

Form 65

EMPLOYMENT CLAIMS TRIBUNALS

Claim No. | |
(Seal)

Between

|(Name of Claimant)|.....Claimant

NRIC / Fin No. / UEN No.

And

|(Name of Respondent)|.....Respondent

Registrar
Employment Claims Tribunals

NRIC / Fin No. / UEN No.

CLAIM

**IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
READ THE EXPLANATORY NOTE BELOW BEFORE COMPLETING IT.
It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.**

Part A – Particulars of Claimant and Respondent

Claimant's Particulars				<i>*delete accordingly</i>
Status: <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Others (please specify): _____				
Individual / Company name*		Contact number		
NRIC / FIN / UEN number*		Email		
Individual / Company address*		Company contact person (if applicable)		

Respondent's Particulars				<i>*delete accordingly</i>
Status: <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Others (please specify): _____				
Individual / Company name*		Contact number		
NRIC / FIN / UEN number*		Email		
Individual / Company address*		Company contact person (if applicable)		

Employment Details of Employee	
Marital status	
Occupation	
Occupational group	<input type="checkbox"/> Professionals, Managers and Executives (PME) <input type="checkbox"/> Non-PME
Employment type	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Contract <input type="checkbox"/> Others
Start date of employment (DD / MM / YYYY)	
End date of employment (DD / MM / YYYY) (if applicable)	
Basic salary per month / day / hour*	S\$
Total monthly fixed allowance <i>e.g. fixed food or housing allowances</i>	S\$
Total monthly variable payment <i>e.g. bonus or commission (average over 6 months or the duration of employment whichever is less)</i>	S\$
Written employment contract or Key Employment Terms (KETs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment status	<input type="checkbox"/> In employment <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned

Part B – Particulars of Claim

1. I am claiming as an *employee / employer under section 12(2)(a) / (b) / (c) of the Employment Claims Act against the respondent based on the claim referral certificate attached.
2. The particulars of my claim are as follows:

(Please provide details of your claim. A claim can only be filed EITHER for a specified contractual/salary dispute OR a wrongful dismissal dispute. Please file two separate claims if you intend to claim under both types of disputes.)

Types of Employment Dispute				
Nature of specified contractual dispute or specified statutory dispute	Date on which amount alleged to be payable began to be payable	Date on which amount alleged to be payable ceased to be payable	Length of period during which amount alleged to be payable accrued	Amount alleged to be payable
<i>e.g. overtime pay</i>	<i>1 Dec 2016</i>	<i>31 Jan 2017</i>	<i>20 hours</i>	<i>\$500</i>

WRONGFUL DISMISSAL DISPUTE
<p><u>My wrongful dismissal dispute relates to:</u></p> <p><input type="checkbox"/> A claim under section 14(2) of the Employment Act where an employee considers that he has been dismissed without just cause or excuse by an employer (3rd Sch., item 1).</p> <p><input type="checkbox"/> A claim under section 84(2) of the Employment Act where a female employee (as defined in the Employment Act) considers that a notice of dismissal was not given for sufficient cause (3rd Sch., item 2).</p> <p><input type="checkbox"/> A claim under section 12(1) of the Child Development Co Savings Act and section 84(2) of the Employment Act where a female employee (as defined in the Child Development Co Savings Act) considers that a notice of dismissal was not given for sufficient cause (3rd Sch., item 3).</p>
<p>Date of Dismissal</p>
<p>Was notice / salary in lieu of notice given?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial</p>
<p>Why do you think you have been dismissed without just cause or excuse?</p>
<p>How much are you claiming for?</p>
<p>Please explain how the claim amount is calculated</p>

3. I wish to claim the following remedies (*please tick the relevant box / boxes*):

- a tribunal order for the sum of \$ _____ to be paid by the respondent to me.
- a tribunal order requiring the respondent to pay costs of these proceedings.
- a tribunal order requiring the respondent to reinstate me to my former employment and to pay me for loss of wages assessed at \$ _____ per month/day/week/hour.

4. I attach the following evidence in support of my claim (*please tick the relevant box / boxes*):

- Employment contract
- Timesheet(s)
- Pay slip(s)
- Bank statements
- Document(s) (*please specify what documents*): _____
- Other evidence (including video recordings, audio recordings, electronic documents or other records) (*please specify what other evidence*): _____

WARNING: An adverse inference may be drawn against any employer which has —

- (a) failed to make and keep employee records, failed to give a written record of key employment terms to its employees or failed to give payslips to its employees;
- (b) reduced the basic monthly salary or fixed monthly allowances of its foreign workers to an amount less than that declared in the work pass application submitted to the Controller, or increased the amount of fixed monthly deductions to more than that declared in the work pass application submitted to the Controller; and/or
- (c) failed to pay the salary of its S-pass employees via GIRO or by such other means as may be approved by the Controller in writing,

or fails to produce evidence of its compliance with the above obligations.

- 5. My claim for this amount relating to a specified employment dispute as stated in the claim referral certificate *is / is not pending in, and *has / has not been heard and determined by any other court or an Industrial Arbitration Court.
- 6. I *have / have not made representations in writing under section 35(3) of the Industrial Relations Act (Cap. 136) to the Minister mentioned in that provision.
- 7. I *have / have not made representations in writing under section 8(1) of the Retirement and Re-employment Act (Cap. 274A) to the Minister mentioned in that provision.
- 8. There *is a / is no report issued by the Ministry of Manpower (MOM) or the Tripartite Alliance for Dispute Management (TADM) in relation to this claim.

Part C – Confirmation of Contents

- 1. I declare that the information that I have provided in this claim and the supporting evidence is true and correct.
- 2. I am aware that I am liable to prosecution if I have provided in this claim and the supporting evidence information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of claimant]

Name of claimant|

EXPLANATORY NOTE TO THE CLAIMANT

IMPORTANT: You must provide the full name of the respondent and his / her address. Please fill in all the fields in the form. An incomplete form and / or incomplete supporting evidence will delay the processing of your application.

1. You may lodge a Claim in the Employment Claims Tribunals against your employer or employee if the Claim is supported by a claim referral certificate issued in respect of every specified employment dispute for which the claim is lodged. Please attach a copy of the claim referral certificate together with your Claim.
2. You must include in your Claim all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated in your Claim. If you are submitting video or audio recordings, you must provide them in CD-ROM or DVD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission.
3. The fee for filing a Claim is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR LODGING A CLAIM

4. After filing your Claim, you must serve a copy of the Claim on the respondent within 7 days.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Claim or before the time of the first Case Management Conference, whichever is earlier. The date, time and place of the first Case Management Conference will be provided to you.
6. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including dismissing your Claim.

FURTHER INFORMATION

Ministry of Manpower website: www.mom.gov.sg

State Courts website: www.statecourts.gov.sg

EXPLANATORY NOTE TO THE RESPONDENT

1. A Claim has been filed against you. A respondent who wishes to contest the Claim must file a Response and include all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated. If you are submitting video or audio recordings, you must provide them in CD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission.
2. All responses are to be submitted using **Form 66**.
3. The fee for filing a Response is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR FILING A RESPONSE

4. You have 7 days after the date on which you are served the Claim to file a Response to contest the Claim against you and serve it on the claimant.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Response or before the time of the next Case Management Conference, whichever is earlier. The date, time and place of the Case Management Conference will be provided to you.
6. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including making an order against you.

FURTHER INFORMATION

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