014 Accident did not cause or aggravate the plaintiff’s spondylosis.

28 Dr Kumar’s opinion was supported by both Dr Ng and Dr Chang once they were provided with the complete medical evidence. Dr Ng, the plaintiff’s expert witness, initially believed that the 2014 Accident aggravated the

plaintiff's spondylosis. However, this was based on incomplete information. He had considered only the plaintiff's account of worsening pain, without the benefit of the NUH records or Dr Kumar's evidence on the plaintiff's condition after both accidents. After reviewing the complete evidence, Dr Ng changed his opinion. He stated that there was merely a possibility – not a probability – that the 2014 Accident aggravated the spondylosis.

29 More importantly, Dr Ng could no longer conclude that the 2014 Accident had, more likely than not, aggravated the plaintiff's spondylosis (NEs dated 27 January 2025 at 33–35 and NEs dated 7 March 2025 at 7). This change was based on the NUH records, which showed no significant spinal injury that could have aggravated the plaintiff's underlying degenerative changes. Dr Ng acknowledged that whilst the plaintiff's subjective account suggested worsening neck and back pain after the 2014 Accident, this alone was insufficient to establish causation on a balance of probabilities. Without objective clinical evidence of trauma, Dr Ng was unable to confirm that the 2014 Accident more likely than not aggravated those conditions.

30 Dr Chang similarly revised his assessment after being given the plaintiff's complete medical history, including the NUH records and the fact that the plaintiff had suffered neck and back pain symptoms before the 2014 Accident. Based on this complete picture, Dr Chang concluded that the plaintiff's neck pain was a continuation of his pre-existing cervical spondylosis, not a consequence of the 2014 Accident (see NEs dated 24 March 2025 at 7–8 and NEs dated 21 April 2025 at 10–12). He reached this conclusion because there was no neck injury or neck pain complaint following the 2014 Accident. Dr Chang further noted that the cervical spondylosis was subsequently aggravated by the neck strain sustained in the 2015 Accident. As for lumbar spondylosis, Dr Chang opined that the plaintiff's back pain was attributable to

degenerative spondylosis that existed before both accidents and was unrelated to either.

31 The plaintiff argued that Dr Kumar was not qualified to give evidence on his injuries from the 2014 Accident because Dr Kumar did not examine him on the day of the accident. I reject this argument. Dr Kumar is qualified to comment on the injuries as an expert in orthopaedic and spine surgery. Although he did not examine the plaintiff immediately after the 2014 Accident, he reviewed the relevant medical records and made an assessment based on that documentation. As Dr Kumar explained, this is standard medical practice – experts routinely provide opinions based on medical records rather than personal examination at the time of injury. Moreover, if the plaintiff’s submission were accepted, it would equally disqualify his own medical experts, Dr Ng and Dr Paul, from commenting on the issue.

32 Three qualified medical experts, having reviewed the complete evidence, were unable to confirm, on a balance of probabilities, that the 2014 Accident caused or aggravated the plaintiff’s cervical and lumbar spondylosis. Their opinions converged on the same conclusion based on objective medical records, clinical findings, and established medical principles, regarding the nature and progression of degenerative spinal disease. The consistency of their views, once all were provided with complete information, reinforces the strength of this conclusion.

Dr Reuben Soh’s report

33 The plaintiff tendered a report dated 30 October 2017 by Dr Reuben Soh (“**Dr Soh**”) from SGH, which states that the plaintiff’s spine injury was directly aggravated by the 2014 Accident. However, Dr Soh does not state the basis for

his opinion or explain what clinical or radiological findings support his conclusion. It is also unclear what evidence Dr Soh considered, and whether he was provided with the complete information, including the NUH records documenting the plaintiff's condition after the 2014 Accident and his involvement in the 2015 Accident. Without these clarifications, I am unable to accord weight to the report. A bare assertion of causation, without supporting reasoning or consideration of the medical history, cannot displace the detailed and reasoned opinions of three experts who reviewed the full evidence.

The plaintiff's testimony

34 The plaintiff produced no medical evidence to counter the expert opinion. He relied instead on his own testimony about the high impact of the collision to support his claim. As discussed earlier, the credibility of the plaintiff's account is questionable (see [5]–[18] above). In any event, the severity of a collision does not, by itself, determine the nature or extent of injuries sustained. As Dr Kumar explained, even in high-impact accidents where a person is thrown significant distances, serious skeletal injuries may not occur, depending on how the collision energies are dissipated through the body. The determination of whether an accident caused particular injuries requires consideration of all relevant evidence, including clinical findings, radiological evidence, the temporal pattern of symptoms, and the plaintiff's pre-existing medical condition. Here, that evidence does not support the plaintiff's case.

