

WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conducts or wrongful acts involving Hong Leong Assurance Berhad (“HLA”). Concerns on your personal position or your employment, should be raised through HR grievance procedures, and not through this Whistleblower Form.

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

DETAILS OF YOUR CONCERNS

(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.