

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: _____