OFFICE OF THE CHIEF REGISTRAR OF
THE FEDERAL COURT OF MALAYSIA

MALAYSIAN BAR

A JOINT PUBLICATION BY THE OFFICE OF THE CHIEF REGISTRAR
OF THE FEDERAL COURT OF MALAYSIA AND THE MALAYSIAN BAR

REVISED COMPENDIUM OF PERSONAL INJURY AWARDS 2026

CONTENTS

(As at 27 July 2026)

PREFACE

In early 2007, the Kuala Lumpur Bar highlighted the inconsistency of awards to YABhg. Tun Datuk Seri Panglima Richard Malanjum, the then-Chief Judge of Sabah and Sarawak (who would become Chief Justice of Malaysia in July 2018 till April 2019) and proposed that a compendium would ideally serve the purpose of expediting matters in Court. Thereafter, the Kuala Lumpur Bar (KL Bar) was engaged by the YABhg. Tun Datuk Seri Panglima Richard Malanjum to propose a pre-action protocol for personal injury matters on a trial basis in the KL Courts.

The pre-action protocol did not materialise but the proposal to have a compendium was eventually pursued. In 2007, the KL Bar set up a working committee chaired by Mr. R. Ravindra Kumar, to draft the compendium. When the draft of the Compendium of Personal Injury Awards ("Compendium") was completed, a Task Force to Review the Compendium of Personal Injury Awards ("Task Force") was formed.

Throughout June 2009 to April 2010, the Task Force worked on reviewing the Compendium, constantly seeking to improve by requiring Members of the Bar for feedback vide Circular No. 173/2009 dated 19 June 2009, Circular No. 286/2009 dated 15 October 2009 and Circular No. 335/2009 dated 10 December 2009.

The Task Force completed its review on 7 May 2010 and on 2 September 2010, submitted the Revised Compendium of Personal Injury Awards (Revised Compendium) to YABhg.Tun Dato' Seri Arifin bin Zakaria, the then-Chief Justice of Malaysia.

YABhg. Tun Dato' Seri Arifin bin Zakaria via a letter dated 11 October 2010 informed that the Judiciary was agreeable with the proposed quanta in the Compendium. Thereafter, Circular No. 258/2010 dated 26 October 2010 was issued, informing Members of the Bar of the Judiciary's decision.

In 2013, The Task Force undertook to review and update the Compendium. After receiving feedback from Members of the Bar, the Task Force finalised

and upon receiving the approval of the Judiciary, released the Revised Compendium dated 17 April 2014 vide Circular No. 210/2014 dated 17 September 2014.

In mid-2017, the Task Force under the Chairmanship of Mr. R. Ravindra Kumar and Mr Ravinder Singh Dhalliwal reviewed the Revised Compendium. Several new injuries with the quantum were incorporated in the Revised Compendium.

The Revised Compendium is merely a guideline, and is intended to be a quick reference document for the judges and lawyers. The Revised Compendium is not meant to stifle the rights of the Parties to submit below or above the stipulated quantum, nor it is meant to fetter the Courts' discretion. As such, judges and lawyers are at liberty to depart from the Revised Compendium in the event Case Law or factual circumstances so dictate. In this connection, it would be appropriate to look at the current trend and attitude of the Courts when adopting figures from the Revised Compendium. In the case of **ABDUL WAFFIY BIN WAHUBBI & ANOR v. A K NAZARUDDI BIN AHMAD [2017] 2 PIR 1,** the Court by way of obiter stated as follows:

> *[39] It is axiomatic and imperative that when awarding damages for pain and suffering for personal injuries, the court must endeavour to ensure that the sum awarded falls within the range as stipulated in the Compendium and it would be wrong for trial courts to ignore the range of damages as recommended in the Compendium and to pluck a quantum from the air and make an award for a particular injury which does not resonate with the range in the Compendium.*
>
> *I would also venture to say that it is the duty of counsel on both sides to guide the court to make an award which falls within the range as provided in the Compendium. Of course, even then there has to be medical evidence to support an award which leans towards either the higher or lower end of the range. Having said that, I do accept that the Compendium is not a statutory code but only a guideline which does not fetter the court's discretion and that the court is, subject to exceptional factual circumstances, at liberty to depart from the Compendium.*

> *[40] But, it would take compelling and extenuating facts (medical evidence) to persuade a court to depart from the Compendium. Otherwise, the Compendium will be rendered useless in so far achieving consistency in awards for damages for personal injuries. Under each injury, a range of figures have been tabulated, based on the contemporary trend of awards in Malaysian Courts, and should be adapted to suit the particular type and nature of an injury being dealt.*

Naturally the lower figure suggested is reflective of the relatively minor nature of that simple injury under that particular head, rising in value, depending on a variety of factors, but not necessarily confined to any complications that may arise from that injury, but also taking into account the position of the person suffering that injury, particularly in relation to the issue of loss of amenities, which is separate from the question of pain and suffering.

This guide begins with the setting out of orthopaedic injuries from top to toe, literally, and then deals with internal injuries affecting the organs, including the brain and the newly added external injuries and miscellaneous conditions.

It is pertinent to note that an overlap of injuries, both external and internal, may inevitably occur, in which case the principle of overlapping of injuries will have to be taken into account.

Sincere thanks and appreciation ought to be recorded to the Task Force's members for their assistance and valuable contribution as well as the Bar Council Secretariat, Ms. Najwa Syazwani Aqilah Bt. Abd Hamid.

DATUK JAGJIT SINGH
21 December 2017

NOTE TO THE REVISED EDITION 2026

We are pleased to present the Revised Compendium of Personal Injury Awards 2026, the culmination of three years of hard work, careful deliberation and the collective efforts of the Bar Council Personal Injury Claims and Awards Committee.

Over the course of three years, the Committee undertook a comprehensive review of the 2018 Compendium. This involved a thorough reassessment of the quantum of damages across a broad range of injuries to ensure that the Compendium continues to reflect current judicial trends and evolving legal principles. New categories were introduced where necessary, and the existing guidelines refined, with the aim of making the Compendium a more comprehensive and practical reference for the Bench, the Bar and all stakeholders.

The review was carried out through close consultation and engagement with the Judiciary, Persatuan Insurans Am Malaysia (PIAM), insurers and practitioners. For the first time, an actuarial report was commissioned to provide an objective basis for the recalibration of awards, adding a further empirical dimension to the revised figures and strengthening the integrity of the Compendium.

No publication of this nature is the work of any one individual. It is the product of a committee whose members generously devoted their time, experience and professional judgment over a period of three years. I record my appreciation to every member of the Personal Injury Claims and Awards Committee for their commitment and professionalism. Without their collective efforts, this Revised Compendium would simply not have been possible.

The Committee records its sincere gratitude to **YBhg. Dato' Haji Mohamad Ezri bin Haji Abdul Wahab**, President of the Malaysian Bar (2024–2026), for his steadfast support of the Committee throughout this exercise, and to **Mr. Anand Raj**, President of the Malaysian Bar, for his continued support in bringing this Revised Compendium to publication. Our thanks are equally due to **Mr. Rajen Devaraj**,

Chief Executive Officer of the Malaysian Bar, and the staff of the Bar Council Secretariat, whose assistance, commitment and efficiency throughout this project were invaluable. The Committee wishes to express its sincere appreciation to **YBrs. Tuan Azhaniz Teh bin Azman Te**h, Chief Registrar of the Federal Court of Malaysia, **YBrs. Tuan Mohammed Mokhzani bin Mokhtar**, Registrar of the Subordinate Courts of Malaya, and their respective teams for their invaluable guidance and unwavering support throughout the preparation of this publication.

On a personal note, I wish to express my sincere thanks to my Co-Deputy Chairpersons, **Mr. Kenneshwaran Kandiah (**2024/2027) and **Mr. Balakrishna Balaravi Pillai (BK Pillai)** (2025/2027). It has been a privilege to work alongside them throughout this undertaking. I also take this opportunity to welcome Co-Chairperson **Surendran Chelvarajah** and Co-Deputy Chairperson **Tengku Hezrul Anuar bin Tengku Abdul Samad** to the leadership of the Committee. Although they joined us towards the conclusion of this project, I very much look forward to working with them in the years ahead. It is our hope that this Revised Compendium will continue to serve the Bench, the Bar, insurers and all stakeholders as a practical and reliable guide in the assessment of personal injury claims, promoting greater consistency, fairness and confidence in the assessment of damages while preserving the discretion of the Courts to do justice in the individual case.

RAVINDER SINGH DHALLIWAL
Chairperson
Bar Council Personal Injury Claims and Awards Committee

GUIDELINES FOR ADJUSTING CLAIMS DUE TO CLAIMANT'S DEMISE BEFORE TRIAL

In assessing damages for pain and suffering, courts typically assume that the plaintiff will experience the full extent of pain, medical treatment, recovery, and, where applicable, permanent disability. However, if the claimant passes away before trial, this assumption is no longer valid, as death may curtail or eliminate future suffering and loss of amenities. As such, the court may apply deductions to the awarded amount based on:

- The **severity of the injuries**
- The **degree of pain and suffering endured**
- The **level of awareness of pain** (if consciousness is affected)
- The **time elapsed between injury and death**

The principle remains one of **fair compensation**—ensuring the award reflects the actual period of suffering experienced rather than future projections that death has rendered irrelevant.

Categorisation of Cases and Suggested Deductions

Scenario 1: Fully Recovered or Minimal Disability Before Death

- Applies to **minor injuries** (e.g., cuts, bruises, simple fractures) where the claimant had **already resumed normal life** before passing away.
- Since the pain and suffering had already been endured, **no deductions** are applied beyond what the Compendium normally assigns for minimal disability.

Scenario 2: Severe Injuries Leading to Prolonged Incapacitation and Death

- Applies to **catastrophic injuries** (e.g., severe brain or spinal injuries) where the plaintiff **survives with major disabilities before ultimately succumbing to those injuries**.

- The assumption that the claimant will suffer indefinitely is negated by death, necessitating deductions based on survival duration:

Survival Duration	**Recommended Deduction**
Less than 3 months	80% – 90% deduction
3 months to 1 year	50% – 80% deduction
1 year or more	20% – 50% deduction

These deductions apply to conditions like **psychosis, persistent vegetative state (PVS), quadriplegia, or bedridden states with awareness**, as the Compendium already accounts for awareness and varying severity within its range of awards.

<u>Scenario 3: Moderate Injuries with Expected Temporary Pain and Suffering</u>

- Applies to injuries **projected to cause pain and suffering for 3 to 6 months,** but where death occurs before full recovery.
- Since pain is typically **front-loaded** in the initial months, deductions are applied accordingly:

Survival Duration	**Recommended Deduction**
Less than 1 week	80% – 90% deduction
1 week to 1 month	60% – 90% deduction
1 month to 3 months	40% – 70% deduction
3 months to 6 months	20% – 60% deduction
6 months onward	0% – 20% deduction

The more **severe and long-lasting** the injury, the **higher** the deduction should be. Conversely, minor injuries with **shorter recovery times** should attract **lower deductions** within the range.

