

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 Website: 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 ("Rules") and agree to abide by the same.</p> <p>Have all the parties agreed to mediate this matter? <input type="checkbox"/> Yes (Respondent(s) are to provide their signatures on page A-6) <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>	
IMPORTANT NOTES	
<ol style="list-style-type: none"> 1. Please copy all the parties to the dispute when sending the Request for Mediation to SMC. 2. A non-refundable filing fee shall be payable pursuant to Rule 3.1 of the Rules. 	
DETAILS OF COURT PROCEEDINGS (if any)	
Suit Number: <i>(if applicable)</i>	
Stage of Proceedings*: <i>(if applicable)</i> <i>*Refer to the Rules of Court 2021</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)	
<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	
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>	

Legal Representative(s) Contact Particulars (if any)	
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:	

RESPONDENT(S) <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	
Respondent(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>	
Legal Representative(s) Contact Particulars (if any)	
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\$	
<i>* The Dispute Amount shall be determined pursuant to Rule 9 of the Rules.</i>	
Type of Dispute	
<input type="checkbox"/> Agency <input type="checkbox"/> Banking/Financial Instruments <input type="checkbox"/> Club (Social/Recreational) Matters <input type="checkbox"/> Company/Shareholders <input type="checkbox"/> Building & Construction <input type="checkbox"/> Defamation <input type="checkbox"/> Employment <input type="checkbox"/> Energy & Natural Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Insolvency <input type="checkbox"/> Insurance <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Others:	<input type="checkbox"/> Joint Venture/Partnership <input type="checkbox"/> MCST Matters <input type="checkbox"/> Personal Injury <input type="checkbox"/> Professional Malpractice <input type="checkbox"/> Sale & Purchase of Real Property <input type="checkbox"/> Sale/Supply of Goods & Services <input type="checkbox"/> Sports <input type="checkbox"/> Shipping <input type="checkbox"/> Tenancy <input type="checkbox"/> Torts <input type="checkbox"/> Trust <input type="checkbox"/> Probate & Administration
[Please provide brief details of the dispute]	

AVAILABLE DATES FOR MEDIATION	
Number of days proposed for mediation:	
<i>[Where Applicant(s) and Respondent(s) have agreed to mediation]</i> Please provide a few mutually available dates:	
<i>[To be filled by the Respondent only, if not mutually agreed earlier]</i> Please provide a few available dates:	

ARRANGEMENTS FOR THE MEDIATION

Mediation venue:

- Parties prefer the SMC Mediation Chambers at Supreme Court;
- Parties will require assistance to book an external mediation venue; or
- Parties will make their own arrangements for the mediation venue.

Food & Beverage (only applicable if the mediation takes place at the SMC Mediation Chambers):

- Parties will require SMC to make catering arrangements; or
- Parties will not require any catering.

MEDIATOR APPOINTMENT 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) [i.e., *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:

