



PROGRESSIVE INSURANCE BHD

Registration No.: 197401001891 (19002-P)

WHISTLEBLOWER FORM

You should raise any concerns about any improper conduct or wrongful act that is committed within Progressive Insurance Berhad (“PIB”). If your concern is about your personal position, rather than a concern about malpractice, it will be more appropriate for you to use the HR grievance procedures.

FULL NAME		
NRIC		
Department/Branch (for PIB staff)		
Relationship with PIB (non-PIB staff)		
CONTACT DETAILS	Address:	Telephone:
		Email:

DETAILS OF YOUR CONCERNS (please provide as much information as possible)	
DESCRIPTION OF INCIDENT: (use the additional information sheet, if necessary)	
WHERE DID THE INCIDENT OCCUR?	
WHEN DID THE INCIDENT OCCUR?	
NAME AND POSITION OF PERSON(S) INVOLVED:	

DETAILS OF ANY WITNESS(ES):

DID YOU REPORT THE INCIDENT TO ANY AUTHORITIES? IF YES, PLEASE GIVE DETAILS:

SUPPORTING DOCUMENT(S) ATTACHED (Please tick)? Yes No

ADDITIONAL INFORMATION SHEET

ANY ADDITIONAL INFORMATION:

Provide any further details you think may be relevant, for example, whether you approached the person(s) concerned, any financial impact to PIB, etc.