



APPENDIX 1

SUSPECTED OR CONFIRMED FRAUD CASE(S) REPORTING FORM

No.	Section 1	Contact Details
1.	Name of Insurance Company or Takaful Operator	
2.	Reported by	
3.	Designation	
4.	Department	
5.	Telephone number	
6.	E-mail address	
No.	Section 2	Details
[a]	Date of incident	
[b]	Type of insurance policies/products (if applicable)	
[c]	Nature of fraud	<input type="checkbox"/> New <input type="checkbox"/> Repeated If repeated, please specify the date of discovery of last incident: __/__/__
[d]	Fraud category	<input type="checkbox"/> Internal fraud <input type="checkbox"/> Policyholder and claims fraud <input type="checkbox"/> Intermediary fraud
[e]	Name of reported fraudster(s)	
[f]	I.C. no./passport no. of fraudster(s)	
[g]	Relationship of fraudster(s) with insurer [i.e. policyholder, claimant, administrative staff, etc.]	
[h]	Monetary amount involved, if any	

(i)	Status of case or legal proceedings (if any)	
(j)	Root cause of the case (if information is available)	
(k)	Action(s) taken by insurer (including making police report, if applicable)	
(l)	Reasons for not lodging a police report on the incident of fraud (if applicable)	
(m)	Summary of the suspected or confirmed fraud case(s)	
(n)	Consequences/impact of the fraud event [please refer to Note 1 below]	<input type="checkbox"/> Financial <input type="checkbox"/> Non-financial <input type="checkbox"/> Both Please specify the Please classify: - amount or <input type="checkbox"/> High impact approximate <input type="checkbox"/> Medium amount: impact ----- <input type="checkbox"/> Low impact
(o)	Reasons why the incident is material to the safety, soundness or reputation of the insurer	

Where available, please attach all relevant documents such as written and signed statements, investigation reports and police reports.

Certified by (Key Persons in Control Function or Key Responsible Persons)	
Name: _____	
Signature: _____	
Date: _____	

Note 1:

- **Financial Impact** - There is an actual or potential financial loss.
- **Non-Financial Impact** – No loss amount involved but has impact on reputation, non-compliance etc. Insurer must select the severity of the non-financial impact either as High / Medium / Low.
 - (a) **High impact** - which caused severe damage to reputation that resulted in long term effect on business credibility;
 - (b) **Medium impact** - which caused moderate damage to reputation that resulted in medium term effect on business credibility; or
 - (c) **Low impact** - which caused insignificant damage to reputation that did not result in any damage on business credibility.
- **Both Financial and Non-Financial** – as defined above.