35 Three medical experts reviewed the complete evidence and concluded that it did not support a finding, on the balance of probabilities, that the 2014 Accident caused or aggravated the plaintiff's spondylosis. The plaintiff's testimony about the severity of the collision, without corroborating medical evidence, is insufficient to establish causation on a balance of probabilities. The

burden of proof rests on the plaintiff to establish, through credible medical evidence, that the 2014 Accident caused or aggravated his condition. He has not discharged this burden. Accordingly, I decline to award any damages for cervical and lumbar spondylosis.

Foraminal stenosis

36 The plaintiff claimed that the 2014 Accident caused him to develop foraminal stenosis. The defendant argued that no damages should be awarded because foraminal stenosis is a pre-existing degenerative condition and there is no evidence it was caused by the 2014 Accident. I accept the defendant's submission.

37 The plaintiff's claim is inconsistent with the medical evidence. As Dr Ng explained, foraminal stenosis refers to the narrowing of the space where spinal nerves exit the spine, caused by degenerative changes that develop gradually over time as part of the natural aging process. It cannot be caused by a single traumatic event, particularly where there is no evidence of spinal injury from the 2014 Accident (see [26] above). Moreover, an MRI performed on 17 January 2004 – over ten years before the 2014 Accident – already revealed mild foraminal stenosis. This demonstrates that the condition was part of his underlying degenerative spinal condition that had been present for years before the 2014 Accident. Given that the plaintiff's foraminal stenosis was documented in 2004 and represents the natural progression of his long-standing degenerative spinal condition, his claim that the 2014 Accident caused it must fail. I therefore decline to award damages for foraminal stenosis.

Knee injuries

38 The plaintiff claimed that the 2014 Accident caused:

- (a) anterior cruciate ligament (“**ACL**”) tear, mucoid degeneration of the ACL and medial meniscus tear in his right knee;
- (b) accelerated degeneration of his left knee due to compensating for the right knee injury; and
- (c) current and future scarring on his knees.

39 The defendant contended that these claims should be rejected for lack of evidence. I find that the plaintiff has not proved on a balance of probabilities that the 2014 Accident caused these knee conditions.

ACL tear

40 First, the plaintiff claimed an ACL tear, but the evidence shows no such injury occurred. The plaintiff’s own expert, Dr Paul, testified on 12 March 2025 that the plaintiff did not have an ACL tear. His report dated 24 January 2025 states that the plaintiff only suffered from mucoid degeneration of the ACL, not a tear. The claim for damages in respect of ACL tear is therefore rejected.

Mucoid degeneration of the ACL and medial meniscus tear

41 Second, the plaintiff has not proved that the 2014 Accident caused mucoid degeneration of the ACL or the medial meniscus tear. Dr Paul explained that mucoid degeneration was an incidental MRI finding that did not cause any symptoms. The plaintiff provided no evidence that the 2014 Accident caused it. Moreover, Dr Zhu Meng’s (“**Dr Zhu**”) report dated 26 March 2019 states that the 2014 Accident was unlikely to cause degeneration of the ACL and medial meniscus (Plaintiff’s Bundle of Documents (Supplementary) (“**PBOD (Supp)**”))

at 286). This contradicts the plaintiff's case, but he made no attempt to address Dr Zhu's opinion.

42 Turning to the medial meniscus tear, Dr Paul explained that this was a degenerative condition and an early manifestation of osteoarthritis. He could not determine whether 2014 Accident caused it, as he examined the plaintiff more than a year afterwards (NEs dated 12 March 2025 at 10–11). Dr Chang similarly could not attribute the meniscus tear to the 2014 Accident. He explained that a meniscus tear causes instant and severe pain, immobility of the joint and swelling (NEs dated 24 March 2025 at 36–37). Since the plaintiff sustained only minor abrasions and these characteristic symptoms did not occur, the meniscus tear could not be attributed to the 2014 Accident (NEs dated 24 March 2025 at 7–10).

