

Customer Inquiry Form

Inquirer Information	
Full Name:	Contact Number:
NRIC No.:	Email Address:
Agreement Number:	Date: Time:
<input type="checkbox"/> Parkson Credit customer <input type="checkbox"/> Others	Plate Number: (Optional):
Type of Inquiry	
<input type="checkbox"/> (A) Wrong Payment/Refund <input type="checkbox"/> (D) Insurance Claim	<input type="checkbox"/> (B) Early Settlement <input type="checkbox"/> (E) Account Information
<input type="checkbox"/> (C) Change of Personal Details	
Details	
(A) Wrong Payment/Refund	
1) <input type="checkbox"/> Paid into the WRONG Agreement No. _____ <input type="checkbox"/> Request refund <input type="checkbox"/> I am not Parkson Credit customer 2) Bank account information: Bank: _____ Branch: _____ Account No. _____ Note: Document required: <input type="checkbox"/> Payment receipt <input type="checkbox"/> Bank account proof with name and account no.(Refund Only)	
(B) Early Settlement	
Intended Date: _____	
(C) Change of Personal Details	
<input type="checkbox"/> New Personal Contact No. _____ <input type="checkbox"/> New Mailing Address: _____ <input type="checkbox"/> Others: _____	
(D) Insurance Claim	
1) Date of loss: _____ Insurance Company: _____ Location: _____ 2) Police Report? <input type="checkbox"/> YES <input type="checkbox"/> NO 3) Claimed document submitted to insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I hereby warrant that the above statements are true and correct, I have not withheld any material information in connection with this claim from Parkson Credit Sdn. Bhd.	
(E) Account Information	
<input type="checkbox"/> Total Outstanding Balance <input type="checkbox"/> Last Payment Amount & Date <input type="checkbox"/> Due Date & Amount <input type="checkbox"/> Agreement No. <i>*Kindly enjoy instant replies via Customer Service WhatsApp @ 019-325 2380</i>	
<input type="checkbox"/> Further to the above, I consent to the processing of my sensitive personal data as defined under the Personal Data Protection Act 2010 or any relevant, update and/or amended legislations and/or regulation from time to time.	
Others/Remark for Inquiry:	Requested/Prepared by:
	Signature/Company Chop:
For Office Use	
Verified by: Signature: _____ Date: _____	Processed by: Signature: _____ Date: _____
Action taken:	
Checked by: Signature: _____ Date: _____	Comment:
Ticket No.:	Inquiry status: <input type="checkbox"/> Closed <input type="checkbox"/> Void Date & time:

Note: Inquiries will be attended within 3 working days