**(FORM 1)**

 **Rule 9(1)**

**Small Claims Tribunal Order 2006**

**(Order under Article 83(3))**

**Brunei Darussalam**

**Claim No.SCT/\_\_\_\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_**

**CLAIM**

**A. Particulars of Claimant:**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Particulars of Claim:**

 **(Please complete the next page)**

Dated this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Claimant

 Name:

 Designation

**Notice: Respondent's Counterclaim is to be filed within 2 weeks from the service of this Claim, if any. Please refer to the Small Claims Tribunal Registry for copy of the Counterclaim Form.**

**Annex to Form \_\_\_\_**

**Claim No.SCT/\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_**

|  |  |
| --- | --- |
| **A** | **NATURE OF DISPUTE: Please tick [ √ ]** |
| 1. CONTRACT FOR SALE OF GOODS[ ] Defective Goods[ ] Non-Delivery[ ] Goods not as Contracted[ ] Non-Payment[ ] Cancellation/Opt Out[ ] Refund (motor vehicle  deposit)Complete Boxes B, D & F | 2. CONTRACT FOR PROVISION OF SERVICES[ ] Unsatisfactory Services[ ] Incomplete Services[ ] No Services Rendered[ ] Non-Payment[ ] Cancellation/Opt Out[ ] OthersComplete Boxes B, D & F | 3. DAMAGE TO PROPERTY[ ] Owner of Property[ ] Damage not arising from motor vehicle accident[Note: Property damage arising from a motor vehicle accident cannot be claimed at SCT]Complete Boxes C, D & E |
| **B** | **PARTICULARS OF CLAIM** |
| CONTRACT FOR GOODS/SERVICES RENDERED |
| 1 | Name Type of Goods Sold or Services provided: |
| 2 | Contract Sum: $ | Paid: $ |
| 3 | Balance Sum: $ |
| 4 | Contract Date: | Invoice Nos: |
| 5 | Date Contract Performed: |
| 6 | Date Contract Defaulted: |
| **C** | **DAMAGE TO PROPERTY** |
| 1 | Date of Damage: |
| 2 | Property Damaged: |
| 3 | Place Where Damage Occurred: |
| **D** | **BRIEF SUMMARY OF CLAIM** |
|  |
|  |
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|  |
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|  |
|  |
| **E** | **CLAIMING FOR: Please [ √ ]** |
| (1) | WORK ORDER State the nature of Work Order (in brief) |
|  |  |
|  |  |
| (2)(3) | MONEY ORDER BND$ [Indicate amount]AND DISBURSEMENTS BND$ |
|  | CLAIM FOR COSTS AND INTERESTS ARE NOT ALLOWED |

Dated this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_

(If a Company Claim)

Company Stamp Signature of Claimant

 NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DESIGNATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_