43 Dr Kumar agreed with Dr Paul and Dr Chang. He confirmed that the plaintiff sustained soft tissue injuries to his right knee, right shoulder, and right upper limb from the 2014 Accident, but no major knee injury (NEs dated 15 January 2025 at 10). The right knee pain on the day of the 2014 Accident was consistent with soft tissue injury, not the medial meniscus tear, because the pain improved by the time of discharge from NUH and did not persist (DBOD (Supp) at 72). This conclusion is supported by the plaintiff's account to Dr Mark Chong on 29 April 2025 that the right knee pain started in February 2015, after the 2015 Accident, and was not present before. Ligamentous injury would typically be symptomatic and detectable during clinical examinations. However, neither Dr Chong nor Dr Kumar detected any symptoms of ligamentous injury or any major knee injury during clinical examinations conducted on 29 April 2025 and 10 March 2015 respectively. Dr Kumar concluded that the plaintiff did not suffer from any ligamentous injury or other more serious knee injuries from the 2014 Accident.

44 The plaintiff argued that Dr Kumar could not comment on the causation issue because he did not conduct an MRI, which would have detected his injury. However, Dr Kumar explained that a clinical examination can also detect ligamentous injury. An MRI is usually done when a patient has more symptoms. Since the plaintiff did not show any symptoms of ligamentous injury on clinical assessment, an MRI was not necessary. In any event, he was advised to undergo an MRI scan but did not do so, which was consistent with his symptoms having improved.

45 The plaintiff also relied on his own account, emphasising that he was involved in a high impact collision and landed on his right knee. However, his account alone is insufficient when the medical opinion is against him. The severity of the impact does not determine the nature of injuries suffered (see [34] above). In any event, the plaintiff's account of landing on his right knee is inconsistent with what he told Dr Lim the day of the 2014 Accident. The NUH records show that the plaintiff was unsure which side of his body he landed on (see DBOD (Supp) at 71). As such, his account cannot be relied on.

46 Finally, the plaintiff's case is that the 2014 Accident caused the meniscus tear, not that it aggravated his degenerative condition. Even if he argued that it aggravated the condition, his case remains unproven. Dr Paul initially said that the degeneration in the right knee was likely aggravated by the 2014 Accident, but this was solely based on the plaintiff's account of worsening pain (see report dated 16 March 2020 in PBOD (Supp) at 296). After he was provided with information regarding the 2015 Accident and the plaintiff's condition after both accidents, he revised his opinion and said this was merely a possibility (see NEs dated 12 March 2025 at 10). Moreover, since he examined the plaintiff only on 25 November 2015, more than a year after the 2014

Accident, he could not determine with certainty the impact of the 2014 Accident (see NEs dated 12 March 2025 at 11).

Left knee degeneration

47 The plaintiff provided no evidence that his left knee suffers from degeneration, or that the 2014 Accident accelerated this alleged degeneration. Dr Paul’s evidence shows, at best, that patients with ACL injuries in the right knee would usually suffer increased pain due to compensation. Dr Chang’s evidence shows, at best, that patients with a right knee injury tend to compensate with the left knee. Neither expert confirmed that the plaintiff would suffer from degeneration of his left knee, or that the 2014 Accident accelerated such degeneration.

Alleged scarring of right knee

48 The claim for scarring of his right knee is rejected for lack of evidence. The medical records show no scarring, and the plaintiff provided no evidence. He relied on photograph of his knees (see PBOD (Supp) at 300). However, by his own account, this photograph only shows that his left knee “had dark spots” or a “skid mark or diesel [stain]”, and that his right leg was “already swollen”. The photograph does not show any scarring. It is also unclear when the photograph was taken and by whom. The photograph is therefore not probative or relevant to the causation issue. The claim is dismissed.

Assessment of damages

49 The 2014 Accident caused the plaintiff to sustain only soft tissue injuries at his right knee, right shoulder, and right upper limb. These injuries resolved by March 2015 when Dr Kumar examined him. Soft tissue injuries are muscular

and subcutaneous injuries with symptoms including redness, swelling and tenderness. The Guidelines at p 51 prescribe a range of S\$1,500 to S\$5,000 for minor knee injuries that resolve fully in a few months with treatment and physiotherapy. The plaintiff has already been awarded S\$3,000 for abrasions, including on his right knee. Since the soft tissue injury on his knee involves deeper muscular tissues, I award an additional \$3,000. As for the soft tissue injuries at his right shoulder and upper limb, the Guidelines prescribe less than S\$2,000 for minor soft tissue injury at the shoulder, with considerable initial pain but complete recovery achieved within one or two years with no residual disabilities. Since there was also soft tissue injury at the upper limb, and considering inflation, I apply an uplift to the recommended award in the Guidelines, and arrive at an award of S\$4,000 for the soft tissue injuries at his shoulder and upper limb.