General Principles

Applicability of the Revised Compendium

This Revised Compendium of Personal Injury Awards 2026 shall come into operation on 13 July 2026 and shall apply to all causes of action filed on or after 1 January 2026.

Causes of action commenced before 1 January 2026 should ordinarily be assessed by reference to the applicable earlier edition of the Compendium and the prevailing judicial authorities.

Overlapping

Where multiple injuries affect the same or proximate regions of the body, the principle of overlapping should be applied. In such cases, the Court should assess the injuries collectively rather than as entirely separate injuries, while exercising its discretion to arrive at a fair and appropriate award.

Unaddressed Injuries

Where injuries are not addressed in the Compendium, parties may write to the Bar Council to consider the addition and quantification of such injuries into the compendium.

General Terminology of Injuries

In quantifying a claim, practitioners should avoid generic descriptions of injuries and instead identify the injuries with as much medical precision as the available evidence permits.

ORTHOPAEDIC INJURIES

THE SKULL (CRANIUM)

The skull is composed of bone which is separated into different areas, and has the primary function of protecting the brain. Each specific area is not different from the other in terms of the pain generated from a fracture and can therefore be treated in the same way as far as quantum is concerned.

There are however instances where the skull is fractured badly that it shatters resulting in the necessity of removing these bone fragments and replacing the affected area with an artificial substance to protect the brain. This is called a cranioplasty and ought to be considered an injury attracting a higher figure.

No.	Injury	Low	High
1.	Parietal/Temporal/Frontal/Occipital/ Sphenoid bone or base of skull and other related fractures (per fracture)	13,500	20,000
2.	Any of these fractures requiring a cranioplasty	20,000	33,500
3.	Mastoid and/or styloid processes	10,000	15,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the head asymmetry.

FACIAL BONES

There are several bones in the face, which are sometimes separated, in medical literature, into their component parts, and at other times referred to in groups or 'complexes'. Therefore, any reference to the 'zygomatic complex' for instance, will in fact be a reference to both the zygoma and the orbit and may include part of the maxilla as well.

Mandibles are a little easier to deal with as they represent the most easily identifiable facial bone, which stretches from the ear to the chin on each side of the face and is usually referred to as the 'lower jaw'.

The alveolar is the bone in which the upper incisors are embedded and therefore its fracture inevitably involves some front teeth as well.

Facial fractures, more than any other fractures, give rise to much overlap in awards and therefore some understanding of the medical terminology used in describing these fractures should be appreciated before an appropriate choice of figures can be made.

A bilateral fracture describes fractures on both sides of the facial asymmetry.

No.	Injury	Low	High
1.	Mandible	16,000	33,500
2.	Maxilla, Le Fort I, II, or III	16,000	33,500
3.	Zygoma	10,000	13,500
4.	Orbit	8,000	10,500
5.	Alveolus	8,000	10,500
6.	Nasal Bone	8,000	13,500

7.	Palatine Bone	5,500	8,000
8.	Vomer Bone	5,500	8,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) the extent of facial distortion.

TEETH

There are several injuries that can be suffered by the teeth. They can be chipped, fractured, partially broken or lost, in an accident.

Whatever the damage, dental work is required apart from the initial trauma. The cosmetic effects of the loss of the front teeth also have to be considered when making an award under this head. A subtle distinction has also to be made in respect of the different types of teeth, i.e. incisor, molar and/or premolar.

The number of teeth lost, fractured or broken will also have an impact on an award, which may not necessarily involve overlapping, but may attract an 'exacerbated' or 'aggravated' award due to the loss of the ability to chew and digest food properly, the more teeth that are lost.

No.	Injury	Low	High
1.	Broken/Fractured tooth	3,000	3,500
2.	Loss of Tooth	3,500	4,000
3.	1 – 5 teeth affected	3,500	13,500
4.	5 – 10 teeth affected	13,500	24,000
5.	10 – 20 teeth affected	24,000	40,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried and the extent of injuries would affect the prospects of marriage;

(iv) whether the loss of the teeth would affect the facial asymmetry.

CLAVICLE AND SHOULDER

The clavicle is more commonly known as the collar bone, and the scapula the shoulder bone. Hardly anything goes wrong with fractures of these bones and there are normally insignificant disabilities associated therewith.

The most common disability with a fractured clavicle would be overlapping of the fractured ends resulting in a certain degree of shortening, which is not much of a functional disability except that the claimant may experience a little difficulty lifting his arm over his head.

No	Injury	Low	High
1.	Scapula	13,500	24,000
2.	Clavicle	14,500	31,500
3.	Dislocation acromioclavicular joint	13,500	24,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) whether the Plaintiff is male or female;
(ii) whether the injuries would affect the upper body asymmetry;
(iii) whether there is any shortening;
(iv) whether the injuries would have any effect on the nature of work or employment of the Plaintiff.

ARM IN GENERAL

There are 3 distinct sections of the human arm, namely the upper arm or humerus, the lower arm or the radius and ulna, and of course the hand, made up of a multitude of small bones called the carpals, metacarpals and the finger bones or phalanges, extending from the wrist in that order.

As human beings, we rely a great deal on the dexterity of our fingers and our opposed thumb. This is even more so when the dominant arm is involved. Consideration, therefore, must be given to the loss of amenities as part of general damages awardable to a claimant, as some severe injuries to any part of the arm may have a devastating effect on that claimant. Fractures near the joints of the arm may result in restricted movements of the elbow (olecranon) or wrist.

Contemporary treatment of fractures of the humerus, and radius and ulna involves an operation with internal fixation using titanium screws or plates. This form of treatment results in less disability but does involve invasive surgery.

Fractured fingers may appear to be a minor injury, but a resultant stiff or bent finger can be extremely troublesome, especially on the dominant hand.

No	Injury	Low	High
1.	Humerus	13,500	31,000
2.	Olecranon	13,500	33,500
3.	Radius	13,500	33,500
4.	Ulna	10,500	31,000
5.	Radius and ulna	24,000	40,500

6.	Carpal (scaphoid/lunate/triquetrum/ pisiform/trapezium/trapezoid, capitate/hamate) (per fracture)	5,500	9,500
7.	Metacarpal (hand)	4,500	6,500
8.	Phalange (finger)	4,500	16,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) whether the injuries of the arm would affect the body asymmetry;

(v) whether the injuries would have any effect on the nature of work or employment of the Plaintiff.

Amputations of any part of the hand, fingers or arm would attract awards proportional to the number of joints lost bearing in mind the paramount importance of the hand as the most important physical tool of any of the body's appendages.

Thus, an amputation at the wrist joint would almost be as devastating as an amputation through the upper arm. Cosmetically, it would be easier to fit a lower arm prosthesis than an upper arm one due to the absence of an elbow joint but functionally both would be of little assistance.

Special regard would have to be had to an amputation through the shoulder joint as the fitting of prosthesis would be very difficult and so damages would have to be at the higher end of the scale to reflect this.

AMPUTATIONS OF ARM

No	Injury	Low	High
1.	Amputation of little finger at proximal phalange	13,500	20,500
2.	Amputation of little finger at middle phalanx	11,500	16,000
3.	Amputation of little finger at distal phalange	10,500	13,500
4.	Amputation of index, middle and ring fingers at proximal phalange	24,000	27,000
5.	Amputation of index, middle and ring fingers at middle phalanx	19,000	21,500
6.	Amputation of index, middle and ring fingers at distal phalanges	16,000	19,000
7.	Amputation of 3 – 4 fingers	27,000	40,500
8.	Amputation of thumb at proximal phalange	20,000	27,000
9.	Amputation of thumb at distal phalange	16,000	20,000
10.	Amputation of all fingers and thumb	40,500	61,500
11.	Amputation of whole hand at wrist joint	46,500	67,000
12.	Amputation through elbow joint	61,500	67,000
13.	Amputation at mid-upper arm level	80,000	94,000
14.	Amputation at shoulder	100,000	106,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the amputation of the arm would affect the body asymmetry;
(v) whether the amputation would affect the nature of work or employment of the Plaintiff;
(vi) whether the amputation in a female Plaintiff would affect her ability to perform her household chores.

RIB CAGE

The ribs protect the chest cavity and the internal organs within the thorax. They are attached to the spinal column at one end and the sternum at the other.

Generally, a blunt impact to the chest wall may cause rib fractures, the treatment of which is conservative and usually involves a tight binding of the chest wall for about 3 weeks.

Sometimes a fractured rib may penetrate the chest wall and cause a puncture of one of the lungs. This may involve surgery to correct and possible re-inflation of the lung involved.

Multiple rib fractures may involve a certain degree of overlapping in an award.

No	Injury	Low	High
1.	Per Rib	4,500	5,500
2.	Sternum	10,500	13,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the injuries would affect the normal breathing of the Plaintiff.

PELVIS

The pelvis has a butterfly-like appearance, with one side mirroring the other. The larger upper “wings” are known as the **ilia** (each individual bone is called an **ilium**), while the smaller lower "wings" are known as the **pubic rami** (each individual bone is called a **pubic ramus**).

The femur attaches to the pelvis via the acetabulum or hip joint, located between the upper and lower structures.

The sacrum connects both sides of the iliac crescents together, and the pubic symphysis joins both pubic rami.

Pelvic injuries generally heal well without remedial treatment, but in some severe cases external fixation is required.

The disability normally associated with a severe disruption of the pelvic girdle or a separation of the symphysis pubis, or sacroiliac joint, is a pelvic ‘tilt’ affecting gait, or it may affect childbearing in a female.

No	Injury	Low	High
1.	Iliac crescent	10,500	16,000
2.	Sacroiliac joint	10,500	13,500
3.	Superior or inferior pubic ramus	16,000	24,000
4.	Diastasis symphysis pubis	13,500	27,000
5.	Bilateral fractures of ilia / pubic rami	20,000	33,500
6.	Sacrum	13,500	16,000
7.	Acetabulum	27,000	40,000
8.	Multiple hip fractures with hip disabilities	48,000	81,000
9.	Hip Dislocation with disabilities (minor-major)	17,000	45,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) whether the injuries would affect the waist asymmetry of the female Plaintiff;

(ii) whether the injuries would affect childbirth of a female of childbearing age;

(iii) age of the female Plaintiff and whether she has passed the biological childbearing age.

LEG IN GENERAL

The femur or upper leg is the longest bone in the body and attaches to the hip by a rounded top called the femoral head, to the acetabulum, in a ball and socket joint.

The knee is a complex structure protected by the patella or kneecap and supported by a number of ligaments which are important for stability.

The tibia and fibula form the lower leg. The fibula is a minor bone compared to the load-bearing tibia.

