Appendix A

Form of Report by Whistleblower of Wrongdoings

A.	PERSONAL PARTICULARS OF WHISTLEBLOWER / REPORTER		
1.	Name	:	
2.	I/C No. / Staff No. / Passport No. (for foreigner)	:	
3.	Relationship with Company	:	☐ staff / employee ☐ customer / supplier ☐ director / shareholder ☐ others: (please specify) ……………………………………………
4.	Name / Address of Employer (if Whistleblower is not SIP staff)		
5.	Position / Department (for staff only)	:	
6.	Preferred Method of Communication	:	☐ mail (full address): ☐ e-mail: ☐ telephone / sms / whatsapp:
B.	DETAILS OF ALLEGATIONS (please use different sheet for each person involved)		
1.	Date / Time / Location	:	
2.	Person Involved in the Allegation	:	
3.	Reporter's relationship with Person involved in Allegation	:	
4.	Details of Incident / Nature of Wrongdoings Please submit supporting documents or evidence (if any) to facilitate investigation. (use additional sheets if necessary)	:	
5.	Name of Witness and Contact Details	:	

C.	**REPORTING TO OTHER PARTIES**

	Have you lodged a report / complaint to the police, other government agencies or any other statutory / regulatory authority?
	
	 ☐ No
	
	 ☐ Yes (please give details and attach a copy of the report made)
	
	      Report / File Reference No.:
	
	      Name of Reporting Agency:
	
	      Date of Report:
	
	      Status of Report:

D.	**DECLARATION**
	- I hereby declare that all the information given herein are made voluntarily and are true to the best of my knowledge. - I fully understand that I may be subject to disciplinary actions or legal proceedings if the report found to be with malicious or defamatory intent. - I will ensure that my participation in this matter will be kept confidential. - I do understand that SIP will use the information and material provided throughout the investigation process in accordance with the Whistleblowing Policy and Procedures of SIP. - I further agree for SIP to provide / disclose information provided herein to the enforcement agency for the purpose of investigation. Signature: Name: Date:
E.	**FOR OFFICE USE ONLY**
1.	Record No. :
2.	Received by :
3.	Date :
4.	Remarks :