**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***

IN THE TRIBUNAL FOR CONSUMER CLAIMS

AT **hearing\_venue\_short**

IN THE STATE **state\_name** MALAYSIA

CLAIM NO: **case\_no**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Claimant | : | claimant\_name | | | |
| claimant\_identification\_type | : | claimant\_identification\_no | | | |
| Name of Claimant 2 | : | claimant\_2\_name | | | |
| claimant\_2\_identification\_type | : | claimant\_2\_identification\_no | | | |
| Address | : | claimant\_address | | | |
| Tel. No. | : | claimant\_phone\_home / claimant\_phone\_mobile | | | |
| Email/Fax No. | : | claimant\_email / claimant\_phone\_fax | | | |
|  |  |  |  |  |  |
| Name of Respondent | : | opponent\_name | | | |
| Identification Card No. / Company/Business Registration No. | : | opponent\_identification\_no | | | |
| Address | : | opponent\_address | | | |
| Tel. No. | : | opponent\_phone\_home / opponent\_phone\_mobile | | | |
| Email/Fax No. | : | opponent\_email / opponent\_phone\_fax | | | |

Statement:

|  |
| --- |
| Claimant’s claim is for a sum of **RM claim\_amount** |

|  |
| --- |
| **Particular of Claim:**  Date of transaction/Purchase: transaction\_date  Purchased / Used: purchased\_item  Model / Brand: brand  Purchase Price: RM amount\_paid  Total of Claims:  claim\_details |

|  |  |  |
| --- | --- | --- |
| …………………………………….  *Date* | | …………………………………….  *Signature / Right thumbprint*  *of Claimant* |
| filing\_date  *Date of Filing* | | …………………………………  **psu\_name**  o.b SECRETARY  TRIBUNAL FOR CONSUMER CLAIMS  MALAYSIA |
| (SEAL) | | |
| **TO THE RESPONDENT:** | | |
|  | If you dispute the Claimant's claim, you shall file in your statement of defence in Form 2 (the "Statement of defence") within fourteen (14) days after the service of the statement of claim. | |
| **INSTRUCTIONS TO CLAIMANT:** | | |
| 1. | The Claimant shall fill in his name in full and his identity card number in the column provided. | |
| 2. | The Claimant shall fill in the name of the Respondent in full and his last known address in the column provided. | |
| 3. | The Claimant shall state the exact amount claimed in the column provided. The amount claimed should not exceed RM50,000.00. If the amount exceeds RM50,000.00 then the claim shall be filed in the First-Class Magistrate's Court. | |
| 4. | The Claimant shall state the particulars of his claim in the column provided. The particulars shall state the relevant date and how the claim has arisen or what is the basis of the claim. | |
| 5. | If the column provided is insufficient, please continue on a separate sheet of paper and write "see overleaf". Any separate sheet of paper used should be attached to this Form. | |
| 6. | Having filled in the particulars, the Claimant shall sign this Form personally. | |
| 7. | Having completed this Form, the Claimant shall file this Form in 4 copies in the Tribunal's Registry. The Claimant shall pay a filing fee of RM5.00. The Registry will put the seal of the Tribunal on the 4 copies. Two copies of this Form shall be returned to the Claimant. | |
| 8. | You cannot be represented by a lawyer at the hearing. | |

|  |  |
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| **INSTRUCTION TO THE RESPONDENT:** | |
| 1. | When you receive this Form sealed with the seal of the Tribunal, you are being sued by the Claimant. |
| 2. | If you dispute the claim you shall state your defence, with particulars, in Form 2. |
| 3. | You shall file in your statement of defence in the Tribunal's Registry. |
| 4. | If you fail to file in your defence within the prescribed time or if you fail to appear before the Tribunal on the hearing date, the Tribunal will make an award in favour on the Claimant. |
| 5. | You cannot be represented by a lawyer at the hearing. |
| 6. | You are required to deliver Form2 to the Claimant. |
|  | Please Return To :-  *Secretary,*  *branch\_address*  *Tel: branch\_phone\_office*  *Fax: branch\_phone\_fax*  *Toll Free Line: 1-800-88-9811*  *Email: branch\_email* |

**e-Tribunal System**

|  |  |  |
| --- | --- | --- |
| Claim No. | : | case\_no |
| Hearing Date | : | hearing\_date |
| Hearing Time | : | hearing\_time |
| Form 1 Receipt No. | : | receipt\_no |

Thank you for dealing with the Tribunal for Consumer Claims Malaysia. Please keep this document as a reference.