

Whistleblowing Report Form

The Insurance Authority (“IA”) is committed to maintaining high standards of transparency, accountability and integrity. The IA has put in place the Whistleblowing Policy (“Policy”), to outline channels and guidance on how to report suspected fraud, irregularity, malpractice or misconduct within the IA. Activities or behaviours covered under the Whistleblowing Policy include but are not limited to the following:

- criminal offence and unlawful acts such as blackmail, bribery, corruption, fraud, forgery and theft;
- failure to comply with legal or regulatory obligations;
- abuse of authority or office;
- breach of internal policies or rules such as confidentiality undertaking, financial control and procurement procedure; and
- act or omission that threatens the lives, health or safety of the general public.

The following are not covered under the Policy:

- complaint about existing provisions within and policies emanated from the Insurance Ordinance;
- matter with no nexus to the IA;
- allegation against former staff of the IA;
- staff grievance on unfair treatment; and
- dissatisfaction on how staff of the IA perform their duties.

If you wish to report a whistleblowing concern, please read the [Whistleblowing Policy](#), complete this Whistleblowing Report Form (“Report Form”) and send it with supporting documents to the Senior Internal Audit Manager (“SIAM”) of the IA through the following channels:

Post*/In Person: **Insurance Authority**
19th Floor, 41 Heung Yip Road,
Wong Chuk Hang,
Hong Kong
(**Attn:** Senior Internal Audit Manager)

Email: whistleblowing@ia.org.hk

* The Report Form should be placed in a sealed envelope marked “*Strictly Private and Confidential – To be opened by the addressee only*”.

For a case that implicates the SIAM, the case should be directed to the IA Secretary via the postal address cited above or by email at complaint-against-ia@ia.org.hk.

When raising a concern, please provide sufficient case specific information so that investigations can be conducted effectively. Failure to provide clear and adequate information regarding a concern may delay or prevent an investigation into the case.

1. Personal particulars of the Whistleblower:					
Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <i>(Please tick as appropriate.)</i>				
	<table border="1"> <tr> <td>First Name:</td> <td>Last Name:</td> </tr> <tr> <td style="height: 80px;"></td> <td style="height: 80px;"></td> </tr> </table>	First Name:	Last Name:		
	First Name:	Last Name:			
<i>Note: You may submit a whistleblowing report anonymously. However, please note that anonymous reports may limit the handling officer's ability to follow up on your report or respond to the information that you provide. It might also cause difficulties in conducting the investigation because further information cannot be obtained from you.</i>					
Company name: <i>(if applicable)</i>					
Correspondence address:					
Email address: <i>(We will correspond with you by email only unless you indicate otherwise.)</i>					
Telephone number:					
2. Information about the person(s) you wish to report:					
Name(s) you wish to report:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <i>(Please tick as appropriate.)</i>				
Division(s) / Section(s):					
Position(s):					

Date(s) of the concern(s) giving rise to the report:	
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3. Nature of concern(s): <i>(You may select more than one box.)</i>	
<input type="checkbox"/> Criminal offence and unlawful acts such as blackmail, bribery, corruption, fraud, forgery and theft <input type="checkbox"/> Failure to comply with legal or regulatory obligations <input type="checkbox"/> Abuse of authority or office <input type="checkbox"/> Breach of internal policies or rules such as confidentiality undertaking, financial control and procurement procedure <input type="checkbox"/> Act or omission that threatens the lives, health or safety of the general public <input type="checkbox"/> Others. Please specify: _____	

4. Details of your concern(s): <i>(Please provide full details relating to your concern(s) such as the names of the persons involved, dates, places and reasons for the concern(s).)</i>	
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(If you need more space, please continue on a separate piece of paper and attach it to this Report Form.)

5. List of supporting documents: *(Please provide a copy of any supporting documents that are relevant to your concern(s).)*

<p><i>(If you need more space, please continue on a separate piece of paper and attach it to this Report Form.)</i></p>

6. Have you lodged a whistleblowing report or complaint regarding the matter reported herein with any other enforcement agency¹?

