



WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conducts or wrongful acts (“Improper Conduct”) involving HL Assurance Pte Ltd (“HLAS”). Concerns on your personal position or your employment, should be raised through HR grievance procedures, and not through this Whistleblower Form.

| | | |
|---|---|------------|
| YOUR RELATIONSHIP WITH HLAS | 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 (If an employee of HLAS) | | |
| 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