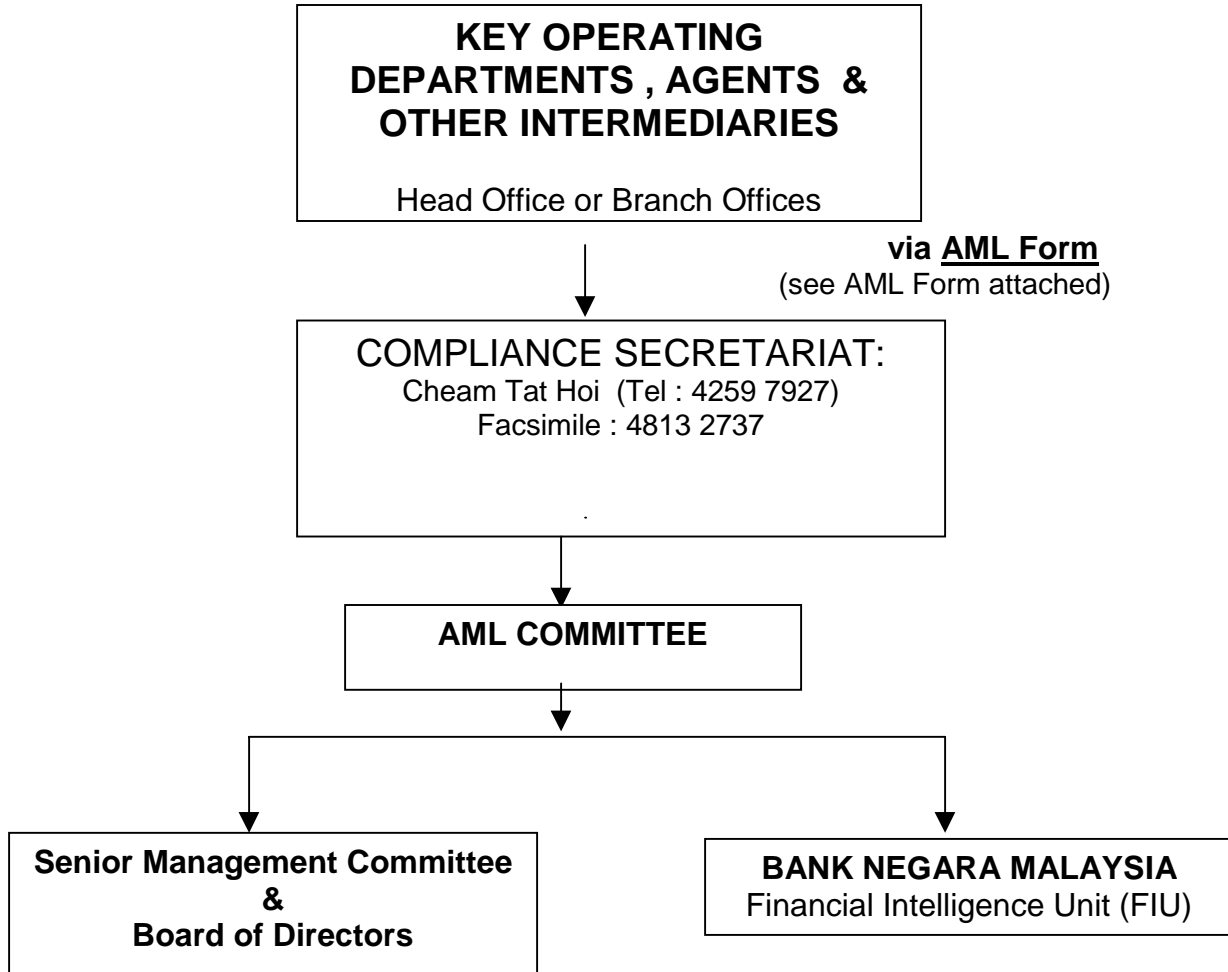


OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD  
 REPORTING OF SUSPICIOUS TRANSACTION TO COMPLIANCE SECRETARIAT



**PROCEDURES**

1. Head of respective Department(s) and other Intermediaries to report any suspected case to the Compliance Secretariat via AML Form soonest any case is alerted.
2. The relevant staff(s) handling the case are advised **not to** alarm or discuss the matter with the customer or any other persons.
3. All files pertaining the case must be properly maintained to facilitate investigation and/or safekeeping for at least 6 years from the date when transaction occurred.
4. The AML Committee will convene a meeting within 24 hours (wherever practicable) from the date of reporting by relevant parties, to deliberate on the suspected case and the decision will be informed to the relevant parties concerned.
5. The Compliance Secretariat shall be the central body to liaise with BNM on all matters pertaining to anti- money laundering measures in the Company.
6. Staff/Agents/Intermediaries to cooperate with BNM and other law enforcement agencies in their investigation.

**OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD  
REPORTING OF SUSPICIOUS TRANSACTION TO COMPLIANCE SECRETARIAT**

**AML FORM**

**REPORTING OF SUSPICIOUS TRANSACTIONS TO COMPLIANCE SECRETARIAT**

<b>A. Details of Reporting Department /Officer</b> <i>(CAUTION : Suspect is not to be alarmed or alerted on case reported)</i>		
1.	Date	
2.	Department	
3.	Officer's Name	
4.	Telephone No.	
5.	E-mail Address	
<b>B. Customer's Particulars 1/</b>		
1.	Name	
2.	Birthdate / Registration date *	
3.	Nationality/ Country of Registration *	
4.	NRIC/Passport/ Registration No. *	
5.	Address	
6.	Telephone No.	
7.	Fax No.	
8.	Occupation/Designation/ Business Activities*	
9.	Name & Address Of Employer/ Own Office *	
<b>C. Policy Details</b> (contracted or otherwise – to complete where appropriate)		
1.	Policy No.	
2.	Type of Policy	
3.	Date of Commencement	
4.	Name of Agent	
5.	Agent's NRIC/ Passport No.	
6.	Contact Address	

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7.	Agency Name/ Address	
8.	Sum Insured	
9.	Payment mode : (Yrly/half-yrly/quarterly/ monthly/lump sum )*	
10.	Premiums payable in - original currency - RM equivalent	
11.	Name of beneficiary	
12.	Customer's relationship With beneficiary	
13.	Address of beneficiary	
<b>C. Details of Suspicious Transactions 2/</b>		
1.	Amount involved	
2.	Date of transaction regarded suspicious	
3.	Source of funds	
4.	Destination of funds	
5.	Nature/type of Transaction	
6.	Reason(s) for suspicion	
7.	Other relevant information	
<b>Prepared by :</b> Officer's Name:		<b>Reviewed By :</b> Head of Department :
Signature :		Signature :

## Notes :

- 1/ The customers can be individuals or corporate/institutional entities and where the transactions can be regarded suspicious before the policy is contracted or when the policy is already in force.
- 2/ The suspicious activity could be a policy negotiated (which is never contracted) or the policy in force.
- \* Delete where appropriate.