

How to fill up FORM 1 (STATEMENT OF CLAIM)

Shown below is how Form 1 is to be filled up for purpose defence and counter-claim and can be used at all the Tribunal for Consumer Claims branches (TTPM).

Explanation is also given for terms you may Not understand.

CONSUMER PROTECTION ACT 1999	
CONSUMER PROTECTION (THE TRIBUNAL FOR CONSUMER CLAIMS) REGULATIONS 1999	
SECOND SCHEDULE	
FORMS (Regulation 4)	
FORM 1 (Regulation 5)	
STATEMENT OF CLAIM	
CLAIMANT <ul style="list-style-type: none">- You are the claimant (individual making a claim).- You are required to fill your name and address in full.	IN THE TRIBUNAL FOR CONSUMER CLAIMS AT IN THE STATE, MALAYSIA CLAIM NO. :
RESPONDENT <ul style="list-style-type: none">- Party against whom a claim is made.- State the full name and address.	Name of Claimant : I/C No. : Address : Tel. No. (H) : H/P No. : Fax No. : Email :
AMOUNT CLAIMED <ul style="list-style-type: none">- State the exact amount claimed.- The amount claimed should not exceed RM25,000.00	Name of Respondent : I/C No. / Registration Company No. : Address : Tel. No. : H/P No. : Fax No. : Email :
PARTICULARS OF CLAIM <ul style="list-style-type: none">- State the relevant date and how the claim had arisen or the basis of the claim <ol style="list-style-type: none">1. Date2. I bought things/services3. and paid (RM)4. I am disappointed because :-<ol style="list-style-type: none">i. _____ii. _____iii. _____5. Other (If any) _____	Statement : Claimant's claim is or a sum of Particulars of claim :
OFFICE USE <ul style="list-style-type: none">- The section is use for the Tribunal use. Date Signature/Right Thumbprint of Claimant Date of Filing Secretary (SEAL)