The ankle joint is made up of the bottom of the tibia and fibula (malleoli), followed by the foot consisting of the tarsals, metatarsals and phalanges in that order.

Fractures of the long bones of the leg are normally treated surgically and internal fixation involving titanium plates and screws. This procedure reduces the extent of any shortening of these bones by the overlapping of the fragments of a fracture.

Fractures of some of the bones of the leg, such as the malleoli and patella are generally fixed by screws whilst the foot bones are secured by K-wire fixation

Shortening and restriction of movement of the joints affected are the main sequelae of leg injuries whilst torn ligaments of the knee ought not to be treated lightly due to potential instability problems.

As mentioned earlier:

No	Injury	Low	High
1.	Femur	24,000	54,500
2.	Patella	16,000	20,500
3.	Knee ligament (per ligament)	20,000	33,500
4.	Tibia / tibial plateau	20,000	33,500
5.	Fibula	13,500	16,000
6.	Tibia and Fibula	24,000	47,000
7.	Femur or Tibia and fibula (with shortening)	40,500	67,000
8.	Lateral & Medial Meniscus	23,500	40,500
9.	Malleolus fracture	15,000	20,000
10.	Bimalleolar fracture	25,000	35,000
11.	Trimalleolar fracture	30,000	40,000
12.	Tarsal (Navicular, Cuneiform, Cuboid) Per fracture	10,500	16,000
13.	Metatarsal	8,000	13,500
14.	Phalange	4,500	8,000
15.	Calcaneum	13,500	20,000
16.	Loss of heel pad	13,500	33,500
17.	Lisfranc fracture	25,000	40,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the asymmetry of the lower limbs;
(v) the type of fracture;
(vi) the extent of shortening;
(vii) whether the nature of the injuries would affect the squatting activities of an active sportsmen/sportswomen.

Awards for the above injuries ought to be adjusted to accommodate the degree of disability occasioned by the particular injury or by multiple injuries to the bones of the leg, and do not necessarily involve adding up the award for each injury and arriving at a figure as an element of overlapping is always involved.

In any event, as a rule of thumb, no award should be made which would exceed an award for an above-knee amputation except in exceptional circumstances where the disabilities are so severe as to be worse than an amputation in terms of mobility and function.

AMPUTATIONS OF LEG/LEGS

No	Injury	Low	High
	TOE		
1.	Big Toe	13,500	16,000
2.	Little Toe	8,000	10,500
3.	2 – 4 Toes	16,000	33,500
4.	All Toes	24,000	41,000
	LEG		
5.	Foot	33,500	54,500
6.	At Ankle	61,500	68,000
7.	Below Knee	74,500	88,500
8.	Through Knee	88,500	94,000
9.	Above Knee	94,000	101,000
10.	At Hip	134,500	162,500
	BOTH LEGS		
11.	At Ankle	123,000	134,500
12.	Below Knee	145,500	159,000
13.	Through Knee	168,000	185,000
14.	Above Knee	196,000	218,500
15.	At Hip	285,500	347,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the amputation of the leg would affect the body asymmetry;
(v) whether the amputation would affect the nature of work or employment of the Plaintiff;
(vi) whether the amputation in a female Plaintiff would affect her ability to perform her household chores.

SPINAL/NERVE INJURIES

The spinal column is made up of a column of vertebra extending from the base of the skull to the sacrum and ending in the coccyx.

The vertebrae are divided, in descending order, into the cervical (C1 to C7), thoracic (T1 to T12), lumbar (L1 to L5), and sacral (S1 to S5) regions. The sacral vertebrae (S1 to S5) are separate during childhood and adolescence but normally fuse by early adulthood to form the sacrum. Each vertebra consists of a main bone with appendages called the transverse or spinous processes.

The spinal cord runs down the central canal of the spinal column and consists of nerve fibres from the brain, which supply the entire body, similar to a conduit of various cables transmitting electrical impulses to different parts of the body.

If this conduit is traumatised to the extent that the cables are damaged or severed, no electrical impulses can be transmitted, resulting in the loss of control to that part of the body supplied by the same.

As a rule of thumb, a victim becomes paralyzed below the level at which the trauma to the spinal cord occurs. Paralysis may be partial or complete. Grade 5 is used to denote full power of the limbs, whilst Grade 0 reflects complete paralysis. Some partial use of the limbs may be available in incomplete paralysis.

On occasion, nerve damage may occur to the nerves supplying the arms without damage to the spinal cord, and this is called a brachial plexus injury, commonly caused by trauma to the upper arm region.

No	Injury	Low	High
1.	Simple fracture of the body of a vertebrate (wedge/compression)	16,000	20,000
2.	Fractures of 2–5 vertebrae	24,500	47,000
3.	Fractures of vertebra causing restriction of movement of neck or back	24,500	47,000
4.	Fracture of the vertebra causing quadriplegia	336,000	470,500
5.	Fracture of the vertebra causing paraplegia	246,500	336,000
6.	Brachial plexus injury to upper limb	56,000	89,500
7.	Whiplash injury	10,000	16,000
8.	Sympathetic dystrophy (single – multiple)	3,500	9,000
9.	Slip disc/ Prolapse	8,000	10,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) whether the injuries would affect the overall body asymmetry;

(v) whether the injuries would affect the nature of work or employment of the Plaintiff.

INTERNAL INJURIES

BRAIN

Injuries to the brain are generally caused by blunt trauma to the skull, or velocity related trauma in which the brain is caused to recoil within the skull due to a sudden and violent halt. The brain is covered by a protective sheath called the dura. An injury to the brain may cause internal bleeding which puts pressure on the blood vessels supplying blood to the brain so that less blood is able to flow through it resulting in some of the cells being deprived of oxygen and dying as a result.

A subdural, or extradural haematoma, for instance, means that there is a build-up of blood under or above the dura and therefore the best way of treating the same is by a burr hole craniotomy which has the effect of releasing the build-up of pressure by making a 'release' hole in the skull.

The faster this is attended to, the less likely the brain will be damaged. The more of the brain that is deprived of oxygen, combined with the length of time it is deprived, will determine the extent of the brain tissue that dies and therefore the severity of brain damage.

The brain is a unique organ and therefore the extent of damage can sometimes be very subjective and can range from mild personality changes, aggressive behaviour, memory impairment, to more severe and debilitating manifestations such as intellectual impairment, loss of sight, speech, hearing, paralysis and becoming vegetative.

Brain injuries are some of the most difficult injuries to quantify with any precision due to the wide range of resultant disabilities that may occur, combined with the subjective nature of the sequelae.

It must be emphasised that when assessing multiple neurological disabilities arising from an injury to the brain, there should only be one global award taking into account the severity of all the disabilities together with any relevant overlapping of their neurological functions where reasonable. Such disabilities should include, but are not limited to, loss of memory, changes in behaviour or personality and intellectual impairment.

Head Injury

No	Injury	Low	High
1.	Cerebral concussion/loss of consciousness	6,500	
2.	Mild GCS $^{13}/_{15}$ – $^{14}/_{15}$	10,000	20,000
3.	Moderate GCS $^{9}/_{15}$ – $^{12}/_{15}$	25,000	50,000
4.	Severe GCS $^{3}/_{15}$ – $^{8}/_{15}$	50,000	80,000

Non-Cumulative Assessment of Head Injury Claims

Where a head injury is classified by reference to the Glasgow Coma Scale (GCS), such classification is intended to reflect the initial severity of the injury at presentation only. In cases where there is credible evidence of permanent or long-term residual impairment, including but not limited to cognitive, behavioural, intellectual, or motor deficits, an assessment of damages shall be made under the appropriate residual injury category, and not cumulatively with the GCS-based classification.

The GCS category shall therefore not attract a separate or additional award where residual sequelae are established, as this would result in duplication of compensation for the same underlying injury. In such circumstances, the residual condition is to be regarded as superseding the initial GCS classification, and the award should reflect the highest applicable category corresponding to the claimant's lasting functional impairment.

Residual Injury

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the overall intellectual mental capacity;
(v) whether the injuries would affect the nature of work or employment of the Plaintiff.

No	Injury	Low	High
1.	Subdural haematoma with burr hole craniotomy	20,000	33,500
2.	Mild personality or behavioural changes	27,000	54,500
3.	Memory impairment	27,000	61,500
4.	Intellectual impairment	67,000	201,500
5.	Motor impairment (paralysis on one side of body) hemiplegia	54,000	89,500
6.	Bedridden state with awareness	336,000	470,500
7.	Persistent vegetative state (coma)	201,500	269,000
8.	Retrograde amnesia	1,000	3,500

EYES

Damage to the eyes may be caused as a result of a brain injury affecting the optic nerve or a traumatic impact with a hard object. Enucleation means the complete removal of the whole eyeball.

Injuries to the eyes generally result in degrees of loss of vision to complete blindness. A specialist report will generally state the percentage loss of vision of the eye, and this is a good guideline for an award.

Again, the appropriate award will depend on the particular circumstances of the Plaintiff. For example, the impact of visual impairment is likely to be substantially greater for a commercial airline pilot, whose profession depends on excellent vision, than for a person whose occupation places less reliance on visual acuity.

No	Injury	Low	High
1.	Haematoma in 1 eye	3,500	4,500
2.	Haematoma in both eyes	4,000	5,000
3.	Loss of peripheral vision	13,500	27,000
4.	Diplopia (double vision)	13,500	27,000
5.	Traumatic cataract	6,500	10,500
6.	20% – 50% loss of vision in 1 eye	27,000	40,500
7.	20% – 50% loss of vision in both eyes	47,000	95,000
8.	50% – 80% loss of vision in 1 eye	33,500	80,500
9.	50% – 80% loss of vision in both eyes	67,000	162,500
10.	Blindness in 1 eye	94,000	101,000

11.	Blindness in both eyes	235,000	246,500
12.	Loss of eye	101,000	112,000
13.	Loss of both eyes	246,500	257,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) whether the injuries would affect the overall facial asymmetry;

(v) whether the injuries would affect the nature of work or employment of the Plaintiff.

EARS/HEARING

Damage to the ears can be caused by impact or by nervous damage.

External injury to the ears may result in the actual ear being ripped off, which will cause a cosmetic blemish as well as difficulty in trapping sound waves, resulting in some loss of hearing in that ear.

The tympanic membrane or eardrum can become perforated by trauma, which can lead to a degree of deafness, or the inner ear or cochlea can be affected by a disruption in nerve supply.

The degree of deafness varies depending on the trauma associated with the injury.

Tinnitus is a condition in which there is a constant 'ringing' in the ear.

No	Injury	Low	High
1.	Ear ripped off	6,500	20,000
2.	Tinnitus	13,500	27,000
3.	Partial loss of hearing in 1 ear	13,500	33,500
4.	Partial loss of hearing in both ears	40,500	61,600
5.	Complete loss of hearing in 1 ear	47,000	54,500
6.	Complete loss of hearing in both ears	123,000	134,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) whether the injuries would affect the overall facial asymmetry;

(v) whether the injuries would affect the nature of work or employment of the Plaintiff.

