



AIG Asia Pacific Insurance Pte. Ltd.
AIG Building, 78 Shenton Way #09-16 Singapore 079120
Co. Reg. No. 201009404M

Crime Protector - Proposal Form

Note to Applicant

For the purpose of this proposal form:

- **Applicant** means organisation completing the proposal form and all of its **Subsidiaries** (as defined in the policy).
- **Fund Transfer** means any instruction given to a financial institution to pay or deliver funds (other than cheques).
- **Plan** means any pension, employee benefit, welfare benefit, share save or share option plan or charitable fund or foundation established and maintained by the **Applicant** for the benefit of its past, present and future **Employees** (as defined in the policy) or their respective beneficiaries.
- **Proposal** means this signed proposal form, the statements, warranties, and representations herein and all attachments, financial statements and other information submitted by or on behalf of the **Applicant**.

Please provide all monetary amounts in US\$ when completing the questions below.



1. Applicant Details

1.1 Name of the **Applicant**: _____

1.2 **Applicant's** main address: _____

1.3 **Applicant's** country of registration: _____

1.4 How long has the **Applicant** been in continuous operation? _____

1.5 **Applicant's** principal web-site address: _____

1.6 **Applicant's** requested **Limit of Liability** (please tick):

\$1m \$2m \$5m \$10m Other: _____

1.7 Has the **Applicant** been involved in, or been the subject of, any merger, acquisition, tender offer, buy-out or change in equity structure in the past 5 years? Yes No

If 'Yes', please provide full details:

1.8 Please provide details of any party with an entitlement to greater than 10% of the ownership interests in the **Applicant**.

Shareholder

% Held

1.9 Please state in respect of the **Applicant** the total:

	<i>Current Year</i>	<i>Previous Year</i>
(a) Number of Employees		
(b) Number of domestic locations		
(c) Number of overseas locations		
(d) Annual turnover		
(e) Maximum value of money, securities, precious metals and / or jewellery at any one location		
(f) Approximate annual value of Fund Transfers		
(g) Current market value of all Plans		



2. Audit

- 2.1 Does the **Applicant** have a fully staffed and appropriately qualified Internal Audit Department? Yes No
If 'Yes':
(a) Do they have an established audit cycle for all operations? Yes No
(b) To whom does the head of the Internal Audit Department report?
Name/Title:
- 2.2 Do External Auditors audit all locations at least annually? Yes No
- 2.3 Have all recommendations from the most recent External Auditors review been implemented by the **Applicant**? Yes No
If 'No', please provide full details of any outstanding matters and a timeline for completion on a separate sheet and attach.

3. Internal Financial Controls

- 3.1 Are wages / salaries independently checked against personnel records for unusual or excessive payments? Yes No
- 3.2 Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:
- (a) signing cheques or authorising payments (including capital expenditure) above \$10,000? Yes No
 - (b) issuing **Funds Transfer** instructions? Yes No
 - (c) amending **Funds Transfer** procedures? Yes No
 - (d) opening new bank accounts? Yes No
 - (e) investment in and custody of securities and valuables (including bank cheques, traveler's cheques, bills of exchange etc)? Yes No
 - (f) refund of monies or return of goods above \$10,000? Yes No
 - (g) disbursement of assets of any **Plan**? Yes No
 - (h) awarding contracts following a tender? Yes No
- 3.3 Are bank statements independently reconciled with customer accounts by persons not authorised to deposit / withdraw funds, issue **Funds Transfer** instructions or dispatch customer accounts? Yes No



4. Recruitment and Human Resources

- 4.1 When recruiting or promoting **Employees** to positions of trust involving handling of stock, money, financial or treasury functions, do you undertake independent checks into their employment history? Yes No
- 4.2 Does the **Applicant** distribute a written anti-fraud policy throughout the organisation? Yes No
- 4.3 Does the **Applicant** maintain and make known to employees a 'whistle-blowing' hotline for reporting suspected fraud and suspicious activities? Yes No

5. Stock and Physical Security

- 5.1 Is there controlled access to all locations? Yes No
- 5.2 Are all premises containing money, securities, precious metals etc. connected to an intruder alarm? Yes No
- 5.3 Is an independent physical count of stock, raw materials, work-in progress and finished goods undertaken at least quarterly, and is this count reconciled against stock records? Yes No
- 5.4 Is the transfer of money and securities valued above \$20,000 made by a security or professional cash carrying company? Yes No

6. Third Parties

- 6.1 Does the **Applicant** maintain an approved supplier list? Yes No
- 6.2 Are all suppliers and service providers:
- (a) vetted for competency, financial stability and honesty? Yes No
 - (b) appointed under a written contract? Yes No
 - (c) audited during the terms of their contract? Yes No
 - (d) under your daily management control where they operate on your premises? Yes No
- 6.3 Does the **Applicant** outsource any normal administrative function to a third party service provider? Yes No

7. Computer Systems

- 7.1 Are unique passwords used to give various levels of entry to the computer systems depending on the users authorisation? Yes No
- 7.2 Are passwords automatically withdrawn when people leave? Yes No
- 7.3 Are all amendments to programs approved independently of the persons making the amendments? Yes No
- 7.4 Are programs protected to detect unauthorised changes? Yes No
- 7.5 Is your computer system protected by virus detection and repair software? Yes No

8. Fund Transfer

- 8.1 Please specify by marking the boxes below, the method of instruction and corresponding methods used to secure **Funds Transfers**?

