**(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  [ ] Others  Complete 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** | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_