SENSE OF SMELL/TASTE

Damage to the olfactory nerve may result in a loss of sense of smell in varying degrees. The 9th cranial nerve serves the taste buds of the tongue.

Therefore, the cause of loss of taste or smell is more often than not associated with nerve damage as a result of trauma to the head and can be complete or partial.

In either case, the loss of amenity in being able to enjoy food and savour pleasant odours is what determines the quantum of an award.

No	Injury	Low	High
1.	Complete loss of sense of smell	47,000	54,500
2.	Complete loss of sense of taste	47,000	54,500
3.	Partial loss of sense of smell	13,500	41,000
4.	Partial loss of sense of taste	13,500	41,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the nature of work or employment of the Plaintiff.

VOICE BOX (LARYNX)

This is an organ situated at the upper end of the trachea and may sometimes be affected by a neck injury to the extent that the result of that trauma is a hoarse voice, a soft voice or even the total loss of the ability to speak.

Again, regard must be had to the particular circumstances of the Plaintiff. For example, an injury affecting the voice is likely to result in a substantially greater loss of amenities for a professional opera singer than for a person whose occupation does not depend on vocal performance.

No	Injury	Low	High
1.	Hoarseness	13,500	33,500
2.	Whisper	27,000	47,000
3.	Loss of voice	108,000	162,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the nature of work or employment of the Plaintiff.

LUNGS

The lungs are two inflatable bags on either side of the thorax, surrounded by a membrane called the pleura, and separated from the organs of the abdomen by a structure known as the diaphragm.

Lung damage is normally associated with trauma to the chest, fracture of a rib which punctures a lobe, and hemopneumothorax, which is an accumulation of blood and gas in the pleural cavity surrounding the lungs.

The diaphragm is important in the control of the normal breathing pattern, by expansion and contraction in association with the intercostals muscles between the ribs.

No	Injury	Low	High
1.	Collapse of lung (puncture)	6,500	8,500
2.	Diaphragm damage	20,000	24,500
3.	Hemopneumothorax	6,500	8,500
4.	Lung contusion	5,500	6,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;

(iv) whether the injuries would affect the normal breathing of the Plaintiff;

(v) whether the injuries would affect the nature of work or employment of the Plaintiff.

ABDOMEN

The abdomen contains a variety of internal organs whose primary functions are concerned with the digestion of food and the excretion of waste products. Some of these organs are not as important as others, and their loss has minimal aftereffects (such as a splenectomy). However, trauma to others may cause devastating effects (nephrectomy), requiring dialysis for life.

Any operation to investigate a trauma to the abdomen is generically referred to as a 'laparotomy' and is normally associated with a repair of an internal organ or a removal of one, or to remove blood accumulation in the abdominal cavity.

Intestinal damage may result in the removal of a portion of the small intestine or the colon. In severe cases, a victim may have to wear a permanent 'bag' into which the products of digestion are discharged (colostomy).

The ureters are ducts connecting the kidneys to the bladder. The urethra connects the bladder to the exterior. Damage to these structures will necessitate a laparotomy and repair to these ducts.

Liver damage may also necessitate a laparotomy and, in severe cases, removal of the damaged part.

No	Injury	Low	High
1.	Laparotomy	10,500	13,500
2.	Removal of spleen	13,500	16,000
3.	Removal of 1 kidney	40,500	47,000
4.	Removal of 2 kidneys	134,500	162,500
5.	Kidney injury (Kidney laceration Grade 1–5)	8,000	30,000
6.	Removal of part of liver	20,000	33,500
7.	Removal of portion of small intestine	20,000	54,500
8.	Removal of a portion of the colon	27,000	54,500
9.	Bladder rupture	20,000	27,000
10.	Rupture of ureter/urethra	13,500	20,000
11.	Liver laceration	13,500	20,000

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;

(ii) whether the Plaintiff is male or female;

(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage.

SEXUAL ORGANS

The importance of having fully functional sex organs is obviously more important the younger the victim is, both male and female, especially in the childbearing age.

In males, paraplegia will often result in infertility, which is considered in an award for that injury.

Male Reproductive System

No	Injury	Low	High
1.	Erectile dysfunction	27,000	67,000
2.	Loss of one testicle	20,000	33,500
3.	Loss of both testicles/infertility	80,000	108,500
4.	Laceration of scrotum/perineum	8,000	10,500
5.	Amputation of penis	80,000	108,500

Female Reproductive System

No	Injury	Low	High
1.	Loss of an ovary	20,000	54,500
2.	Loss of both ovaries	80,000	108,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) if married, the number of surviving children.

EXTERNAL INJURIES

External injuries are normally associated with the skin and include soft tissue injuries, lacerations, haematomas, degloving injuries, skin grafts, abrasions and scarring.

A degloving injury is one in which the skin of the forearm and hand, or the leg and foot is ripped off in the same way a glove is removed.

Awards are dependent on the extent of the injury and the location of the same.

Cosmetic effects of the resultant damage are also of concern, especially to a young female, where clothing would not normally cover scarring.

Disfigurement is also something which needs to be taken into account.

An increased award for loss of amenities would have to be considered in a situation where the victim with facial scarring is an actress or a model as opposed to the same injuries in a 60-year-old cook.

The pain and suffering associated with reconstructive surgery would also have a bearing on the extent of an award.

Lacerations and abrasions may be minor in nature or may be extensive and scar-causing.

Certain individuals have the genetic propensity for keloid formation, and therefore scarring is more pronounced.

Injuries are sometimes overlapping, and this needs to be taken into account before a figure is decided upon.

No	Injury	Low	High
1.	Degloving injury to leg	13,500	27,000
2.	Degloving injury to arm	16,000	33,500
3.	Lacerations (single to multiple)	3,000	10,500
4.	Abrasions (single to multiple)	1,500	5,500
5.	Minor scarring to leg	1,500	3,500
6.	Minor scarring to arm	2,500	4,500
7.	Extensive scarring to leg	10,500	20,000
8.	Extensive scarring to arm	13,500	27,000
9.	Facial scarring	6,500	41,000
10.	Operation scars	3,000	13,500
11.	Haematoma / Contusion	1,500	3,000
12.	Skin grafting	13,500	33,500
13.	Lip laceration	1,500	3,500
14.	Avulsion of fingernails 1–2	2,000	2,500
15.	Avulsion of fingernails 3–5	3,500	5,500
16.	Avulsion of toenails 1–2	1,500	2,500
17.	Avulsion of toenails 3–5	3,500	5,500

An Award for Damages between a low and a high would depend on various factors, including but not limited to—

(i) age of the Plaintiff — whether the Plaintiff is an infant, young person, middle-aged or in the prime of their lives;
(ii) whether the Plaintiff is male or female;
(iii) whether the Plaintiff is married or unmarried, and the extent of injuries would affect the prospects of marriage;
(iv) whether the injuries would affect the overall body asymmetry;
(v) the sensitivity of the Plaintiff in relation to the injuries;
(vi) whether the Plaintiff is a sportsman/sportswoman.

MISCELLANEOUS CONDITIONS

No	Injury	Low	High
1.	Osteoarthritis	5,500	
2.	Osteomyelitis	3,500	9,000
3.	Soft tissue injury	3,500	5,500
4.	Muscle wasting	3,500	5,500
5.	Fat embolism syndrome	10,000	
6.	Depression (mild-major)	5,500	28,000
7.	Post-traumatic stress disorder	17,000	
8.	Tendon / Muscle cut	9,000	11,000
9.	Burn injury up to 30% of TBSA*	3,500	50,500
10.	Burn injury up to 60% of TBSA*	50,500	112,000
11.	Burn injury up to 90% of TBSA*	112,000	224,000
12.	Bone grafting	5,000	10,000
13.	Compartmental syndrome	10,000	

