

WHISTLEBLOWER FORM

You should raise any genuine concerns about any improper conducts or wrongful acts (“Improper Conduct”) involving HL Assurance Pte Ltd (“HLAS”) and/or any person associated with HLAS through 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.

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