Customer Care (Feedback Form)

To : CCS Customer Care
Fax No.: (65) 6148 4812

Email : customercare@ccsidd.com

Customer Account No.: _____
Contact Person No.: _____
Customer Fax No.: _____
Customer Email : _____

Type of Service : _____
Date : _____
Time : _____

1. Tick the faults/disputes which occurred

Received fast busy tone frequently	☐
Call cut off (during telephone conversation)	☐
Call cut off (during the call ringing)	☐
Noise / Echo	☐
Silence	☐
Cannot hear (destination party)	☐
Cannot hear (my end)	☐
Others	☐

Please specify : _____

2. Details of Problem

Date : _____ Time : _____

Problem occurs after keying : Prefix No. ☐ During Conversation ☐
Destination No. ☐

Local

Calling Country : _____ Local Phone No.: _____
Prefix No.: _____

Phone Used : Office ☐ Mobile ☐
Home ☐ Public ☐

Destination

Destination Country : _____ Destination No.: _____

Destination Phone Called : Office ☐ Mobile ☐
Home ☐ Toll-free ☐

3. Additional Remarks

_____
_____
_____

4. Reverts by CCS Customer Care (To be filled up by CCS Customer Care Officer)

Name : _____ Date : _____
Contact No.: _____ Ref No.: _____