	<i>Password</i>	<i>Encryption</i>	<i>Code word</i>	<i>Call back</i>	<i>Other (please specify)</i>
(a) Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 8.2 Can payment be made to an account which has not been pre-agreed? Yes No
- 8.3 Is the financial institution required to authenticate **Funds Transfers** instructions before payment is released? Yes No



9. Loss History

9.1 Does the **Applicant** currently have a crime insurance policy in place? Yes No

If 'Yes', what is the:

(a) Limit of liability: _____

(b) Deductible: _____

(c) Expiry date: _____

9.2 Has the **Applicant** ever had any insurer decline a proposal, impose special terms, cancel or refuse to renew a crime insurance policy? Yes No

If 'Yes', please provide full details:

9.3 Please provide in the table below details of any losses (of a type that may be covered by a crime policy) sustained during the past 5 years and before application of any deductible, retention or excess and whether insured or not. **(Attach an additional sheet as required)**

<i>Date Loss was Discovered</i>	<i>Location of Loss</i>	<i>Amount of Loss</i>	<i>Nature / description of Loss</i>	<i>Corrective / remedial action taken to prevent similar losses</i>



10. Impersonation Fraud

- 10.1** Have measures, plans or controls been implemented within the Policyholder and its Subsidiaries to prevent or limit fraud in form of impersonation of your directors, officers or employees (impersonation fraud) and impersonation of your suppliers/vendors (payment diversion fraud)? Yes No

If YES, other than those controls highlighted in the rest of this questionnaire, please attach details.

- 10.2** Over the past 24 months has the Policyholder and / or its Subsidiaries faced one or more
- a. impersonation fraud attempts? Yes No
- b. payment diversion attempts? Yes No
- c. Other fraud attempts involving the impersonation of employees or officers? Yes No

If YES, specify the number and circumstances:

- 10.3** Have you circulate the AIG Fraud Alert to all employees and directors of the Policyholder and its Subsidiaries? Yes No

If no, provide details of what information you have circulated regarding this type of fraud, including, medium/format, period(s)/frequency, function(s) of the person(s) who sent or is/are in charge of this information, and recipients.

Do you systematically provide all new employees with this information? Yes No

- 10.4** Have your telephone call reception desks (or outsourced providers) been warned about the dangers of providing names and contact details of finance department staff to callers "phishing" for information? Yes No



10.5 For the communication internally to request a fund transfer of more than USD10,000, are such instructions made by

- a) Telephone? Yes No
- b) e-mail? Yes No
- c) telex or telefacsimile? Yes No
- d) written instructions? Yes No
- e) Others (please describe) Yes No

10.6 Are all such instructions subject to authentication by the employee receiving the request by

- a) making a call back to the requestor using a predesignated telephone number held on file for the purpose of call back?
Yes No
- b) verifying that the requestor has the authority to make such instruction?
Yes No
- c) prior to the payment request being actioned, ensuring supporting documentation of the payment transfer request is provided?
Yes No
- d) verifying that any signature provided on any written instruction or telefacsimile matches that held on file?
Yes No
- e) for e-mail instructions, verifying the requestors work e-mail address has been used?
Yes No
- f) for telex or telefacsimile, ensuring the test key/algorithm matches that held on file?
Yes No

10.7 With respect to vendors/suppliers

- a) are all requests for payment subject to verification that such vendor/supplier is owed such funds?
Yes No
- b) prior to payment, are payment details verified with those held on file?
Yes No
- c) are changes to payment details Yes No
 - i) made under dual control? Yes No
 - ii) subject to verification by a telephone call or e-mail to a number / e-mail address of an authorised vendor contact held on file for the purpose of verification, in advance of any change to confirm the new bank account information? Yes No



- 10.8** Are all payments for more than USD10,000/EUR10,000 or local currency equivalent made under dual control, such that the payment approval is subject to review and authorisation by two employees, neither of whom is the initiator of the payment request?
- Yes No

11. Required Information

Please enclose with this proposal form:

- The latest Annual Report and Financial Accounts of the **Applicant**.
- Any supplementary information which is material to any questions herein (on the **Applicant's** company letterhead paper).



Declaration

The undersigned authorised Chairman of the Board, President or General Partner of the **Applicant**:

- declares that this **Proposal** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and
- agrees that if the information supplied in this **Proposal** changes between the date of this **Proposal** and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the **Insurer** (as defined in the policy) of such changes, and the **Insurer** may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and
- agrees that this **Proposal** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

Signed

Title

(Must be signed by Chairman of the Board, President or General Partner)

Company

Date

SIGNING THIS PROPOSAL FORM DOES NOT OBLIGE THE APPLICANT TO PURCHASE ANY INSURANCE

I/We agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG Asia Pacific Insurance Pte. Ltd. to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG Asia Pacific Insurance Pte. Ltd. believes may be of interest to me/us, and to communicate with me/us for any purposes.