Future surgical scarring

50 The plaintiff claimed a sum of S\$8,000 for future surgical scars, in view of possible surgical procedures to his knee and spine. This claim is purely speculative. The soft tissue injuries caused by the 2014 Accident have resolved and do not warrant any further surgical treatment. Even based on the plaintiff's current condition, Dr Ng, his current treating doctor, opined that surgical intervention is not necessary and surgery remains only a possibility in future. As for the knee, the plaintiff has declined surgery (see PBOD (Supp) at 297). Accordingly, the claim for future surgical scarring is denied.

Aggregate award

51 Based on the foregoing analysis, I grant an aggregate award of **S\$10,000**, comprising S\$3,000 for the abrasions and S\$7,000 for the soft tissue injuries to the right knee, right shoulder and upper limb.

Whether damages should be awarded for loss of earnings

52 The plaintiff sought S\$178,165 for pre-trial loss of earnings, and S\$253,677 for loss of future earnings. These claims were based on figures tabulated by Mr Iain Potter (“**Mr Potter**”), a chartered accountant, in his report dated 20 September 2022 (“**the Report**”) (see PBOD at 230–280). The plaintiff clarified that these claims were confined to earnings he could have made as a security officer only. The defendant disputed these claims, arguing that the 2022 Report should not be given any weight. Having considered these arguments, I decline to give weight to the 2022 Report but award a sum of S\$276.65 for pre-trial loss of earnings based on the evidence adduced. No award is given for the future loss of earnings.

Whether Mr Potter’s report should be given any weight

53 The preliminary issue is whether any weight should be given to the Report. The plaintiff submitted that full weight should be accorded to it on account of s 32(1)(j) of the Evidence Act 1893 (“**EA**”) and because the Report was comprehensive and credible. He conceded that Mr Potter was not called as a witness but emphasised that this was due to costs-related reasons. The defendant submitted that the Report should not be given any weight because it was prepared based on several unsubstantiated assumptions that could not be clarified in Mr Potter’s absence. I accept the defendant’s submission.

54 As a preliminary matter, I address the plaintiff’s reliance on s 32(1)(j) of the EA. Section 32(1)(j) renders certain statements admissible under various circumstances, including where the maker of the statement is competent but not compellable and refuses to give evidence. However, the issue before the court is not one of admissibility but of weight. The question is what weight, if any,

should be accorded to the Report given the circumstances in which it was produced. Section 32(1)(j) of the EA therefore does not assist the plaintiff.

55 In determining the weight to be given to expert evidence, the court considers factors including the reliability of the expert's methodology, the adequacy of the factual foundation upon which the expert's opinion is based, whether the expert's assumptions are supported by evidence, and whether the expert was available for cross-examination. I appreciate that the plaintiff did not call Mr Potter due to costs considerations. However, the court's assessment of the weight to be accorded to expert evidence must be based on the reliability and probative value of that evidence, regardless of the reasons for the expert's absence. Where expert evidence rests on assumptions that require clarification or testing, the absence of the expert for cross-examination necessarily affects the weight that can be given to the report. Applying these considerations to the present case, I find that the Report should be given no weight for three reasons.

56 First, Mr Potter was not provided with sufficient data to make an accurate assessment of the plaintiff's pre-trial or future loss of earnings. Instead, he based his conclusions on unsubstantiated assumptions. The key assumptions that undermine the reliability of his conclusions are as follows:

- (a) Mr Potter assumed that the plaintiff would retire at age 75, without providing any justification for this assumption. The statutorily prescribed retirement age in Singapore was 63 in 2021. No explanation was provided for why someone in the plaintiff's occupation and circumstances would work until age 75, more than a decade beyond the retirement age. This assumption inflates the period over which future earnings are calculated. Without evidential basis for this extended working life, the calculation is unreliable.

