

## REQUEST FOR MEDIATION

Singapore Mediation Centre  
 1 Supreme Court Lane, Level 4  
 Singapore 178879  
 Tel: (65) 6332 4366 Fax: (65) 6333 5085  
 Email: [enquiries@mediation.com.sg](mailto:enquiries@mediation.com.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?  <input type="checkbox"/> Yes (Respondent(s) are to provide their signatures on page A-4)  <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	
<p>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.</p>	
DETAILS OF COURT PROCEEDINGS (if any)	
Suit Number: <i>(if applicable)</i>	
Stage of Proceedings: <i>(if applicable)</i>	<input type="checkbox"/> Before the close of pleadings <input type="checkbox"/> Before general discovery <input type="checkbox"/> After general discovery <input type="checkbox"/> Before filing of AEICs <input type="checkbox"/> During trial/arbitration <input type="checkbox"/> Post-trial/pending appeal
Was mediation suggested by the Court:	<input type="checkbox"/> ADR Offer (Supreme Court Practice Direction) <input type="checkbox"/> By AR/Judicial Officer <input type="checkbox"/> By Court of Appeal
Date of next Pre-Trial Conference:	
Date by which mediation must be completed:	

<b>APPLICANT(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"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Third Party	
<b>Applicant(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: <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"/> Plaintiff <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\$  <i>* The Dispute Amount shall be determined pursuant to Rule 9 of the Rules.</i>			
Type of Dispute			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 &amp; Construction  <input type="checkbox"/> Defamation  <input type="checkbox"/> Employment  <input type="checkbox"/> Energy &amp; Natural Resources  <input type="checkbox"/> Information Technology  <input type="checkbox"/> Insolvency  <input type="checkbox"/> Insurance  <input type="checkbox"/> Intellectual Property  <input type="checkbox"/> Others:               </td> <td style="width: 50%; vertical-align: top;"> <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 &amp; Purchase of Real Property  <input type="checkbox"/> Sale/Supply of Goods &amp; 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 &amp; Administration               </td> </tr> </table>		<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
<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]			

<b>AVAILABLE DATES FOR MEDIATION</b>	
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:	
<b>MEDIATOR PREFERENCES</b>	
<input type="checkbox"/> Party-Selected Mediator(s): <i>[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 <u>not</u> apply.]</i>	
Name(s): _____	
<input type="checkbox"/> SMC to appoint Mediator(s)	
Mediator Criteria (if any) [ie <i>industry expertise, language proficiency</i> etc]:	
<b>MEDIATION CLAUSE</b>	
Is there an applicable mediation clause?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please annex a copy.	
Date by which mediation must be completed under the mediation clause:	
<b>APPLICANT(S) SIGNATURE</b>	
Name and Signature:	
Date:	
<b>RESPONDENT(S) SIGNATURE</b>	
Name and Signature:	
Date:	