



APPENDIX 1

SUSPECTED OR CONFIRMED FRAUD CASE(S) REPORTING FORM

No.	Items	Details
(a)	Date of incident	
(b)	Type of insurance policies/products (if applicable)	
(c)	Name of reported fraudster(s)	
(d)	I.C. no./passport no. of fraudster(s)	
(e)	Relationship of fraudster(s) with insurer (i.e. policyholder, claimant, administrative staff, etc.)	
(f)	Amount involved, if any	
(g)	Status of case or legal proceedings (if any)	
(h)	Action taken by insurer (including making police report, if applicable)	
(i)	Summary of the suspected or confirmed fraud case(s)	

**Attach all relevant documents where applicable*