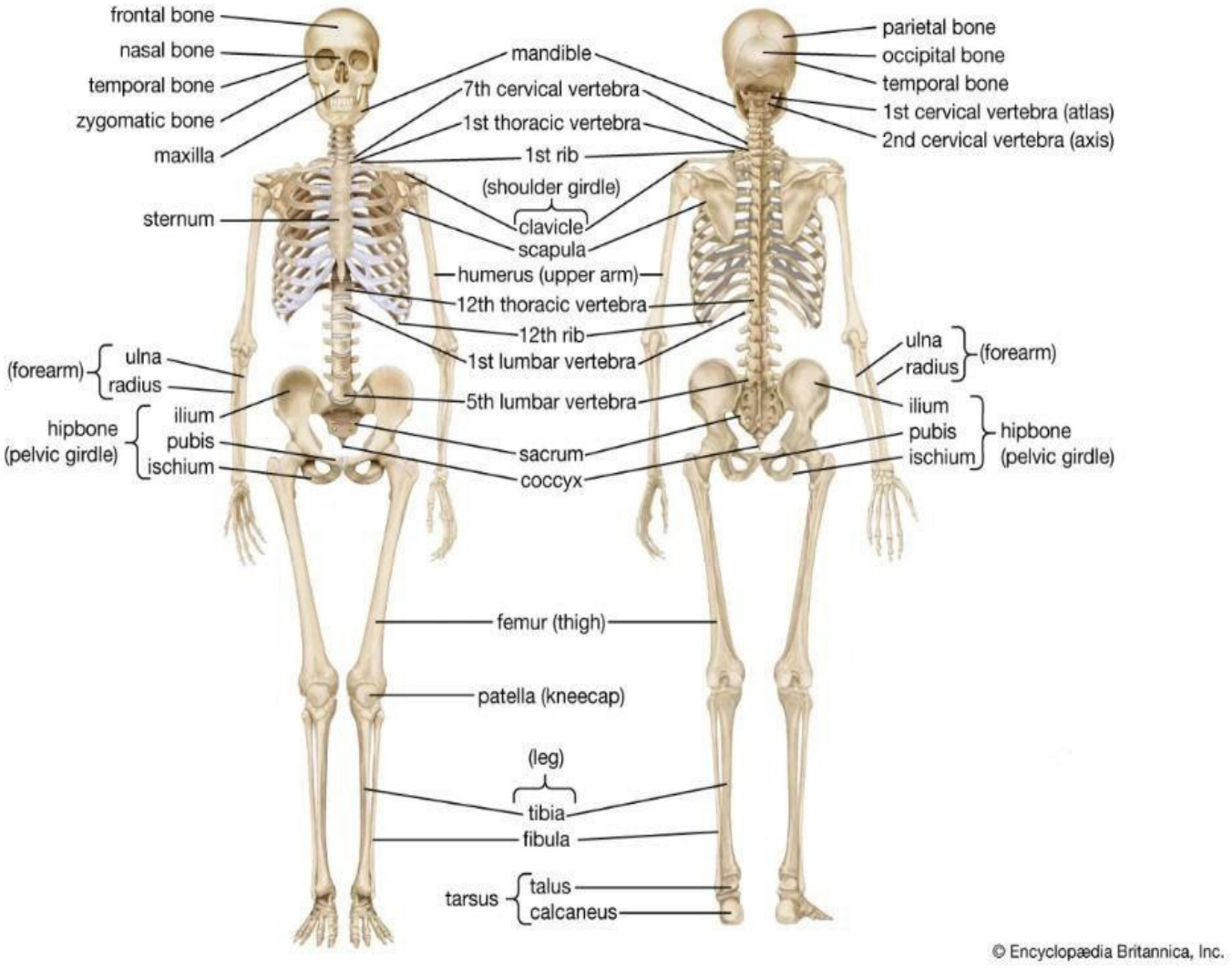
NOTES

***** For burn injuries, award is to be decided based on Degree of Burn and TBSA.

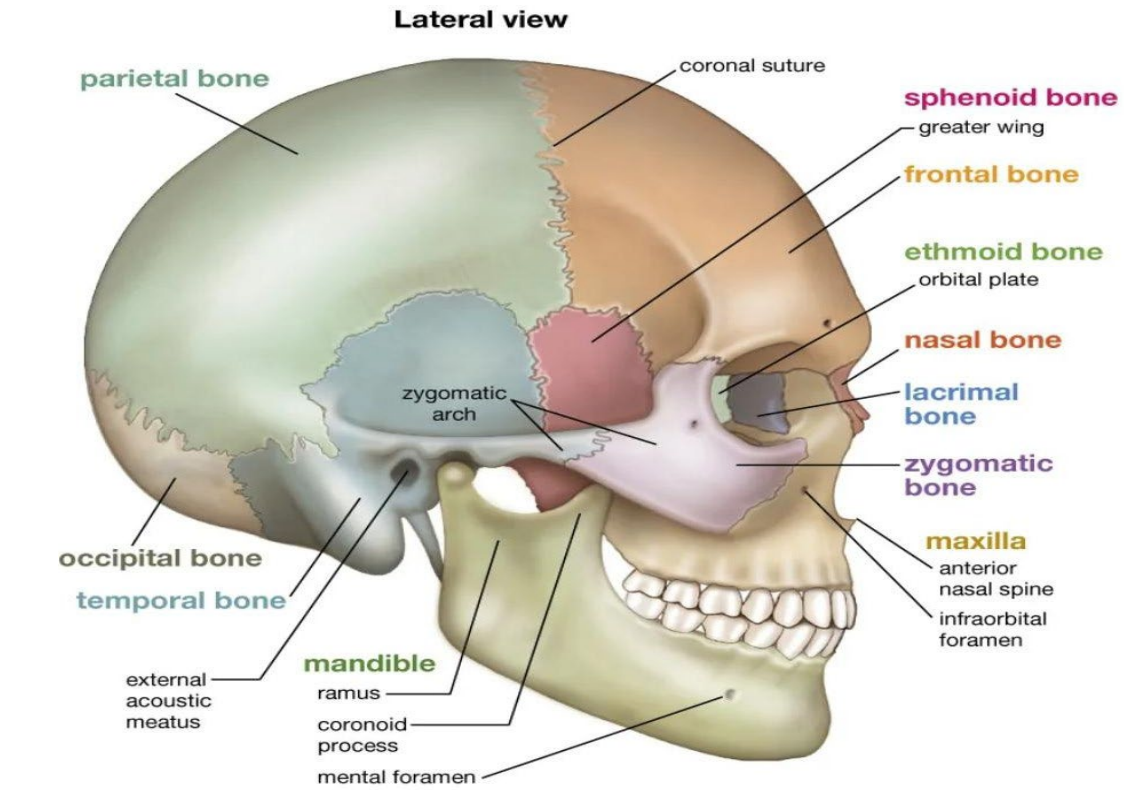
* TBSA means Total Body Surface Area.

* Percentage (%) of burn refers to the area of burn over body surface.

Skeletal System: Skeleton



Face: Skull


Lateral view
parietal bone
coronal suture
sphenoid bone
greater wing
frontal bone
ethmoid bone
orbital plate
nasal bone
lacrimal bone
zygomatic arch
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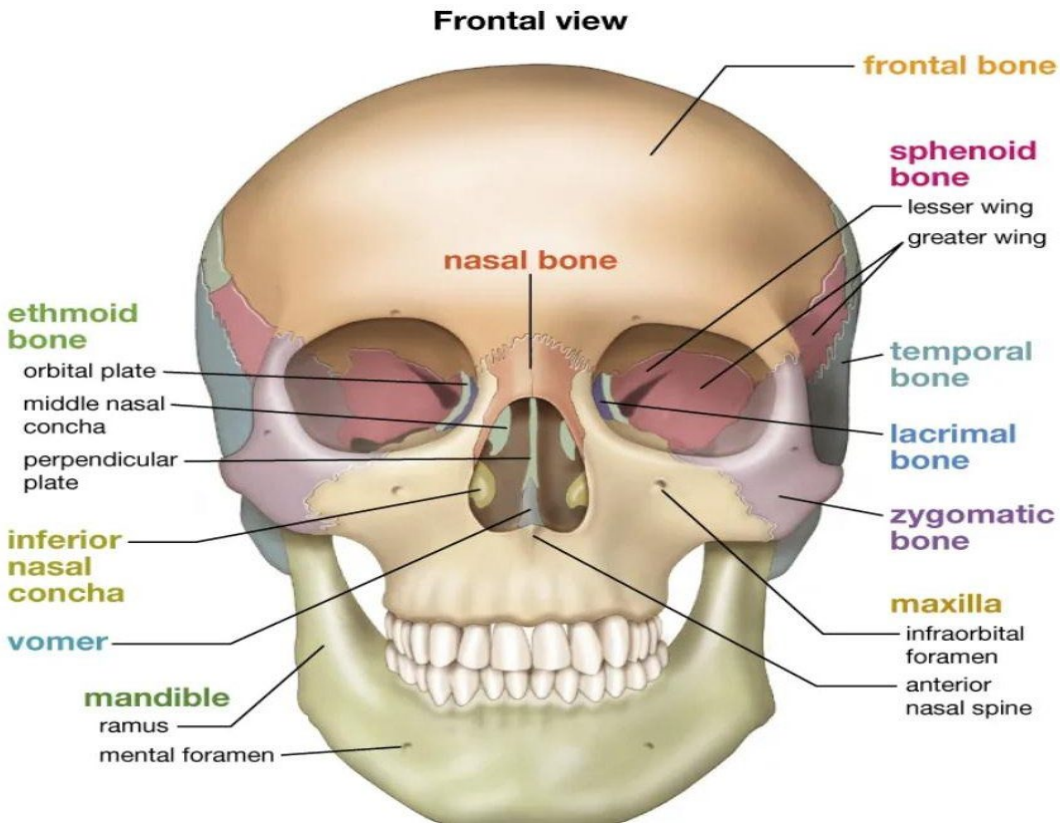
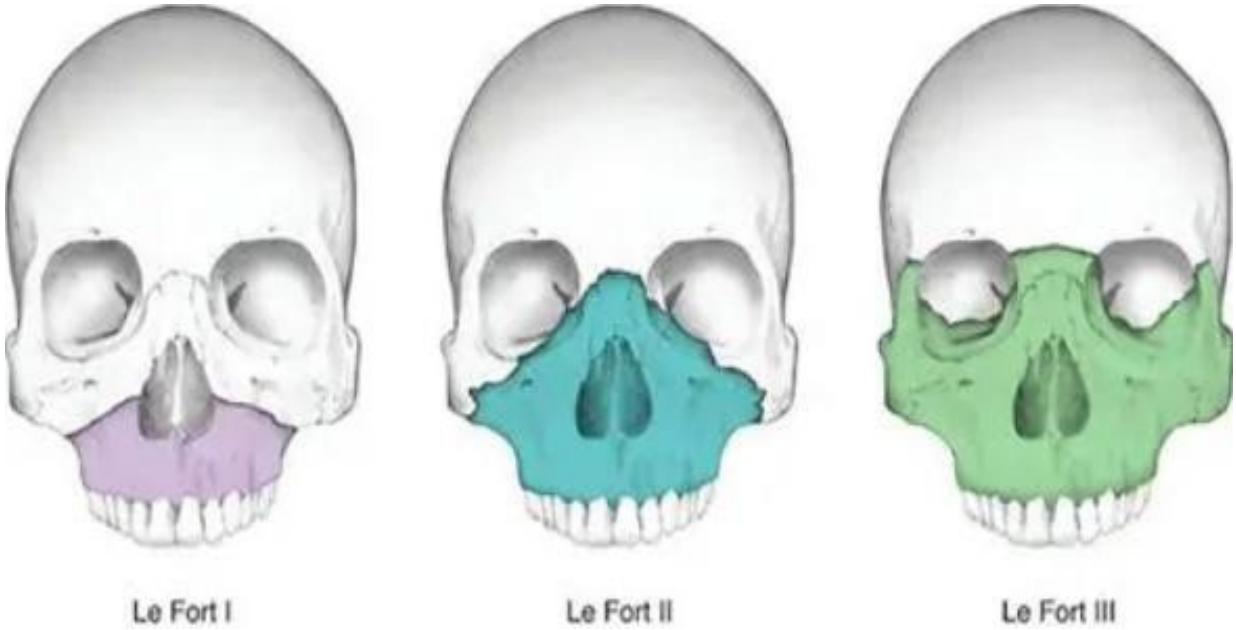
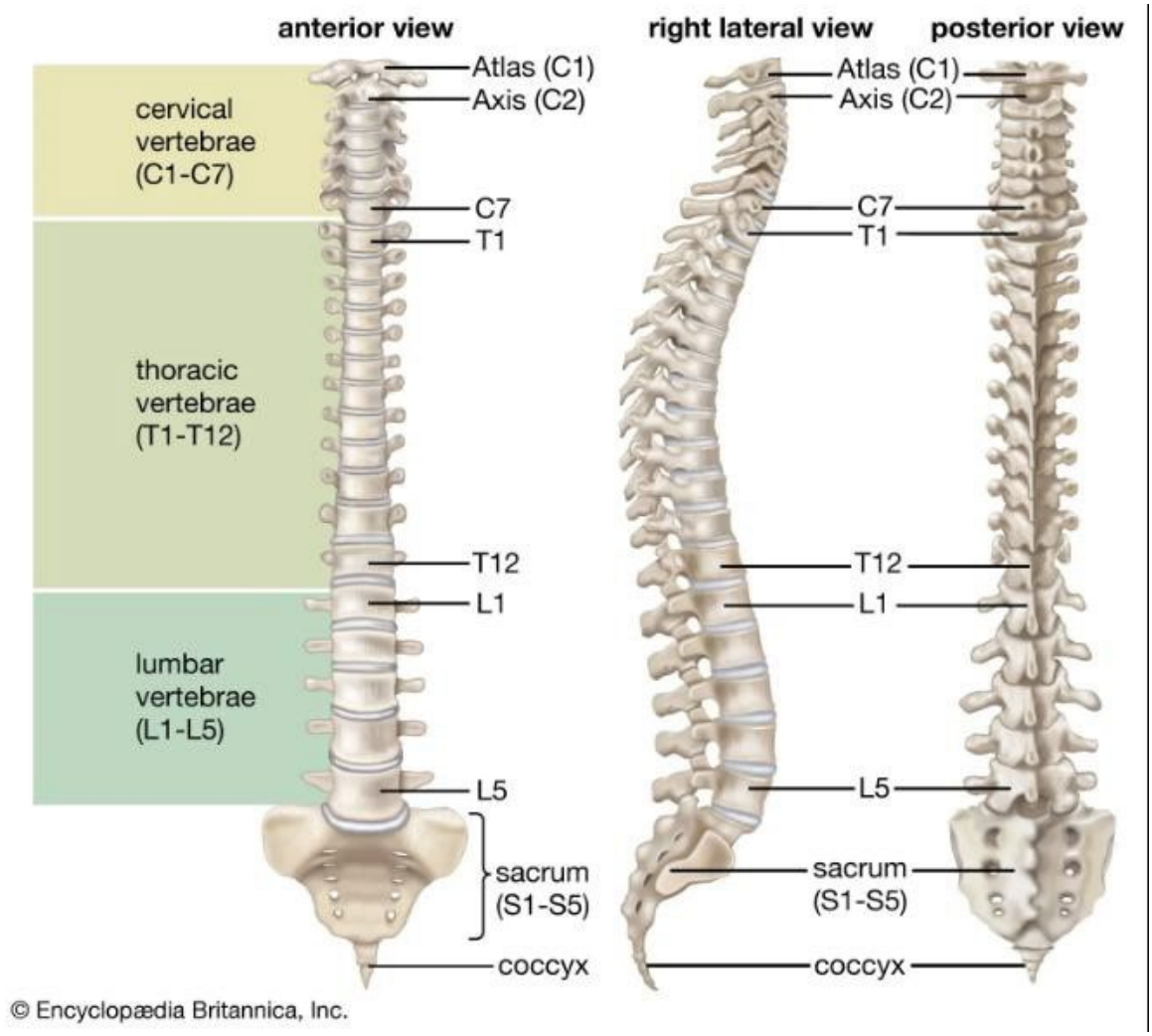
anterior nasal spine
infraorbital foramen
occipital bone
temporal bone
external acoustic meatus
mandible
ramus
coronoid process
mental foramen