(b) Mr Potter assumed that the plaintiff's actual earnings since the 2014 Accident were "less than SGD 1,500 per month from 2014 to date" and that they would "increase [...] around 2% to 4%". He made these assumptions because he "has not been provided with sufficient documentation to accurately assess the Claimant's [plaintiff's] actual earnings since the date of the Accident" (see [2.7] of the Report). Despite this gap in documentation, Mr Potter proceeded to assume a 2% to 4% annual increase without accounting for the plaintiff's specific occupation and age-related earning patterns in security work. Without reliable data on the plaintiff's actual earnings and without a reasoned basis for the assumed rate of increase, the calculation is based on speculation rather than evidence.

(c) Mr Potter assumed that the plaintiff would have earned S\$3,000 in 2014, increasing to S\$3,200 by 2021, based on limited post-accident employment data set out in [2.5] of the Report. He used the plaintiff's post-accident earnings – when the plaintiff was allegedly impaired by the 2014 Accident – to estimate what the plaintiff would have earned before the 2014 Accident. This approach is problematic because it assumes the fact that needs to be proven: that the plaintiff's earning capacity was higher before the 2014 Accident. There was no evidence that the plaintiff could have sustained the projected employment levels but for the 2014 Accident. Without independent evidence of the plaintiff's pre-accident earning capacity, Mr Potter's projections lack credible basis.

(d) Mr Potter assumed that the plaintiff was engaged in continuous full-time employment from 2014 onwards and would have maintained steady employment but for the 2014 Accident. This assumption is

inconsistent with the plaintiff's own evidence. The plaintiff conceded that he only worked ad-hoc, short-term and relief jobs from 2010 to 2014 (before the 2014 Accident) because these jobs afforded him the flexibility he wanted. Moreover, the evidence shows a five-year gap from 2015 to 2020 where no employment is documented. The assumption of continuous full employment is therefore inconsistent with the plaintiff's actual employment pattern both before and after the 2014 Accident. Mr Potter's calculations attribute all employment gaps to the 2014 Accident, when the evidence indicates that intermittent employment was the plaintiff's preferred working arrangement.

57 The cumulative effect of these assumptions is that the Report's conclusions lack reliability. When Mr Potter assumed an extended retirement age, applied it to assumed earning figures, projected assumes salary increases, and assumed continuous employment contrary to the evidence, the final figures bear limited relation to the plaintiff's actual circumstances. An expert report based on multiple unsupported assumptions cannot provide a reliable basis for assessing damages.

58 Second, Mr Potter's calculation methodology suffers from the following problems:

(a) Mr Potter's methodology of using post-accident employment data to establish what the plaintiff would have earned but for the 2014 Accident creates a logical fallacy. He projected the plaintiff's pre-accident earning capacity based on jobs held *after* the 2014 Accident when the plaintiff was allegedly impaired. This approach incorrectly assumed the plaintiff's post-accident employment reflects his unimpaired earning capacity, which contradicts the entire premise of the

claim. If the plaintiff's injuries from the 2014 Accident genuinely affected his earning capacity, then his post-accident employment cannot serve as a reliable indicator of what he would have earned without the injuries.

(b) Mr Potter relied on the United Kingdom's Ogden Tables to account for vicissitudes of life besides mortality in the calculation of the multipliers for purpose of assessing loss of future earnings, without considering the limitations of the Ogden Tables and their inapplicability to the Singapore context (see, for example, the court's observation in *Muhammad Adam bin Muhammad Lee (suing by his litigation representatives Noraini bte Tabiin and Nurul Ashikin bte Muhammad Lee) v Tay Jia Rong Sean* [2022] 4 SLR 1045 at [189]). Further, it is unclear how his adjusted figures were derived, as he did not have the opportunity to elaborate on his methodology for deriving the adjusted figures.

(c) Mr Potter failed to establish in the Report what the plaintiff was actually earning or capable of earning before the 2014 Accident. As an award for pre-trial loss of earnings serves to compensate plaintiffs for actual loss of income from the accident before the assessment hearing (*Yap Boon Fong Yvonne v Wong Kok Mun Alvin and another and another appeal* [2019] 1 SLR 230 ("**Yvonne Yap**") at [31] and [41]), a proper assessment requires a comparison of the plaintiff's pre-accident earning trajectory with his post-accident performance, to isolate the impact of the accident. Without data on the plaintiff's actual earnings or earning capacity before the 2014 Accident, or his actual earnings after the 2014 Accident (see [56(b)] above), Mr Potter could not reliably determine what the plaintiff would have earned but for the 2014

Accident. This made it impossible to obtain a reliable calculation of the actual loss arising from the 2014 Accident.