Yes
 No
(If yes, please provide a copy of your whistleblowing report or complaint and any reply from the relevant enforcement agencies² (if any).)

Name of other enforcement agency / Government Bureau:	
Date of report:	
Reference number: <i>(if known)</i>	
Investigation result: <i>(if available)</i>	

¹ Including, for example, any statutory/regulatory authority with investigation and enforcement powers or government bureau.

² If the case involves activities or behaviours which potentially constitute criminal offence (such as forgery, fraud, bribery or disclosing personal data without consent), please consider reporting the matter to the relevant law enforcement agencies (such as Hong Kong Police Force, Independent Commission Against Corruption, or Office of the Privacy Commissioner for Personal Data, as appropriate). Once you have made a report, please provide us with the date and reference number of your report.

7. Personal Information Collection Statement and consent to disclose your personal data and information

I would like to report the whistleblowing concern(s) against the IA or its staff, I acknowledge and agree that:

- a) the IA may use and rely on the information and materials that have been or will be supplied to the IA by me in relation to the whistleblowing report;
- b) all information and (where applicable) personal data relating to me (such as my name and contact details, etc.) provided to the IA (whether in this Report Form or in any document(s) supplied or to be supplied by me) will be used for the purposes related to the handling of my whistleblowing report, the discharge of statutory functions of the IA and where required or permitted by law. All or any part of the information and (where applicable) personal data may, if the IA considers appropriate, be disclosed or transferred to third parties, including the relevant courts, tribunals and committees, or persons engaged by the IA to assist it in the handling of the whistleblowing report or the performance of its statutory functions, or other relevant regulators and enforcement agencies;
- c) it is voluntary for me to supply the relevant information and (where applicable) my personal data to the IA. If the information and/or (where applicable) personal data provided by me are not true, accurate or complete, the handling of the whistleblowing report herein may be affected; and
- d) where applicable, should I wish to request access to or correct my personal data held by the IA, I may do so by filling in a [“Data Access Request Form”](#)³ and sending it to the Personal Data Privacy Officer of the IA by email at cgs@ia.org.hk. The IA may charge a reasonable fee for complying with my data access request.

8. Declaration *(Please ensure you understand the following and all check boxes are ticked prior to submission.)*

- I acknowledge to have read the IA’s [Whistleblowing Policy](#).
- I confirm to the best of my knowledge that all information stated herein is true and correct.
- I agree that matters beyond the IA’s purview and investigation powers under relevant law(s) should be forwarded to another more appropriate enforcement agency.

³ A copy of the [Data Access Request Form](#) prescribed by the Privacy Commissioner for Personal Data is available at: https://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf.

9. Authorized Representative's particulars (if applicable)

If you wish to appoint a representative to lodge and handle your whistleblowing report on your behalf, both you and your authorized representative will need to complete this section and sign this Report Form:

I, _____ hereby authorize _____
 (Full Name of the Authorized Representative) to lodge and handle the whistleblowing concern reported herein on my behalf, including but not limited to, submit information, communicate with the IA regarding my whistleblowing concern, and receive information and documents (which may include sensitive information and, where applicable, personal data relating to me) from the IA.

We, _____ hereby authorize _____
 (Full Name of the Authorized Representative) to lodge and handle the whistleblowing concern reported herein on our behalf, including but not limited to, submit information, communicate with the IA regarding our whistleblowing concern, and receive information and documents (which may include sensitive information) from the IA.

(Please tick the appropriate box.)

Authorized Representative's Telephone Number:

Authorized Representative's Correspondence/ Email Address:

 Signature of the Whistleblower (with Company Chop, where applicable)

 Full Name/Company Name of the Whistleblower

 Date

 Signature of the Authorized Representative (where applicable)

 Full Name of the Authorized Representative (where applicable)

 Date