

**Form 12**

**IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE**

MC / DC Originating Claim No. \_\_\_\_\_ of 20

Between

( \_\_\_\_\_ )

... Claimant

And

( \_\_\_\_\_ )

... Defendant

**JOINT OPENING STATEMENT**

*(For Personal Injury Claims)*

1. Assessment of damages hearing no. ( \_\_\_\_\_ ) in respect of the present matter is to be heard before the Honourable Court on ( \_\_\_\_\_ date \_\_\_\_\_ ) at 9.30am / 2.30pm.
  
2. Interlocutory judgment was entered at ( \_\_\_\_\_ ) % in the claimant’s favour with damages to be assessed, costs, interests and disbursements to be reserved to the Registrar on ( \_\_\_\_\_ date \_\_\_\_\_ ). *[If by consent, to state that interlocutory judgment was entered by consent of parties].*
  
3. A summary of the claimant’s profile is as follows:
  - (a) Date of accident:
  
  - (b) Gender of claimant:
  
  - (c) Claimant’s age at time of accident:

(d) Claimant's occupation at time of accident:

(e) Claimant's income per month at time of accident:

(f) Claimant's present age:

(g) Claimant's present occupation:

(h) Claimant's present income per month:

4. A summary table of the parties' respective positions on quantum is annexed herewith as an "Annexure" to the opening statement.

5. Item number(s) ( ) of the claimant's claim has/have been agreed between the parties.

Dated this ( )

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**SOLICITORS FOR THE CLAIMANT**

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**SOLICITORS FOR THE DEFENDANT/  
INTERVENER/ THIRD/ FOURTH PARTY  
(Delete/Amend where necessary or mark as "N.A")**

**ANNEXURE<sup>1</sup>**

| <b><u>NO.</u></b> | <b><u>HEAD OF DAMAGES CLAIMED</u></b> | <b><u>CLAIMANT'S SUBMISSIONS ON QUANTUM</u></b>   | <b><u>CLAIMANT'S EXPERT REPORT</u></b><br><i>[Please include pg ref. from Bundle of Documents]</i> | <b><u>CLAIMANT'S DOCUMENTS IN SUPPORT</u></b><br><i>[Please include pg ref. from Bundle of Documents]</i> | <b><u>DEFENDANT'S SUBMISSIONS ON QUANTUM</u></b>  | <b><u>DEFENDANT'S EXPERT REPORT</u></b><br><i>[Please include pg ref. from Bundle of Documents]</i> | <b><u>DEFENDANT'S DOCUMENTS IN SUPPORT</u></b><br><i>[Please include pg ref. from Bundle of Documents]</i> |
|-------------------|---------------------------------------|---|--|---|---|---|--|
| <b><u>(I)</u></b> | <b>PAIN AND SUFFERING</b>             |   |  |   |   |   |  |
| 1                 | Nature of Injury                      | \$<br><br><u>Authorities:</u><br>(1) Case Name Award Given<br><br>(2) Case Name Award Given | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____         | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____  | \$<br><br><u>Authorities:</u><br>(1) Case Name Award Given<br><br>(2) Case Name Award Given | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____          | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____   |

<sup>1</sup> Parties may modify the table above for the purposes of including the position(s) of additional parties in the action.

|   |                  |   |  |  |   |  |  |
|---|------------------|---|--|--|---|--|--|
| 2 | Nature of Injury | \$<br><br><br><br><u>Authorities:</u><br>(1) Case Name<br>Award Given<br><br>(2) Case Name<br>Award Given | 1) Medical<br>Report by Dr<br>_____<br>Pg _____<br><br>2) Medical<br>Report by Dr<br>_____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$<br><br><br><br><u>Authorities:</u><br>(1) Case Name<br>Award Given<br><br>(2) Case Name<br>Award Given | 1) Medical Report<br>by Dr _____<br>Pg _____<br><br>2) Medical Report<br>by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |
| 3 | Nature of Injury | \$<br><br><br><br><u>Authorities:</u><br>(1) Case Name<br>Award Given<br><br>(2) Case Name<br>Award Given | 1) Medical<br>Report by Dr<br>_____<br>Pg _____<br><br>2) Medical<br>Report by Dr<br>_____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$<br><br><br><br><u>Authorities:</u><br>(1) Case Name<br>Award Given<br><br>(2) Case Name<br>Award Given | 1) Medical Report<br>by Dr _____<br>Pg _____<br><br>2) Medical Report<br>by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |

