

Suspicious Transactions Report - Section 39
Corruption, Drug Trafficking and Other Serious Crimes
(Confiscation of Benefits) Act

*** NATURAL PERSONS/ BUSINESSES/ SOCIETIES/ CLUBS**

Reporting Insurer/ Broker*	
Name:	
Address:	
Telephone:	
Reporting Officer	
Name:	
Designation:	
Report Reference:	
Contact Officer: <i>(If different from Reporting Officer)</i>	
Designation:	
Customer's Particulars	
Name:	
NRIC/ Passport No./ Registration No.:	
Birth Date/ Registration Date *:	
Nationality/ Country of Registration *:	
Address:	
Telephone:	
Occupation/ Business Activities *:	
Policy Details	
Policy No.:	
Type of Policy:	
Date of Commencement:	
Name of Agent: <i>(If applicable)</i>	
Agent's NRIC/Passport No. *: <i>(If applicable)</i>	
Sum Assured:	
Payment Mode:	Yearly/ Half-yearly/ Quarterly/ Monthly *
Premiums Payable (in Original Currency)	Regular/ Single *
(in Singapore Currency)	
Other Business Relationships:	

* Delete whichever is inappropriate.

Suspicious Transaction(s)		
Amount	Date	Description of Transaction (E.g. Nature/Type of Transaction, Source of funds, Destination, etc.)

Reason(s) for Suspicion:

Other Relevant Information (Including Any Actions Taken):

A copy of the following documents are attached:

- Policy Application Forms
- Agent's Reports
- Relevant Documents Supporting the Suspicious Transactions

 (Signature of Reporting Officer)

Date:

* Delete whichever is inappropriate.