

(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.

Claim No.SCT/_____/20____

A GENERAL GUIDE TO COMPLETING A CLAIM FORM (FORM 1)

Step 1:

- The party filling the claim is known as the Claimant.
- The Claimant must provide:
 - His or her full and proper name as in Identification document. No salutation or designation.
 - If an individual – A photocopy of his or her identification document; A local residential address to be indicated. All contact information to be indicated.
 - If a business concern – Its UEN and a copy of its own Business profile from ACRA. The address of the registered office address is to be inserted.

- The person being claimed against is known as the Respondent.
- Claimant must provide:
 - Full and proper name of the Respondent. No salutation or designation.
 - If Respondent is a business concern – The latest Business profile of the respondent from ACRA. The local registered of office address to be inserted.
 - If Respondent is an individual, the local residential address to be inserted.

Notices and other documents will be sent to address indicated

Step 2:

Please insert the date of filing the claim.

Step 3:

- Sign
- Write your name. If you are filing on behalf of a Claimant which is a business concern, write your designation and provide the letter of authorization to submit the claim for the business concern. Affix company's stamp

DO NOT complete this part. This is for completion by the Tribunals upon registration.

A NATURE OF DISPUTE: Please tick [<input type="checkbox"/>]		
1. CONTRACT FOR SALE OF GOODS	2. CONTRACT FOR PROVISION OF SERVICES	3. DAMAGE TO PROPERTY
<input type="checkbox"/> Defective Goods	<input type="checkbox"/> Unsatisfactory Services	<input type="checkbox"/> Owner of Property
<input type="checkbox"/> Non-Delivery	<input type="checkbox"/> Incomplete Services	<input type="checkbox"/> Damage not arising from motor vehicle accident
<input type="checkbox"/> Goods not as Contracted	<input type="checkbox"/> No Services Rendered	[Note: Property damage arising from a motor vehicle accident cannot be claimed at SCT]
<input type="checkbox"/> Non-Payment	<input type="checkbox"/> Non-Payment	
<input type="checkbox"/> Cancellation/Opt Out	<input type="checkbox"/> Cancellation/Opt Out	
<input type="checkbox"/> Refund (motor vehicle deposit)	<input type="checkbox"/> Others	
Complete Boxes B, D & F	Complete Boxes B, D & F	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 [<input type="checkbox"/>]		
(1)	WORK ORDER <input type="checkbox"/>	State the nature of Work Order (in brief)
(2)	MONEY ORDER <input type="checkbox"/> BND\$	[Indicate amount]
(3)	AND DISBURSEMENTS <input type="checkbox"/> 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: _____

Step 4:
Select and tick the appropriate nature of your dispute

Step 5:
Complete the information required

Step 6:

- Provide a brief summary of your claim, i.e. what is your claim about.
- Attach copies of any supporting documents. Do not attach originals. However, bring the originals to any hearing at the Tribunals in case it is required.
- A copy of this claim form and any attachment(s) will be given to the other party.

Step 7:
Tick the **Order** you are asking for. If it is a work order, please indicate the dollar value of the work required.

Step 8:
As stated respectively in Step 2 and Step 3.

Step 9:
Please submit 1 original properly completed claim form and 3 photocopies 1 set of any supporting document(s) is to e submitted.