

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

PRACTICE DIRECTIONS

AMENDMENT NO. 3 OF 2019

It is hereby notified for general information that, with effect from 15 April 2019, the State Courts Practice Directions will be amended as follows:

- (a) the existing Practice Direction 142 (*Forms for proceedings under Part 3 and applications to a District Court under section 7(2) or 7(4) of the Employment Claims Act 2016*) will be deleted and replaced by the following practice direction:

[New Practice Direction 142](#)

- (b) the existing Forms 65, 66, 67 and 69 in Appendix A will be deleted and replaced by the following forms respectively:

[New Form 65](#)

[New Form 66](#)

[New Form 67](#)

[New Form 69](#)

- (c) the existing Form 70 in Appendix A will be deleted.

2. The amendments referred to in paragraph 1(a) to (c) above arise from the latest amendments to the Employment Claims Act 2016 (Act No. 21 of 2016) and the Employment Claims Rules 2017 which introduce the adjudication of wrongful dismissal disputes at the Employment Claims Tribunals with effect from 15 April 2019.

Dated this 12th day of April 2019.



JENNIFER MARIE
REGISTRAR
STATE COURTS

142. Forms for proceedings under Part 3 and applications to a District Court under section 7(2) or 7(4) of the Employment Claims Act 2016

- (1) Proceedings under Part 3 of the Employment Claims Act 2016 (Act No. 21 of 2016) are heard and determined by the Employment Claims Tribunals.
- (2) Forms 65 to 98 of Appendix A are the forms to be used for the purposes of any proceedings under Part 3 of the Act, and every application to a District Court under section 7(2) or (4) of the Act.
- (3) Parties to any such proceedings may use the appropriate forms as follows:

Purpose	Form	Relevant rule in the Employment Claims Rules 2017
Claim	65	8(1)
Response	66	10(1)(a)
Counterclaim	67	11(1)
Declaration of service	68	9(2), 10(3), 11(3), 14(4), 22(4)
Notice of withdrawal/discontinuance	69	15(1), 15(2)(a), 15(3), 15(4)(a), 15(7), 15(8), 25B(1), 25B(2)(a), 36(1)
	<i>There is no Form 70</i>	
Notice of Case Management Conference	71	17(3)
Notice of hearing before tribunal	72	18(b)
Application for an authorised representative	73	19
Summons to a witness	74	21(1)
Application to set aside decision, direction or order given in absence of party	75	23(2)(a)
Response to application to set aside decision, direction or order given in absence of party	76	23(5)
Application to correct order of tribunal	77	50(1)
Response to application to correct order of tribunal	78	50(3)
Notice of appeal to tribunal against decision, direction or order of Registrar	79	24(2)
Leave to appeal to High Court against order of tribunal (made to District Court)	80	25(1)
Response to application for leave to appeal to High Court against order of tribunal (made to District Court)	81	25(5)
Notice of appeal to High Court	82	26(1)

Directions to Accountant-General for payment into Court	83	28(1)(a)
Notice of payment into Court	84	28(1)
Certificate for security for costs	85	28(1)(b)
Application for refund of security for costs where appeal is deemed withdrawn	86	28(5)
Appellant's / Respondent's case	87	30(1)(a), 31(4)(a)
Notice of transmission of record of appeal	88	32(6)
Application for stay of execution pending appeal	89	33
Application for registration of settlement agreement	90	39(1)(a)
Notice of registration of settlement agreement	91	39(2)
Application to renew registration of settlement agreement	92	40(3)(a)
Application to set aside registration of settlement agreement	93	41(1)(a)
Notice of hearing of application to set aside registration of settlement agreement	94	41(3)(a)
Request for hearing dates or further hearing dates	95	45(2)
Request to search, inspect, and take copies	96	7
General application	97	-
General response	98	-

Form 65

EMPLOYMENT CLAIMS TRIBUNALS

Claim No. []
(Seal)

Between

[Name of Claimant].....Claimant

NRIC / Fin No. / UEN No.

And

[Name of Respondent].....Respondent

NRIC / Fin No. / UEN No.

Registrar
Employment Claims Tribunals

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 <i>(if applicable)</i>		

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 <i>(if applicable)</i>		

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 (<i>DD / MM / YYYY</i>)	
End date of employment (<i>DD / MM / YYYY</i>) (<i>if applicable</i>)	
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

My wrongful dismissal dispute relates to:

- 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).

- 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).

- 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).

Date of Dismissal

Was notice / salary in lieu of notice given?

- Yes No Partial

Why do you think you have been dismissed without just cause or excuse?

How much are you claiming for?

Please explain how the claim amount is calculated

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

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

State Courts website: www.statecourts.gov.sg

Form 66

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Between

[Name of Claimant].....Claimant

NRIC / Fin No. / UEN No.

And

[Name of Respondent].....Respondent

NRIC / Fin No. / UEN No.

