

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	NATURE OF DISPUTE: Please tick [<input checked="" type="checkbox"/>]	
1. CONTRACT FOR <u>SALE OF GOODS</u> <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, D & F	2. CONTRACT FOR <u>PROVISION OF SERVICES</u> <input type="checkbox"/> Unsatisfactory Services <input type="checkbox"/> Incomplete Services <input type="checkbox"/> No Services Rendered <input type="checkbox"/> Non-Payment <input type="checkbox"/> Cancellation/Opt Out <input type="checkbox"/> Others Complete Boxes B, D & 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, 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 checked="" 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: _____