

Official Refund Claim Form for Loss Incidence

Claimant Information

Full Name

Contact Number

Postal Address

Email Address

Transaction Details

Transaction/Order ID

Transaction Date

Amount Paid

Payment Method

Loss Incidence Details

Description of Loss

Date of Loss Incident

Supporting Documents (list attached files)

Declaration

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in rejection of my claim and possible legal action.

Signature

Date

Important Notes

- Please ensure all information is accurate and complete to avoid delay or rejection of your claim.
- Attach all relevant supporting documents; incomplete submissions may not be processed.
- This form must be signed and dated to be considered valid.
- Keep a copy of this form and all supporting documents for your records.
- Contact our support team for any inquiries regarding your claim status.