Frontal view
frontal bone
sphenoid bone
lesser wing
greater wing
nasal bone
ethmoid bone
orbital plate
middle nasal concha
perpendicular plate
temporal bone
lacrimal bone
zygomatic bone
inferior nasal concha
vomer
maxilla
infraorbital foramen
anterior nasal spine
mandible
ramus
mental foramen

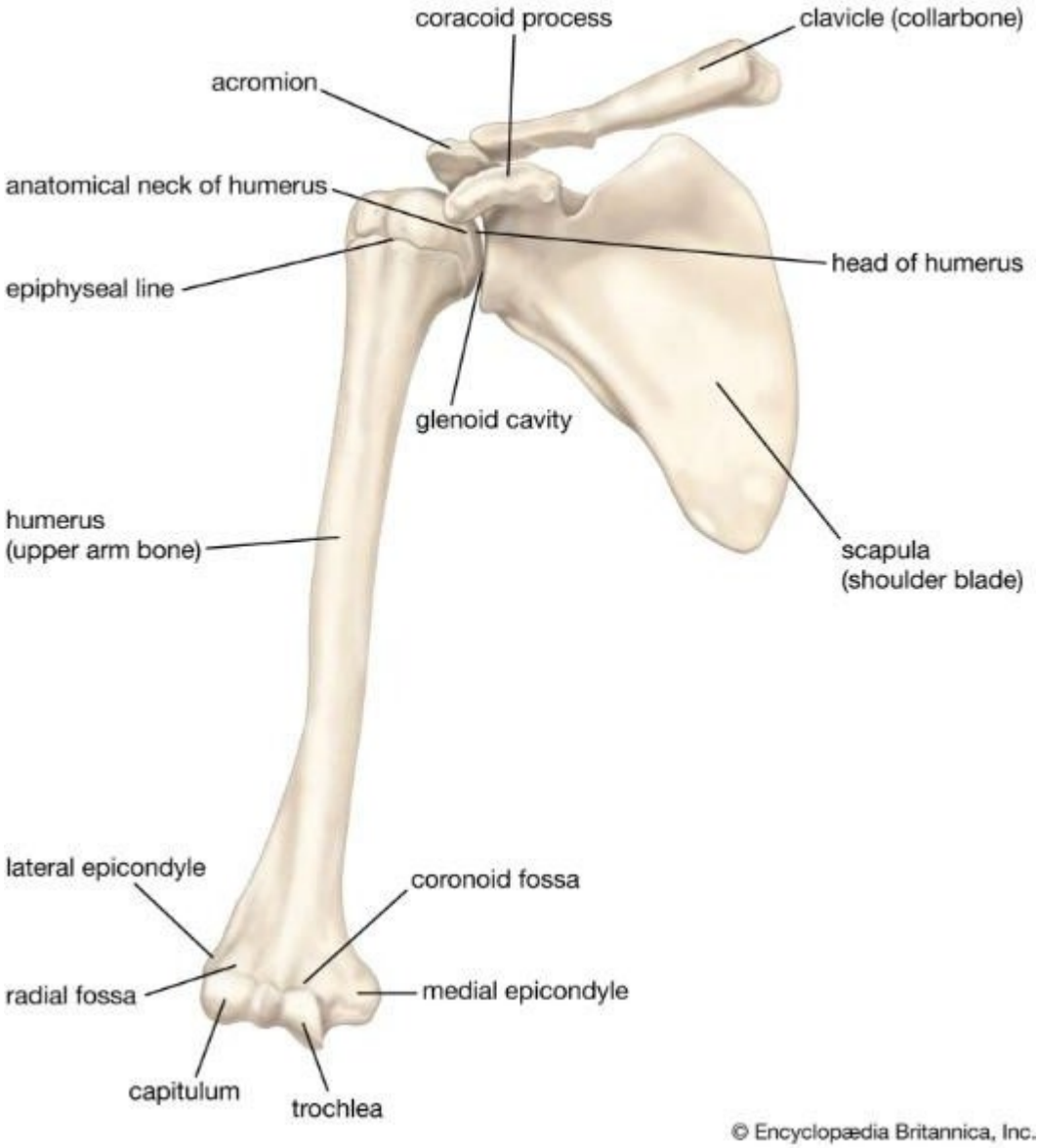
Skull & Face: Le Fort Classification of Facial Fractures