|       |                          |  |   |   |  |   |   |
|-------|--------------------------|--|---|---|--|---|---|
| (II)  | LOSS OF EARNING CAPACITY | <p>\$</p> <p><u>Authorities:</u><br/>(1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>  | <p>1) Medical Report by Dr _____<br/>Pg _____</p> <p>2) Medical Report by Dr _____<br/>Pg _____</p> | <p>1) _____<br/>Pg _____</p> <p>2) _____<br/>Pg _____</p> | <p>\$</p> <p><u>Authorities:</u><br/>(1) Case Name Award Given</p> <p>(2) Case Name Award Given</p>  | <p>1) Medical Report by Dr _____<br/>Pg _____</p> <p>2) Medical Report by Dr _____<br/>Pg _____</p> | <p>1) _____<br/>Pg _____</p> <p>2) _____<br/>Pg _____</p> |
| (III) | LOSS OF FUTURE EARNINGS  | <p>Multiplier: _____ years x<br/>Multiplicand:<br/>\$ _____ =<br/>\$</p> <p><u>Authorities:</u><br/>(1) Case Name Award Given</p> <p>(2) Case Name Award Given</p> | <p>1) Medical Report by Dr _____<br/>Pg _____</p> <p>2) Medical Report by Dr _____<br/>Pg _____</p> | <p>1) _____<br/>Pg _____</p> <p>2) _____<br/>Pg _____</p> | <p>Multiplier: _____ years x<br/>Multiplicand:<br/>\$ _____ =<br/>\$</p> <p><u>Authorities:</u><br/>(1) Case Name Award Given</p> <p>(2) Case Name Award Given</p> | <p>1) Medical Report by Dr _____<br/>Pg _____</p> <p>2) Medical Report by Dr _____<br/>Pg _____</p> | <p>1) _____<br/>Pg _____</p> <p>2) _____<br/>Pg _____</p> |

|      |   |    |  |  |    |  |  |
|------|---|----|--|--|----|--|--|
| (IV) | FUTURE MEDICAL EXPENSES & TREATMENTS                        | \$ | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$ | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |
| (V)  | OTHER ITEMS OF GENERAL DAMAGES [Includes Dependency Claims] | \$ | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$ | 1) Medical Report by Dr _____<br>Pg _____<br><br>2) Medical Report by Dr _____<br>Pg _____ | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |

| (VI) | SPECIAL DAMAGES            |   |  |  |   |  |  |
|------|----------------------------|---|--|--|---|--|--|
| 1    | Medical Expenses           | \$                                      |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$                                      |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |
| 2    | Transport Expenses         | \$                                      |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$                                      |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |
| 3    | Pre-Trial Loss of Earnings | \$ _____ per month for _____ month = \$ |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ | \$ _____ per month for _____ month = \$ |  | 1) _____<br>Pg _____<br><br>2) _____<br>Pg _____ |

|   |                                |          |  |                         |          |  |                         |
|---|--------------------------------|----------|--|-------------------------|----------|--|-------------------------|
| 4 | Other items of Special Damages | \$       |  | 1)<br>_____<br>Pg _____ | \$       |  | 1)<br>_____<br>Pg _____ |
|   | TOTAL                          | \$       |  |                         | \$       |  |                         |
|   | (at _____%)                    | \$ _____ |  |                         | \$ _____ |  |                         |