(d) Mr Potter's methodology of assessment did not account for the significant periods of unemployment (for example, from 2015 to 2020) and address whether these gaps might be unrelated to the 2014 Accident. By failing to address what the plaintiff was doing during these gaps, and calculating losses against a hypothetical scenario of continuous employment that the plaintiff's own history demonstrates was unlikely to occur regardless of the 2014 Accident, it is not possible to determine what portion of any earnings shortfall is actually attributable to the 2014 Accident. Mr Potter also could not apply appropriate probability adjustments for future employment interruptions, leading to inflated future loss projections.

59 Third, the plaintiff's decision not to pay Mr Potter's costs of attendance as a witness meant that the defendant could not cross-examine him on his assumptions and methodology. Given that the Report's reliability depends on the validity of its assumptions, the inability to test these assumptions through cross-examination diminishes the weight that can be accorded to the Report. This is relevant where, as here, the assumptions appear inconsistent with the available evidence. The absence of cross-examination means that the court cannot assess whether Mr Potter had a reasonable basis for his assumptions.

60 As the Report is built on a foundation of assumptions rather than verified facts, and considering the multiple issues with the methodology applied, the Report cannot be reliably used for assessing loss of pre-trial or future earnings. A court would require substantially more robust documentation to make a

reliable assessment of the losses involved. As such, I decline to accord any weight to the Report.

Whether damages should be awarded for pre-trial or future loss of earnings

61 Pre-trial loss of earnings serves to compensate plaintiffs for their loss of income actually incurred before the assessment hearing (*Yvonne Yap* at [41]). Plaintiffs must strictly prove their actual loss from the accident (*Yvonne Yap* at [31]).

62 The plaintiff should be awarded damages for pre-trial loss of earnings, but for losses he actually suffered from the 2014 Accident. He was on medical leave for five days from 2 to 6 October 2014 (five days) and could not work during this time. Before the 2014 Accident, he worked as an ad hoc security officer with Certis Cisco Protection SERS and Jasa Investign & Sec SVS P/L (“**Jasa**”). His CPF statements confirm this. They show he received CPF contributions from these companies in September and October 2014. According to his affidavit, he earned S\$1,243.09 from Cisco in September 2014 (30 days), and S\$2,132.31 from Cisco and Jasa in October 2014 (31 days) (see PBOA at pp 399–401). This works out to about S\$55.33 per day ((S\$1,243.09 + S\$2,132.31) / 61 days). Since he could not work for five days, his pre-trial loss of earnings is S\$276.65 (S\$55.33 x 5).

63 There is no basis to award damages for future loss of earnings. Future loss of earnings compensates for diminished income, measured by the difference between pre-accident and post-accident earnings (*Chai Kang Wei Samuel v Shaw Linda Gillian* [2010] 3 SLR 587 (“**Samuel Chai**”) at [14] and [20]). To succeed, a plaintiff must prove real losses and show they must accept lower income because they cannot return to their pre-accident job (*Samuel Chai*

at [12]). If post-accident income exceeds pre-accident earnings, the claim fails (*Samuel Chai* at [14]).

64 There is no evidence that the plaintiff cannot return to his pre-accident security work because of injuries from the 2014 Accident. His injuries from the 2014 Accident healed by March 2015. Although he had periods of unemployment following the 2014 Accident, he left these jobs for reasons unrelated to the 2014 Accident. For example, he testified that he left Security Enforcer in 2015 because he no longer wanted to work as a security officer. He left Cisco and Triple S in 2020 and 2021 because the companies wanted to terminate him for operational reasons, not because he could not do the work.

Whether damages should be awarded for loss of earning capacity

65 Damages for loss of earning capacity compensate for the risk or disadvantage which a plaintiff will face in securing an equivalent job if they lose their current position (*Samuel Chai* at [20], affirmed in *Yvonne Yap* at [69]). Since loss of earning capacity is compensatory, the plaintiff must prove that the risk involved is real and substantial, not merely speculative (*Samuel Chai* at [36]). The plaintiff did not provide any evidence to show that he would suffer such risk or disadvantage from the minor injuries caused by the 2014 Accident. Dr Kumar confirmed that those injuries have settled, and the plaintiff is unlikely to have any long-term problems from them. There is therefore no basis for awarding damages for loss of earning capacity.

