

## WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conduct or wrongful act (“Improper Conduct”) involving Hong Leong Assurance Berhad (“HLA”) and/or any person associated with HLA through [whistleblowing-hlah@hla.hongleong.com.my](mailto:whistleblowing-hlah@hla.hongleong.com.my). Concerns on your personal position or your employment, should be raised through HR grievance procedures, and not through this Whistleblower Form.

<b>YOUR RELATIONSHIP WITH HLA</b>	Please tick all applicable: Employee: <input type="checkbox"/> Non-Employee: <input type="checkbox"/>	
	<b>NON-EMPLOYEE:</b> Please specify your relationship. Please include your employer’s details if your employer provides services to or otherwise has a business relationship with HLA.	
<b>YOUR FULL NAME</b>		
<b>NAME OF YOUR EMPLOYER</b>		
<b>YOUR STAFF ID</b> <i>(if an employee of HLA)</i>		
<b>YOUR DEPARTMENT</b>		
<b>YOUR POSITION / DESIGNATION</b>		
<b>YOUR CONTACT DETAILS</b>	<b>Address:</b>	<b>Telephone:</b>
		<b>Email:</b>
<b>DETAILS OF YOUR CONCERNS</b> (please provide as much information as possible)		

**DESCRIPTION OF IMPROPER CONDUCT:**

(use the additional information sheet, if necessary)

**WHERE DID THE IMPROPER CONDUCT OCCUR?**

**WHEN DID THE IMPROPER CONDUCT OCCUR?**

**NAME AND POSITION OF PERSON(S) INVOLVED:**

**DETAILS OF ANY WITNESS(ES):**

**DID YOU REPORT THE IMPROPER CONDUCT TO ANY AUTHORITIES? IF YES,  
PLEASE GIVE DETAILS:**

**SUPPORTING DOCUMENT(S) ATTACHED (Please tick)?** Yes  No

**ADDITIONAL INFORMATION SHEET**

**ANY ADDITIONAL INFORMATION:**

**Provide any further details you think may be relevant, for example, whether you approached the person(s) concerned, any financial impact to HLA, etc.**