General: Vertebral Column & Vertebrae



Shoulder


coracoid process
clavicle (collarbone)
acromion
anatomical neck of humerus
head of humerus
epiphyseal line
glenoid cavity
humerus
(upper arm bone)
scapula
(shoulder blade)
lateral epicondyle
coronoid fossa
radial fossa
medial epicondyle
capitulum
trochlea
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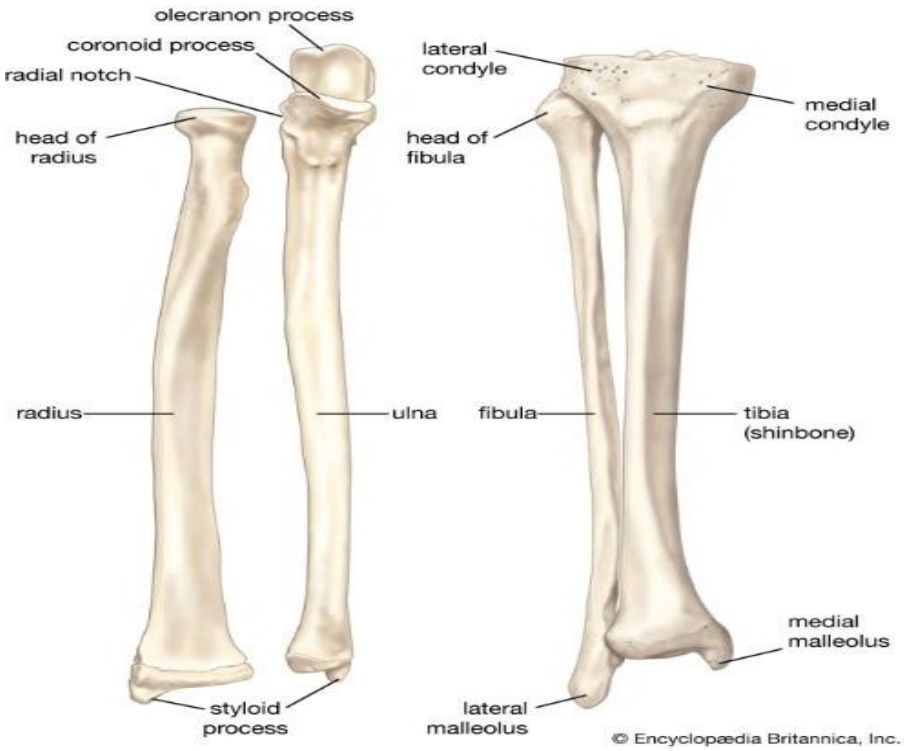
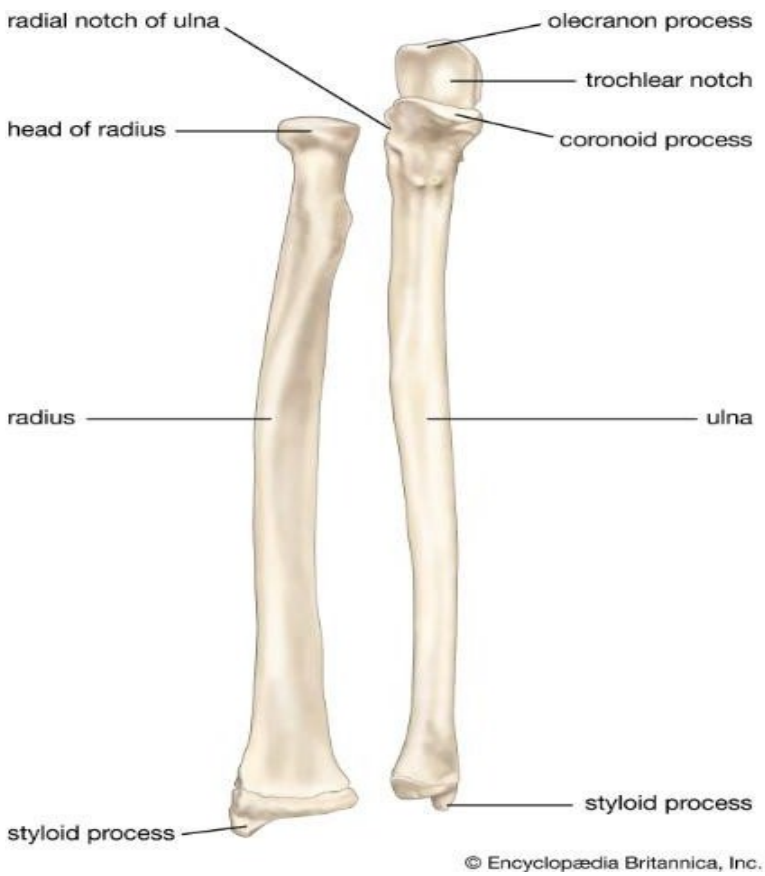
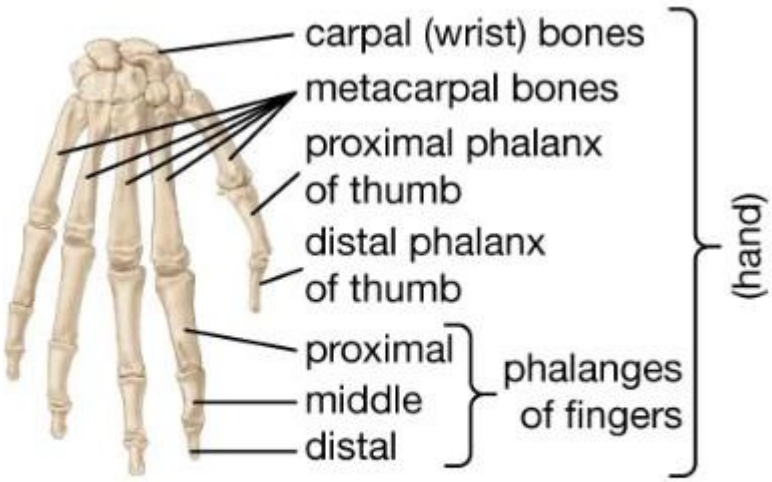
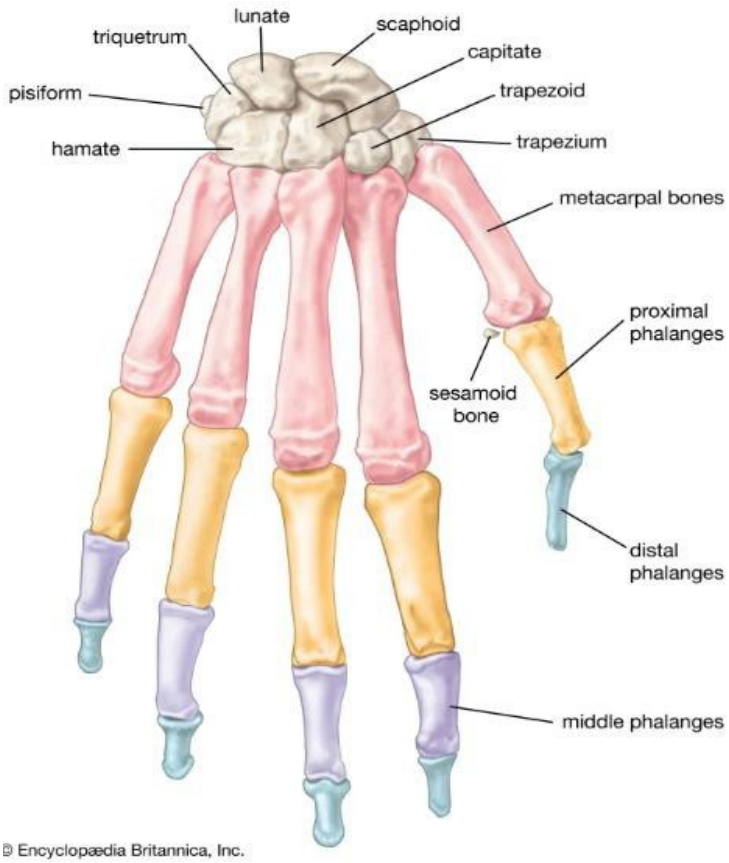
Elbow & Forearm