Whether damages should be awarded for the plaintiff's expenses

Whether damages should be awarded for pre-trial medical and transport expenses

66 The plaintiff claimed about S\$4,936 for medical expenses, S\$578 for medical equipment, and S\$3,500 for transport expenses until the date of assessment. The defendant submitted that the plaintiff was only entitled to S\$108 for medical expenses and S\$20 for transport expenses.

67 The plaintiff can only recover the medical and transport expenses arising from the abrasions and soft tissue injuries caused by the 2014 Accident. These injuries were treated at NUH on the day of the 2014 Accident and did not require any further medical intervention. They eventually healed without issue, as confirmed by Dr Kumar when he saw the plaintiff on 10 March 2015. For the treatment at NUH, the plaintiff incurred S\$108. Accordingly, I award him S\$108 for these medical expenses.

68 The plaintiff claimed medical equipment costs for a walking cane, neck brace, “Bio Back Support Waist Belt”, knee support, “High Impact Stabiliser Insole”, electric heat pad and back brace. There is no evidence that this equipment was necessary or recommended by medical professionals for treating the abrasions and soft tissue injuries caused by the 2014 Accident (*Poh Huat Heng Corp Pte Ltd and others v Hafizul Islam Kofil Uddin* [2012] 3 SLR 1003 at [63]). There is also no evidence of such purchases, even though such evidence, for example, in the form of receipts or bank account statements, would have been easily retrievable. I therefore find no reason to award damages for the expenses claimed.

69 For transport expenses, the plaintiff was taken to NUH by ambulance. The plaintiff did not provide evidence that he paid any fees for the trip to NUH. However, it would be reasonable for him to incur fees travelling from NUH back home. A reasonable estimate of such fees is S\$30.

Whether damages should be awarded for future medical and transport expenses

70 The plaintiff claimed S\$144,845.20 for future medical expenses covering various surgical procedures, including bone graft and fusion, surgical decompression for foraminal stenosis, and arthroscopic surgery. He also sought S\$6,500 for transport expenses between hospital, polyclinic and home from 2022 to 2035 (see, however, the plaintiff's closing submissions, where he sought a sum of S\$3,500). The defendant disputes these claims for lack of evidence.

71 I accept the defendant's submission and decline to award damages for future transport expenses. A plaintiff may recover only those future medical expenses reasonably attributable to the defendant's tort (*Pollmann, Christian Joachim v Ye Xianrong* [2021] 5 SLR 1111 at [151]). Since the evidence does not establish any need for future medical treatment arising from the plaintiff's abrasions and soft tissue injuries sustained in the 2014 Accident, there is no basis for such an award.

72 Moreover, even Dr Ng, the plaintiff's treating doctor, does not support surgical intervention for his present condition (NE dated 7 March 2025 at 40–41). Dr Ng stated clearly that he would not recommend surgical intervention because it would not resolve all the plaintiff's symptoms. The symptoms are not specific to any spinal level, making it difficult to determine which level to target for surgery. Dr Ng would only consider surgical decompression and fusion if

the plaintiff's symptoms were primarily due to nerve compression in the spine, and if such compression became more severe with clinical symptoms clearly attributable to the compression. This is not the current situation, nor was it the case after the 2014 Accident.

73 Dr Paul similarly confirmed in his report dated 11 February 2020 that there were no plans for knee surgery. The plaintiff had declined minimally invasive arthroscopic meniscus repair despite Dr Paul's recommendation to undergo the procedure. None of the medical experts have confirmed, on a balance of probabilities, that future surgical intervention is required. Accordingly, there is no basis for an award for future surgical costs.

Conclusion

74 For the reasons above, the plaintiff has failed to prove, on a balance of probabilities, that the 2014 Accident caused the majority of injuries and losses claimed. The experts' testimonies and contemporaneous medical records show that the plaintiff sustained only minor injuries that resolved without any lasting consequence. I am therefore unable to accept the plaintiff's assertions to the contrary. Accordingly, I award damages strictly limited to the compensable injuries supported by the evidence, together with the resultant loss of earnings and expenses incurred.

Shen Wanqin
Deputy Registrar

Ms Nirmala Ravindran (Law Connect LLC) for the plaintiff;
Ms Shahira Binte Mohd Anuar (Securus Legal LLC) for the
defendant.