

FORM 1

The Small Claims Tribunals Act
(CHAPTER 308)

CLAIM

A. Particulars of Claimant:-

Name : _____
Address : _____
Tel : _____ Fax : _____ E-mail : _____

B. I hereby give notice that I wish to lodge a claim against the following respondent(s):-

Name : _____
Address : _____
Tel : _____ Fax : _____ E-mail : _____

C. Particulars of Claim:

[Please complete the next page]

Dated this _____ day of _____, 201_____

Signature of Claimant

NAME: _____

DESIGNATION: _____

* Claim No. SCT / _____ / 201__

(* To be completed by SCT Registry)

Annex to Form 1

A		NATURE OF DISPUTE. Please tick <input checked="" type="checkbox"/>	
1. CONTRACT FOR SALE OF GOODS <input type="checkbox"/> Defective Goods <input type="checkbox"/> Non-Delivery <input type="checkbox"/> Goods Not As Contracted <input type="checkbox"/> Non-Payment <input type="checkbox"/> Cancellation/Opt Out <input type="checkbox"/> Refund (motor vehicle deposit) Complete Boxes B, E & F	2. CONTRACT FOR PROVISION OF SERVICES <input type="checkbox"/> Unsatisfactory Services <input type="checkbox"/> Incomplete Services <input type="checkbox"/> No Services Rendered <input type="checkbox"/> Non Payment <input type="checkbox"/> Others Complete Boxes B, E & F	3. DAMAGE TO PROPERTY <input type="checkbox"/> Owner of Property <input type="checkbox"/> Damage not arising from motor vehicle accident [Note: Property damage arising from a motor vehicle accident cannot be claimed at SCT] Complete Boxes C, E & F	4. LEASE NOT EXCEEDING 2 YEARS (RESIDENTIAL PREMISES) <input type="checkbox"/> Breach of Tenant's Obligation <input type="checkbox"/> Breach of Landlord's Obligation <input type="checkbox"/> Refund of Rental Deposit <input type="checkbox"/> Rental Arrears Complete Boxes D, E & F
PARTICULARS OF CLAIM			
B CONTRACT FOR GOODS SOLD/SERVICES PROVIDED			
1 Name Type of Goods Sold or Services provided:			
2 Contract Sum: \$	3 Paid: \$	4 Balance Sum: \$	
5 Contract Date:	6 Date Contract Performed:	7 Date Contract Defaulted:	
8 Invoice Nos:			
C DAMAGE TO PROPERTY			
1 Date Damage Occurred:			
2 Details of Damaged Property:			
3 Place Where Damage Occurred:			
D RESIDENTIAL LEASE			
1 Premises at:			
2 Date of Tenancy Agreement:	3 Period of Tenancy:	to	4 Monthly Rental: \$
E BRIEF SUMMARY OF CLAIM			
F CLAIMING FOR : Please <input checked="" type="checkbox"/>			
1 <input type="checkbox"/> WORK ORDER	2 <input type="checkbox"/> MONEY ORDER	S\$	
<i>State nature and \$ value of Work Order (in brief)</i>			
3 <input type="checkbox"/> AND DISBURSEMENTS			

Dated this _____ day of _____ 201_____

SIGNATURE OF CLAIMANT

NAME: _____

DESIGNATION: _____

(If claiming as a company, affix Company Stamp)