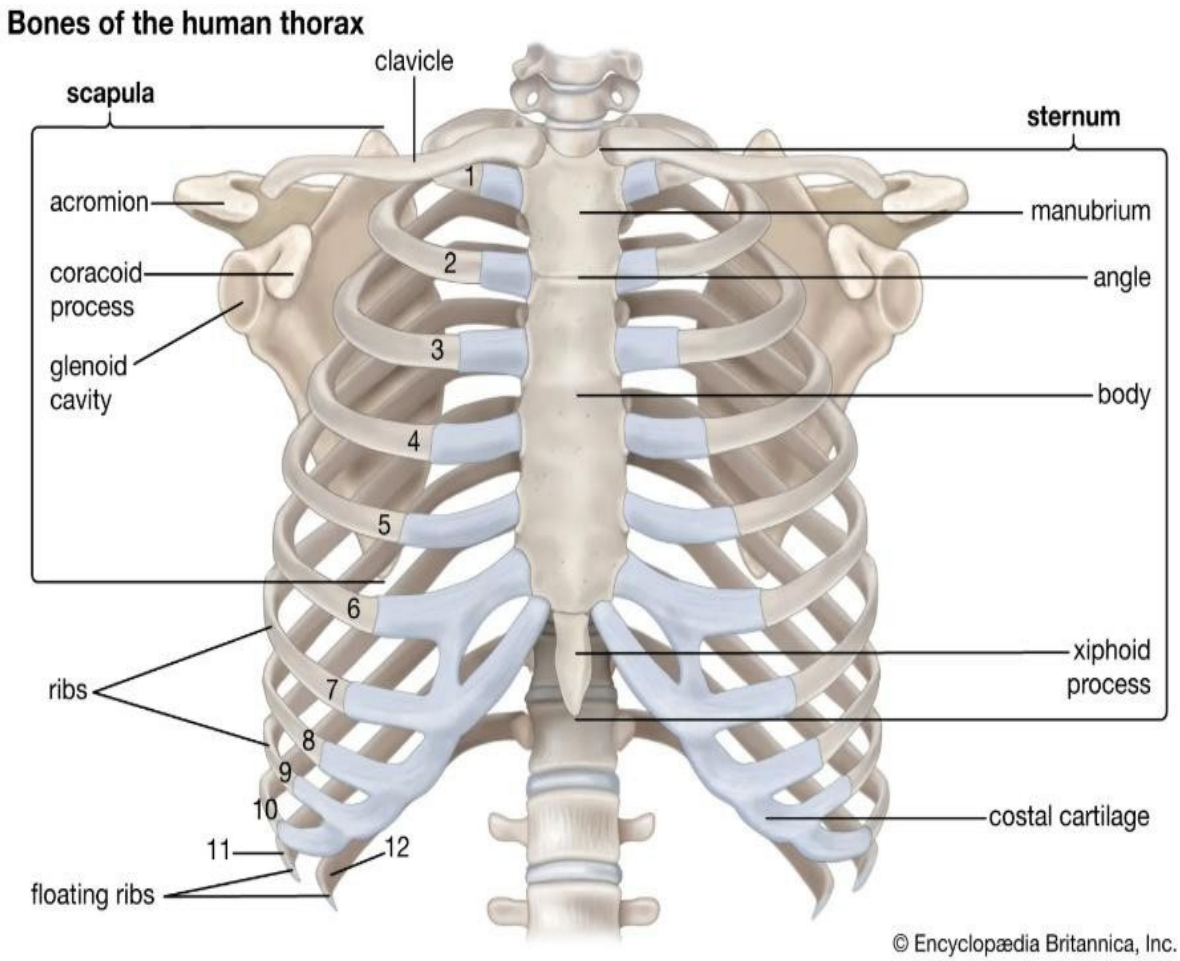


Wrist & Hand: Wrist Bones



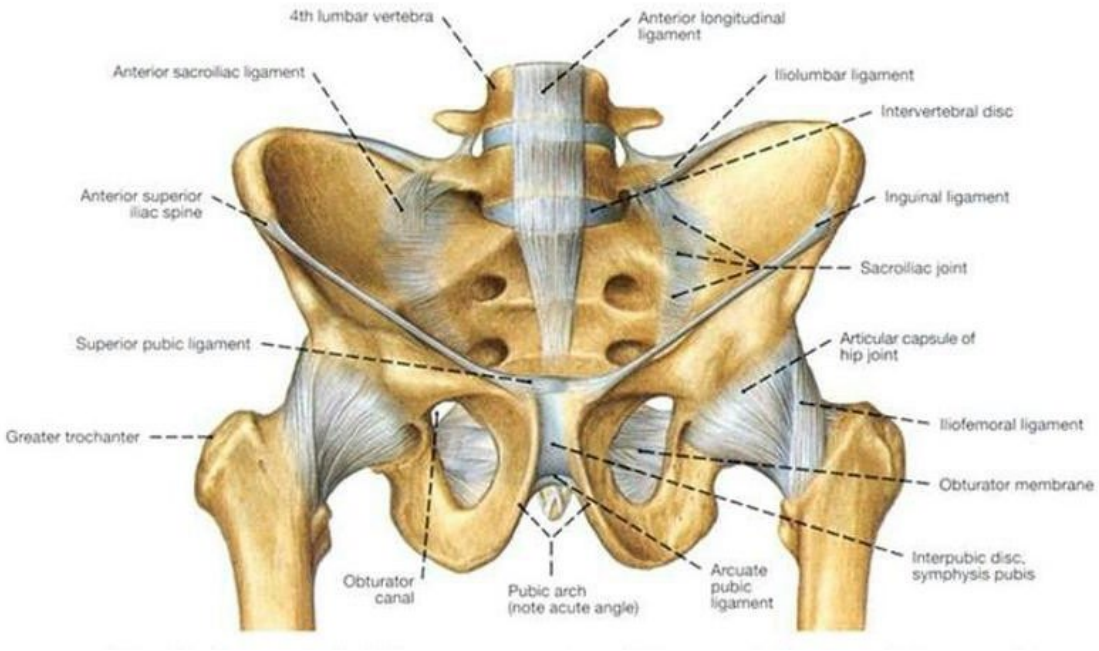


Ribs: Rib Cage — Anterior View

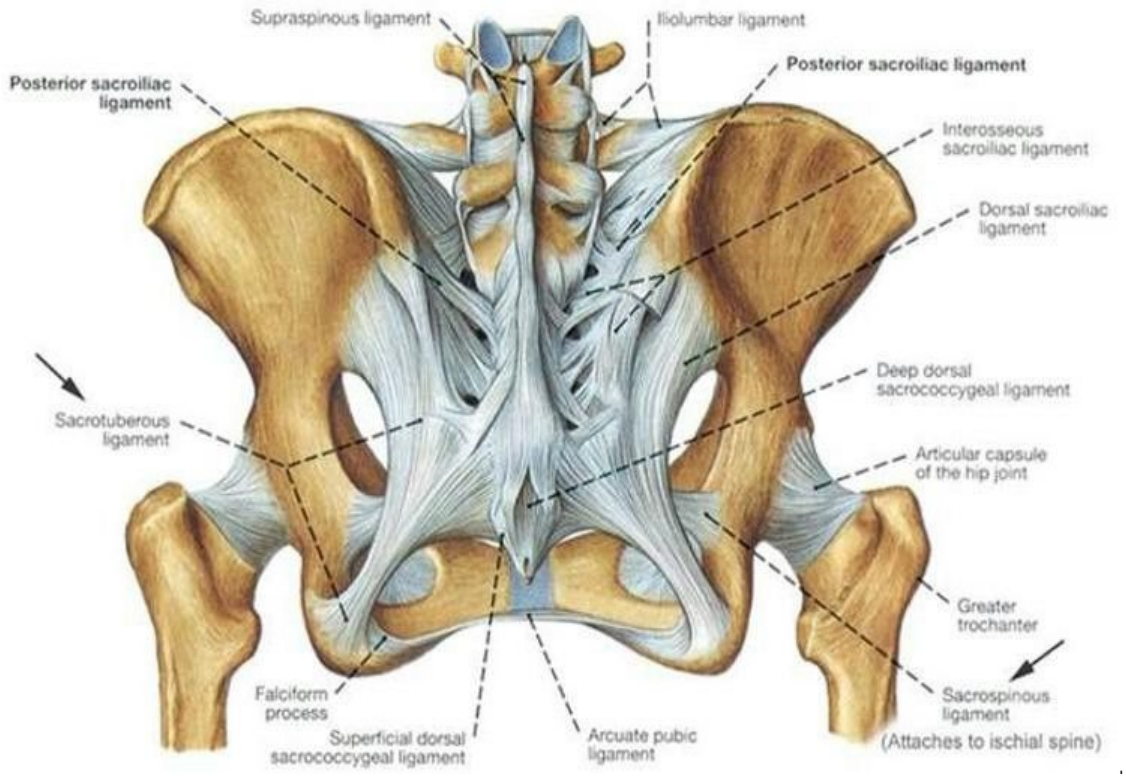


Pelvis & Ligament

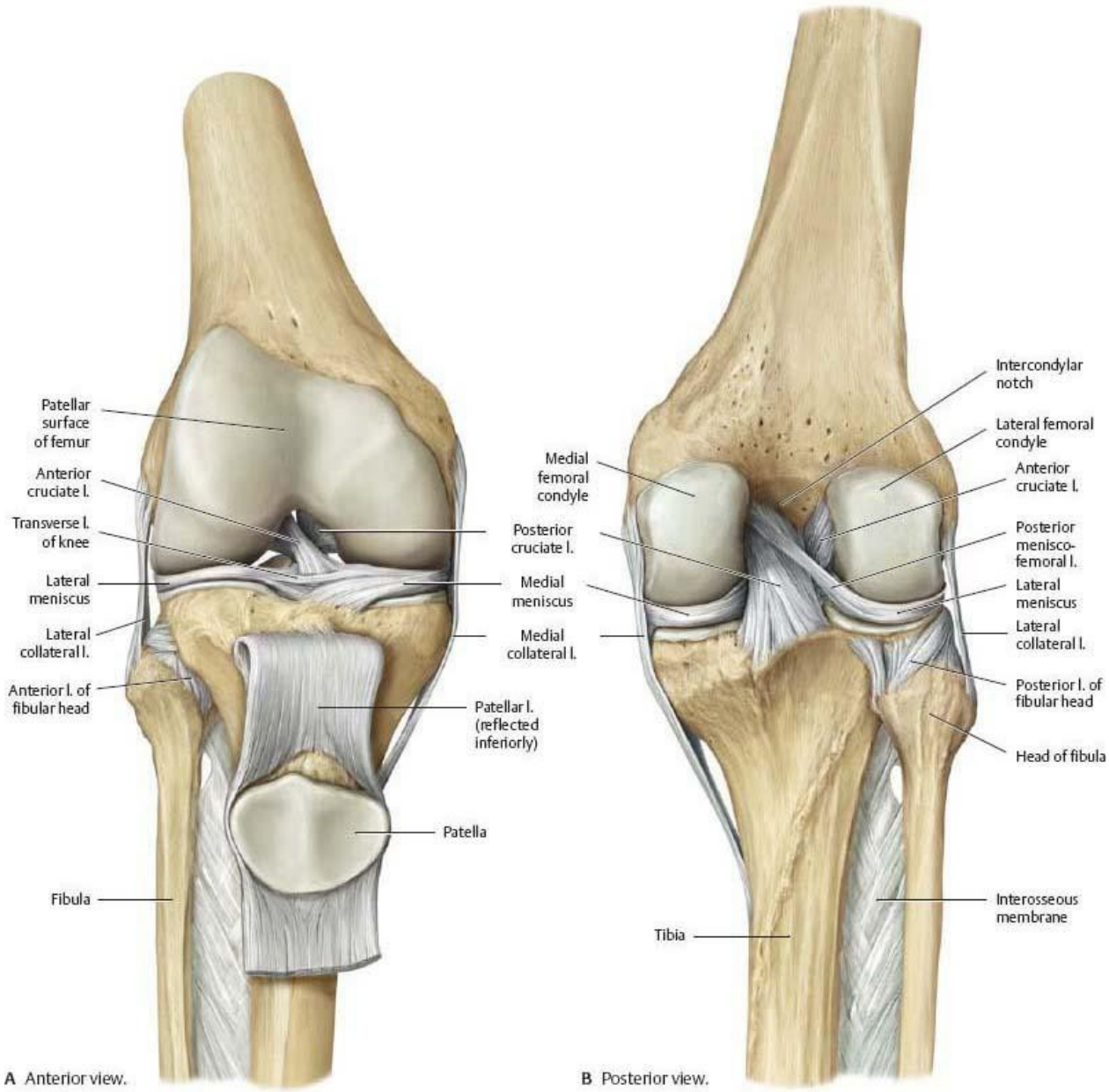
Front View Male



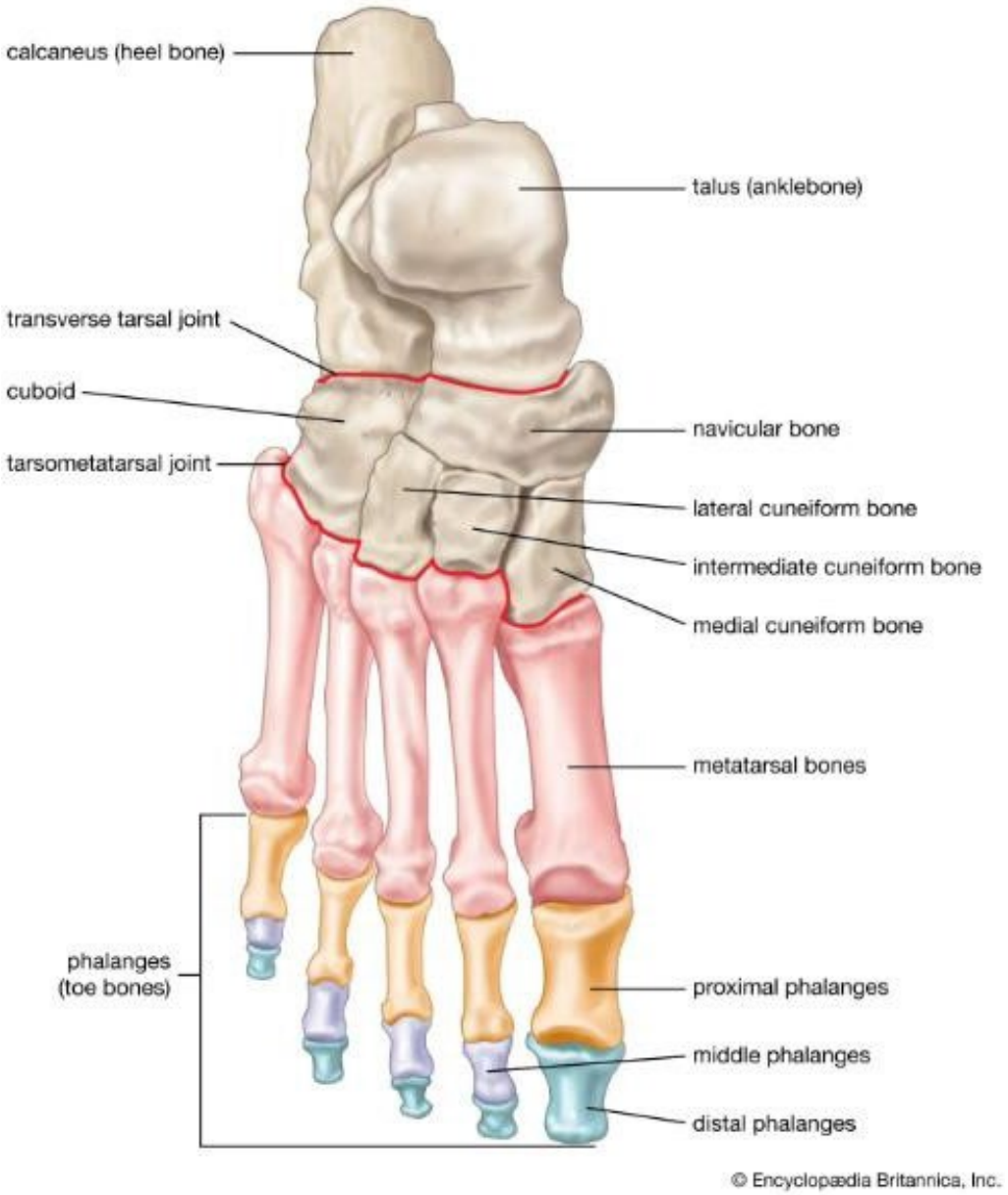
Rear View Female



Knee & Leg Bones: Anterior Cruciate & Posterior Cruciate



Ankle & Foot Bones Dorsal: Normal View



A JOINT PUBLICATION BY THE OFFICE OF THE CHIEF REGISTRAR
OF THE FEDERAL COURT OF MALAYSIA AND THE MALAYSIAN BAR

REVISED COMPENDIUM OF PERSONAL INJURY AWARDS 2026

PREPARED BY THE BAR COUNCIL PERSONAL INJURY CLAIMS AND AWARDS COMMITTEE

COVER DESIGN BY MALAYSIAN BAR PUBLICATIONS DEPARTMENT