RESPONSE

**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 Respondent

1. My particulars are as follows:

- (a) Name: []
- (b) NRIC No. (for Singapore citizen / Singapore Permanent Resident) / No., type and country of issue of foreign identification document and Foreign Identification Number (FIN) (for foreign citizen) / UEN No.: []
- (c) Address: []
- (d) Telephone No.: []
- (e) E-mail Address (optional): []
- (f) Fax No. (if available): []

Part B – Particulars of *Response / Response to Counterclaim (*delete as appropriate)

- 1. A *claim / counterclaim has been lodged against me in *Claim / Counterclaim No. [] of 20 []
- 2. I am opposing the *claimant's / counterclaimant's claim for the following reasons (*please provide detailed reasons for each incident which the claimant has stated in the claim*): []

3. I attach the following evidence in support of my response:

- Document(s) *(please specify what documents):*
| |
- Photograph(s)
- 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.

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

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

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)

EXPLANATORY NOTE TO THE RESPONDENT

IMPORTANT: Please fill in all the fields in the form. An incomplete form and / or incomplete supporting evidence will delay the processing of your submission.

1. A Claim lodged against a respondent in the Employment Claims Tribunals must be supported by a claim referral certificate issued in respect of every specified employment dispute for which the claim is lodged.
2. A respondent who wishes to contest the Claim must file a Response in this form 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 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 Response is **\$30.00** for claims not more than \$10,000, or **\$60.00** for claims more than \$10,000.
4. A respondent may lodge a Counterclaim against the claimant if the respondent wishes to bring his or her (or its) own claim against the claimant.

BRIEF PROCEDURE FOR FILING A RESPONSE

5. 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.
6. You must file a Declaration of Service within 4 weeks after the date of filing your Response and, in any event, before the next Case Management Conference. The date, time and place of the Case Management Conference will be provided to you.
7. 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

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

State Courts website: www.statecourts.gov.sg

Form 67

EMPLOYMENT CLAIMS TRIBUNALS

Counterclaim No. []
(Seal)

Between

(Name of Counterclaimant).....Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

Registrar
Employment Claims Tribunals

NRIC / Fin No. / UEN No.

COUNTERCLAIM

**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 Counterclaimant

1. My particulars are as follows:

- (a) Name: []
- (b) NRIC No. (for Singapore citizen / Singapore Permanent Resident) / No., type and country of issue of foreign identification document / foreign identification number (FIN) (for foreign citizen) / UEN No.: []
- (c) Address: []
- (d) Telephone No.: []
- (e) E-mail Address (optional): []
- (f) Fax No. (if available): []

Part B – Particulars of Counterclaim

1. A claim based on the claim referral certificate attached in Claim No. [] of 20 [] has been lodged against me and I wish to lodge a counterclaim on the following grounds (*please specify*):
[]

2. The particulars of my counterclaim are as follows:

(Please provide details of your counterclaim. A counterclaim can only be filed EITHER for a specified contractual/salary dispute OR a wrongful dismissal dispute. Please file two separate counterclaims if you intend to counterclaim 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><i>My wrongful dismissal dispute relates to:</i></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>
Date of Dismissal
<p>Was notice / salary in lieu of notice given?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial</p>
Why do you think you have been dismissed without just cause or excuse?
How much are you claiming for?
Please explain how the claim amount is calculated

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

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

[Signature of counterclaimant]

[Name of counterclaimant]

(*delete as appropriate)

EXPLANATORY NOTE TO THE COUNTERCLAIMANT

IMPORTANT: You must provide the full name of the claimant 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, if you have a claim against the claimant, file a Counterclaim against the claimant.
2. You must include in your Counterclaim all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated in your Counterclaim. 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 Counterclaim is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR LODGING A COUNTERCLAIM

4. After filing your Counterclaim, you must serve a copy of the Counterclaim on the claimant within 7 days.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Counterclaim or before the time of the next 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 Counterclaim.

FURTHER INFORMATION

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

State Courts website: www.statecourts.gov.sg

Form 69

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Application No. []

Between

(Name of Claimant / Counterclaimant/Applicant).....*Claimant / Counterclaimant/Applicant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

NOTICE OF WITHDRAWAL

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
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.

1. I am the [*claimant / respondent/applicant] in this case.
2. I wholly withdraw the *claim / counterclaim / application / response OR [withdraw the following specified employment dispute(s)]:
[]
3. I have *served/not served the *claim / counterclaim / application / response on the other party.
4. Reasons for withdrawal:
 - The *claimant / respondent has paid the amount claimed.
 - I have made a private settlement agreement with the *claimant / respondent.
 - I do not wish to pursue the matter further.
 - Other reasons (please specify): []

Dated this [] day of [], 20[]

[Signature of *claimant / counterclaimant / respondent]

*I consent to the above application.

[Name of *claimant / counterclaimant / respondent]

[Signature of other party]

Name of other party

(*delete as appropriate)

This form may require sealing by the Court and the signature of the Registrar of the State Courts.
(*delete as appropriate)

FOR OFFICIAL USE ONLY

Received On:

Approved

Not Approved

*Registrar / Tribunal
Employment Claims Tribunals*