

FORM 1

The Small Claims Tribunals Act
(CHAPTER 308)

CLAIM

A. Particulars of Claimant:-

Name : _____

Address : _____

Singapore ()

Tel: _____ Fax: _____

E-mail : _____

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

Name : _____

Address : _____

Singapore ()

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__

[Please see reverse]

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"/> Cancellation/Opt Out <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 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
B	PARTICULARS OF CLAIM		
CONTRACT FOR GOODS SOLD/SERVICES PROVIDED			
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	RESIDENTIAL LEASE		
1	Premises at:		
2	Date of Tenancy Agreement:	Period of Tenancy: to	Monthly Rental:
E	BRIEF SUMMARY OF CLAIM		
F	CLAIMING FOR : Please <input checked="" type="checkbox"/>		
(1)	WORK ORDER <input type="checkbox"/>	State nature of Work Order (in brief)	
(2)	MONEY ORDER <input type="checkbox"/> S\$	[indicate amount]	
(3)	AND DISBURSEMENTS <input type="checkbox"/>		
CLAIM FOR COSTS AND INTERESTS ARE NOT ALLOWED.			

Dated this _____ day of _____, 201_____

Claim No. SCT/ _____ 201_____

(If a Company Claim)
Company Stamp

SIGNATURE OF CLAIMANT

NAME: _____

DESIGNATION: _____