

CONSUMER PROTECTION ACT 1999
CONSUMER PROTECTION (THE TRIBUNAL FOR CONSUMER CLAIMS)
REGULATIONS 1999

FORM 1
(Regulation 5)

STATEMENT OF CLAIM

IN THE TRIBUNAL FOR CONSUMER CLAIMS

AT

IN THE STATE OFMALAYSIA

CLAIM NO.:

| | | |
|-------------------|---|-------------------------------|
| Name of Claimant | : | <hr/> <hr/> <hr/> |
| I.C. No./Passport | : | <hr/> <hr/> <hr/> |
| Address | : | <hr/> <hr/> <hr/> <hr/> <hr/> |
| Telephone No. | : | <hr/> <hr/> <hr/> |
| Fax No./ E-mail | : | <hr/> <hr/> <hr/> |
| | : | <hr/> <hr/> <hr/> |

| | | |
|--|---|-------------------------------|
| Name of Respondent/Company/Body Corporate/ Society/Firm | : | <hr/> <hr/> <hr/> |
| I.C. No./Registration No. of Company/ Body Corporate/ Society/Firm | : | <hr/> <hr/> <hr/> |
| Address | : | <hr/> <hr/> <hr/> <hr/> <hr/> |
| Telephone No. | : | <hr/> <hr/> <hr/> |
| Fax No./E-mail | : | <hr/> <hr/> <hr/> |
| | : | <hr/> <hr/> <hr/> |

TO THE RESPONDENT:

If you dispute the claim, you shall file your defence in Form 2 (Statement of Defence and Counter-claim) within fourteen (14) days after the service of Form 1 (Statement of Claim).

INSTRUCTIONS TO CLAIMANT:

1. Fill in your name in full and your identity card number/passport number in the column provided.
2. Fill in the name of the Respondent in full, identity card number/passport number and his last known address in the column provided
3. 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. State the particulars of 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. Attach any document that can support the claim together with this Form.
6. 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.
7. Having filled in the particulars, you shall sign this Form personally.
8. Having completed this Form, you shall file this Form four (4) copies in the Tribunal's Registry Office. You shall pay a filing fee of RM5.00. The Tribunal's Registry Office will put the seal of the Tribunal on the four (4) copies. Two (2) copies of this Form shall be returned to you.
9. You shall not be represented by an advocate or solicitor at the hearing.
10. You are required to serve a copy of Form 1 together with four (4) copies of Form 2 to the Respondent, within fourteen (14) days from the date of the Form 1 is returned to you.

Please return the completed form to:

**SECRETARY
TRIBUNAL FOR CONSUMER CLAIMS MALAYSIA
MINISTRY OF DOMESTIC TRADE AND COST OF LIVING
(Addressed to the branch of the Tribunal For Consumer Claims Malaysia in the respective State)**