WHISTLEBLOWING REPORT FORM

ASEAN CABLESHIP PTE LTD

All reports must be submitted using this form. Please attach the completed form together with all supporting evidence and email them to **whistleblow@acpl.com.sg.**

1. WHISTLEBLOWER DETAILS

All information provided will be treated confidentially.

Full Name			
Contact Number		Email Address	
Preferred Method of Contact		☐ Phone	☐ Email
Company		Designation	
Relationship with ACPL (Employee / Vendor / Customer / Other):			

2. INCIDENT DETAILS

Date(s) of Incident		Time(s) of Incident	
Location(s) of Incident			
Type of Misconduct (Select all that apply)	☐ Fraud / Theft / Forgery / Misuse of Assets ☐ Corruption / Bribery ☐ Harassment / Discrimination ☐ Health / Safety Violation	☐ Misrepresentation / Wrongful Disclosure ☐ Conflict of Interest ☐ Data Privacy Breach	☐ Others (please specify):

Please provide full detailed account of the incident(s) and misconduct.

What is the impact(s) or repercussion(s) of the incident(s) and misconduct?

E.g. estimated financial loss (if known), safety impact, reputational impact, legal or regulatory risks

3. INDIVIDUALS AND ROLES

All information provided will be treated confidentially.

Individual 1

Full Name			
Contact Number		Email Address	
Preferred Method of Contact		☐ Phone	☐ Email
Company		Designation	
Role Involved	☐ Victim / Affected Party		
	☐ Accused		
	☐ Witness		
	☐ Others (please specify):		
Relationship to You			
Relationship with ACPL (Employee / Vendor / Customer / Other):			

For Witnesses: What have the individual witnessed?

Individual 2

Full Name			
Contact Number		Email Address	
Preferred Method of Contact		☐ Phone	☐ Email
Company		Designation	
Role Involved	☐ Victim / Affected Party		
	☐ Accused		
	☐ Witness		
	☐ Others (please specify):		
Relationship to You			
Relationship with ACPL (Employee / Vendor / Customer / Other):			

For Witnesses: What have the individual witnessed?

If more individual details are required, please attach the required details as above with this form.

4. SUPPORTING EVIDENCE

Please list all documents, emails, photos, recordings, or other evidence attached that may assist the investigation.

File Name		
File Type	☐ Imagery, recordings, photo or video	☐ Email correspondence
	☐ Documents/letters including invoices,	☐ Others (please specify):

File Name		
File Type	☐ Imagery, recordings, photo or video	☐ Email correspondence
	☐ Documents/letters including invoices,	☐ Others (please specify):

File Name		
File Type	☐ Imagery, recordings, photo or video	☐ Email correspondence
	☐ Documents/letters including invoices,	☐ Others (please specify):

If more supporting evidence are required, please attach the required details as above with this form.

5. DECLARATION

I certify that the information provided is true and accurate to the best of my knowledge.
I consent to ACPL collecting, using, and processing this information for investigation purposes,

Full Name			
Signature		Date	

FOR OFFICIAL USE ONLY

Date Received		Case Reference Number	
Outcome			
Corrective Actions Taken			
Case Closed Date			
Names of two (2) Authorized ACPL Whistleblowing Committee			
Signatures of two (2) Authorized ACPL Whistleblowing Committee			