

## 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<br>Mail : 11th Floor, Wisma Bumi Raya No. 10, Jalan Raja Laut 50350 Kuala Lumpur

* Mandatory information

| SUBJECT OF COMPLAINT* |  |
| :--- | :--- |
| Allegation Details <br> (Please state the nature of allegation, <br> where and when the alleged improper <br> conduct took place and any other <br> relevant details) <br> (Please use additional sheet if required) |  |
| Other Parties Involved |  |
| WHISTLEBLOWER'S INFORMATION |  |
| 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 |  |

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/or evidence that you wish to share, please list <br> them below and attach the relevant items together with this form for submission. <br>  <br>  <br> (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 shalluse 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: * |
| :--- | :--- |

