

FIU/STR/02/02

Please send completed form to:



FINANCIAL INTELLIGENCE UNIT
BANK NEGARA MALAYSIA
JALAN DATO' ONN, 50480 KUALA LUMPUR
Tel: 03-26988044 EXT 8071 Fax: 03-26933625

REPORTING INSTITUTION'S REFERENCE NUMBER

SUSPICIOUS TRANSACTION REPORT

a. This report is made pursuant to the requirement to report suspicious transactions 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. Name	<input type="text"/>		
<i>(Include all aliases / commonly used names. If organisation, please provide registered business / organisation name.)</i>			
2. NRIC No. / Passport No.	NEW	<input type="text"/>	
Business Reg.	OLD	<input type="text"/>	
<i>(NRIC number for Malaysian and passport number for foreigners and business registration number for businesses)</i>			
3. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	4. Country <input type="text"/>
5. Business/ Employment Type	<input type="text"/>		6. Occupation <input type="text"/>
<i>(Where appropriate, principal activity of the person conducting the transaction, if known to the person making the report.)</i>			
7. Occupation Description	<input type="text"/>		
8. Name of Employer	<input type="text"/>		
9. Address	<input type="text"/>		
10. Town	<input type="text"/>	11. Postcode	<input type="text"/>
		12. State	<input type="text"/>

PART B: INFORMATION ON INTERMEDIARY AND BENEFICIARY

13. Name of Intermediary	<input type="text"/>		
<i>(Include all aliases / commonly used names. If organisation, please provide registered business / organisation name.)</i>			
14. Intermediary NRIC No./	NEW	<input type="text"/>	
Passport No./Business Reg.	OLD	<input type="text"/>	
<i>(NRIC number for Malaysian and passport number for foreigners and business registration number for businesses)</i>			
15. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	16. Country <input type="text"/>
17. Name of Beneficiary	<input type="text"/>		
<i>(Include all aliases / commonly used names. If organisation, please provide registered business / organisation name.)</i>			
18. Intermediary NRIC No./	NEW	<input type="text"/>	
Passport No./Business Reg.	OLD	<input type="text"/>	
<i>(NRIC number for Malaysian and passport number for foreigners and business registration number for businesses)</i>			
19. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	20. Country <input type="text"/>
21. Business/ Employment Type	<input type="text"/>		22. Occupation <input type="text"/>
<i>(Where appropriate, principal activity of the person conducting the transaction, if known to the person making the report.)</i>			
23. Occupation Description	<input type="text"/>		
24. Name of Employer	<input type="text"/>		
25. Address	<input type="text"/>		
26. Town	<input type="text"/>	27. Postcode	<input type="text"/>
		28. State	<input type="text"/>

PART C: TRANSACTION DETAILS

29. Policy No.	<input type="text"/>
30. Claim No.	<input type="text"/>
31. Insurance Type	<input type="text"/>
32. Business Class	<input type="text"/>
33. Type of Plan	<input type="text"/>
34. Policy Status	<input type="text"/>

PART C: TRANSACTION DETAILS

35. Date of Transaction

d d m m y y y y

36. Date of Policy Commencement

d d m m y y y y

37. Sum Insured

MYR

38. Currency Type

39. Payment Mode:

(Yearly / half-yearly / quarterly / monthly / lump sum.)

40. Payment Method

(Cash / cheque / credit card)

41. Premium Amount

MYR

42. Currency Type

PART D: DESCRIPTION OF SUSPICIOUS TRANSACTION

43. Grounds for suspicion [Please mark (X) where relevant]

Unusual early cancellation of policies

Claims with abnormal regularity

Unusual nature/ size of transactions

Holding numbers of policies and the total premium paid is unusual to policyholder's background

Assignment of policies to unrelated parties

Others _____

(Please specify.)

44. Give details of the nature and the circumstances surrounding it

(Please include attachments if space is insufficient.)

45. Date of Reporting

d d m m y y y y

PART E: FOR BANK NEGARA MALAYSIA USE ONLY

Receiving officer

Date received

d d m m y y y y