



# SUSPICIOUS TRANSACTION REPORT

## INSURANCE AND TAKAFUL

- a. This report is made pursuant to the requirement to report suspicious transaction under the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMLATFA)
- b. Under section 24 of the AMLATFA, no civil, criminal or disciplinary proceedings shall be brought against a person who makes a report unless it was made in bad faith

### PART A: INFORMATION ON CUSTOMER

#### 1) Individual

Nationality	<input type="text"/>		
Name	<input type="text"/>		
Other/previous name	(1)	<input type="text"/>	
	(2)	<input type="text"/>	
	(3)	<input type="text"/>	
New NRIC no	<input type="text"/>	Old NRIC no	<input type="text"/>
Other identification	<input type="text"/>	Other identification type	<input type="text"/>
Gender	<input type="text"/>		

#### Contact information

Residential/business address	Correspondence address
<input type="text"/>	<input type="text"/>

Other address	Previous address
<input type="text"/>	<input type="text"/>

Email address	<input type="text"/>		
Contact no	- (Off)	- (Res)	- (Mob)
Fax no	<input type="text"/>		

#### Employment information

Business/employment type	<input type="text"/>
--------------------------	----------------------



Occupation	<input type="text"/>
Occupation description	<input type="text"/>
Employer name	<input type="text"/>
Employment area	<input type="text"/>
Other known employment	<input type="text"/>

**Marital information**

Marital status	<input type="text"/>
Spouse name	<input type="text"/>

**Spouse identification**

New NRIC no	<input type="text"/>	Old NRIC no	<input type="text"/>
Other identification	<input type="text"/>	Other identification type	<input type="text"/>
Passport no	<input type="text"/>	Place/country of issue	<input type="text"/>

Other policies which customer has/had with the company	<input type="text"/>
--	----------------------

**Beneficiary**

**1) Individual**

Nationality	<input type="text"/>		
Name	<input type="text"/>		
Relationship with customer	<input type="text"/>		
Other/previous name	(1) <input type="text"/>		
	(2) <input type="text"/>		
	(3) <input type="text"/>		
New NRIC no	<input type="text"/>	Old NRIC no	<input type="text"/>
Other identification	<input type="text"/>	Other identification type	<input type="text"/>
Gender	<input type="text"/>		



**Contact information**

Residential/business address

Correspondence address

Other address

Previous address

Email address

Contact no

Fax no

**Employment information**

Business/  
employment type

Occupation

Occupation description

Employer name

Employment area

Other known  
employment

**Marital information**

Marital status

Spouse name

**Spouse identification**

New NRIC no

Old NRIC no

Other identification

Other identification type

Passport no

Place/country of issue

**Intermediary**



**1) Individual**

Nationality	<input type="text"/>		
Name	<input type="text"/>		
Other/previous name	(1)	<input type="text"/>	
	(2)	<input type="text"/>	
	(3)	<input type="text"/>	
New NRIC no	<input type="text"/>	Old NRIC no	<input type="text"/>
Other identification	<input type="text"/>	Other identification type	<input type="text"/>
Gender	<input type="text"/>		

**Contact information**

Residential/business address	Correspondence address		
<input type="text"/>	<input type="text"/>		
Other address	Previous address		
<input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		
Contact no	- (Off)	- (Res)	- (Mob)
Fax no	<input type="text"/>		

**Employment information**

Business/employment type	<input type="text"/>
Occupation	<input type="text"/>
Occupation description	<input type="text"/>
Employer name	<input type="text"/>



Employment area

Other known employment

**Marital information**

Marital status

Spouse name

**Spouse identification**

New NRIC no

Old NRIC no

Other identification

Other identification type

Passport no

Place/country of issue

**PART B: TRANSACTION DETAILS**

Attempted but not completed transaction

No

Policy number

Claim number

Insurance type

Business class

Type of plan

Policy status

Transaction date

- to -

Policy commencement date

Sum insured

Sum insured currency type

Payment mode

Premium amount

Premium currency type

Payment method



**PART C: DESCRIPTION OF SUSPICIOUS TRANSACTION**

Grounds for suspicion	Unusual early cancellation of policies
	Unusual nature/size of transactions
	Assignments of policies to unrelated parties
	Abnormal settlement instructions
	Claims with abnormal regularity
	Holding numbers of policies and the total premium paid is unusual
	others
<i>Others (please specify)</i>	
Description of suspected criminal activity	
Details of the nature and circumstances surrounding it	
Date of reporting	