

WHISTLEBLOWING POLICY AND PROCEDURES

WHISTLEBLOWER FORM

All disclosures related to Pacific & Orient Insurance Co. Berhad can be made by completing this Whistleblower Form and submitting it through any of the following designated recipients:

whistleblower@pacific-orient.com Compliance Department

Mail: 11th Floor, Wisma Bumi Raya

No. 10, Jalan Raja Laut 50350 Kuala Lumpur

* Mandatory information

SUBJECT OF COMPLAINT*	
Allegation Details	
(Please state the nature of allegation,	
where and when the alleged improper	
conduct took place and any other	
relevant details)	
(DI III: 1.1 .:C : 1)	
(Please use additional sheet if required)	
Other Parties Involved	
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WHISTLEBLOWER'S INFORMATION	JN
Name	
NRIC No./Passport No.	
Designation	
Department	
Company	
Contact No.	
Email Address	
INFORMATION ON PERSON YOU ARE REPORTING ON	
Name*	
Designation	
Department	
Company	
Contact No.	
Email Address	

PACIFIC & ORIENT INSURANCE CO. BERHAD Whistleblowing Policy and Procedures

APPENDIX A Whistleblower Form

WITNESS(ES) INFORMATION (if any)		
Name		
Designation		
Department		
Company		
Contact No.		
Email Address		
ATTACHMENT AND DESCRIPTION		
If you have any supporting documents and	l/or evidence that you wish to share, please list	
them below and attach the relevant items together with this form for submission.		
(Please use additional sheet if required)		
DECLARATION* (please tick to acknowledge your understanding below)		
I hereby declare that all the information herein is made voluntarily and are true, correct		
and complete to the best of my knowledge and belief. I do understand that POIC shall		
use the information and material(s) provided herein and it will be processed in the		
course of managing the disclosure in accordance with the Whistleblowing Policy and		
Procedures.		
Signature:	Date: *	