

## REQUEST FOR MEDIATION

Singapore Mediation Centre  
 1 Supreme Court Lane, Level 4  
 Singapore 178879  
 Tel: (65) 6252 4226 Fax: (65) 6333 5085  
 Email: [smcregistry@sal.org.sg](mailto:smcregistry@sal.org.sg) Website: [www.mediation.com.sg](http://www.mediation.com.sg)

REQUEST FOR MEDIATION	
<p>The Applicant(s) and the Respondent(s) request for mediation under the prevailing SMC Mediation Procedure Rules ("<a href="#">Rules</a>") and agree to abide by the same.</p> <p>Have all the parties agreed to mediate this matter?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes (Respondent(s) are to provide their signatures on page A-5)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p> <p>Pursuant to Rule 2 of the Rules, please state the name(s) of the Unconfirmed Parties (if any):</p> <p>_____</p>	
IMPORTANT NOTES	
<ol style="list-style-type: none"> <li>1. Please copy all the parties to the dispute when sending the Request for Mediation to SMC.</li> <li>2. A non-refundable filing fee shall be payable pursuant to Rule 3.1 of the Rules.</li> </ol>	
DETAILS OF COURT PROCEEDINGS (if any)	
Suit Number: <i>(if applicable)</i>	
Stage of Proceedings*: <i>(if applicable)</i>  <i>*refer to Supreme Court website <a href="https://www.judiciary.gov.sg/new-rules-of-court-2021">https://www.judiciary.gov.sg/new-rules-of-court-2021</a></i>	<input type="checkbox"/> Pre-Litigation <input type="checkbox"/> Before Close of Pleadings <input type="checkbox"/> After Close of Pleadings <input type="checkbox"/> AEICs Before Discovery <input type="checkbox"/> Before Filing of Single Application Pending Trial <input type="checkbox"/> AEICs After Discovery <input type="checkbox"/> During Trial/Arbitration <input type="checkbox"/> Pending Appeal before Appellate Division <input type="checkbox"/> Pending Appeal before Court of Appeal
Was mediation directed by the Courts under Order 5 of the Rules of Court 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please indicate how parties decided to come for mediation: <input type="checkbox"/> By Parties' agreement <input type="checkbox"/> Pursuant to a mediation clause <input type="checkbox"/> Pursuant to ADR Offer (Form 4 of Appendix B) / Response to ADR Offer (Form 5 of Appendix B) [see Part 6, Paragraph 54 Supreme Court Practice Directions 2021]

If mediation was directed under Order 5 of the Rules of Court 2021, please indicate who made the Order	<input type="checkbox"/> State Courts	Name of DJ: _____
	<input type="checkbox"/> High Court (General Division)	Name of Judge/JC: _____
	<input type="checkbox"/> High Court (Appellate Division)	Name of Judge/JC: _____
	<input type="checkbox"/> High Court (Singapore International Commercial Court)	Name of Judge: _____
	<input type="checkbox"/> Court of Appeal	Name of Judge of Appeal: _____
<p><i>Please tick the appropriate box</i></p> <p><input type="checkbox"/> Mediation was directed under Order 5 of the Rules of Court 2021</p> <p><input type="checkbox"/> Parties have come for mediation pursuant to a Judge's / Registrar's Case Conference (JCC/RCC)</p>	<p>Date of Order: _____</p> <p>Please state the date of the next JCC/RCC: _____</p>	
Please state the date by which mediation must be completed (if any)		

**APPLICANT(S)**

*(Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)*

*If court proceedings have started, please tick the applicable box*

Claimant  Defendant  Third Party

**Applicant(s) Contact Particulars**

Salutation: <i>(if applicable)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name(s) of Individual(s)/Organisation(s):	
Address <i>(if not legally represented):</i>	
Contact No <i>(if not legally represented):</i>	Tel: Fax:
Email Address <i>(if not legally represented):</i>	

<b>Legal Representative(s) Contact Particulars (if any)</b>	
Salutation: <i>(if applicable)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name:	
Law Firm:	
Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	

<b>RESPONDENT(S)</b> <i>(Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)</i>	
<i>If court proceedings have started, please tick the applicable box</i>	
<input type="checkbox"/> Claimant <input type="checkbox"/> Defendant <input type="checkbox"/> Third Party	
<b>Respondent(s) Contact Particulars</b>	
Salutation: <i>(if applicable)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name(s) of Individual(s)/Organisation(s):	
Address <i>(if not legally represented):</i>	
Contact No <i>(if not legally represented):</i>	Tel: Fax:
Email Address <i>(if not legally represented):</i>	
<b>Legal Representative(s) Contact Particulars (if any)</b>	
Salutation:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name:	
Law Firm:	
Address:	
Contact No:	Tel: Fax:
Email Address:	
Reference Number:	

**DETAILS OF THE DISPUTE**

Quantum of claim: S\$

Quantum of counterclaim: S\$

\* *The Dispute Amount shall be determined pursuant to Rule 9 of the Rules.***Type of Dispute**

- |   |   |
|---|---|
| <input type="checkbox"/> Agency                             | <input type="checkbox"/> Joint Venture/Partnership        |
| <input type="checkbox"/> Banking/Financial Instruments      | <input type="checkbox"/> MCST Matters                     |
| <input type="checkbox"/> Club (Social/Recreational) Matters | <input type="checkbox"/> Personal Injury                  |
| <input type="checkbox"/> Company/Shareholders               | <input type="checkbox"/> Professional Malpractice         |
| <input type="checkbox"/> Building & Construction            | <input type="checkbox"/> Sale & Purchase of Real Property |
| <input type="checkbox"/> Defamation                         | <input type="checkbox"/> Sale/Supply of Goods & Services  |
| <input type="checkbox"/> Employment                         | <input type="checkbox"/> Sports                           |
| <input type="checkbox"/> Energy & Natural Resources         | <input type="checkbox"/> Shipping                         |
| <input type="checkbox"/> Information Technology             | <input type="checkbox"/> Tenancy                          |
| <input type="checkbox"/> Insolvency                         | <input type="checkbox"/> Torts                            |
| <input type="checkbox"/> Insurance                          | <input type="checkbox"/> Trust                            |
| <input type="checkbox"/> Intellectual Property              | <input type="checkbox"/> Probate & Administration         |
| <input type="checkbox"/> Others:                            |   |

[Please provide brief details of the dispute]

**AVAILABLE DATES FOR MEDIATION**

Number of days proposed for mediation:

[Where Applicant(s) and Respondent(s)  
have agreed to mediation]  
Please provide a few mutually available  
dates:

[To be filled by the Respondent only, if not  
mutually agreed earlier]  
Please provide a few available dates:

**MEDIATOR PREFERENCES**

Party-Selected Mediator(s):

*[Please note that when parties select their own mediator, the Party-Selected Mediator(s) is/are entitled to charge his/her commercial rates. SMC's prevailing Fee Schedule shall not apply.]*

Name(s): \_\_\_\_\_

SMC to appoint Mediator(s)

Mediator Criteria (if any) [ie *industry expertise, language proficiency* etc]:

**MEDIATION CLAUSE**

Is there an applicable mediation clause?

Yes

No

If Yes, please annex a copy.

Date by which mediation must be completed under the mediation clause:

**APPLICANT(S) SIGNATURE**

Name and Signature:

Date:

**RESPONDENT(S) SIGNATURE**

Name and Signature:

Date: