



COUNTRY BANKERS INSURANCE CORPORATION

ANTI-FRAUD PLAN

August 30, 2017

Country Bankers Insurance Corporation (Company) duly licensed to engage in non-life insurance business in the Philippines institute, implement and maintain an Anti-fraud Plan in accordance with the requirements set by the Insurance Commission. The Anti-fraud Plan will serve as guide for the prevention, detection and investigation of suspicious or actual acts of insurance fraud relating to all types of insurance and surety offered by the company.

Section I – Responsibilities

I.A. Company's Officers and Employees

- All officers and employees of the Company:
 - Should be familiar with the types of improprieties that might occur within his/her area of responsibility and be alert for any indication of irregularities.
 - Are responsible for preventing and detecting insurance fraud, misappropriation and other irregularities.
- The management of the Company is responsible for maintaining procedures that would reasonably deter such wrongful acts.
- All irregularities detected or suspected must be reported to the Anti-Fraud Coordinators and/or Deputy General Counsel and approved actions will be taken, including contacting law enforcement, Insurance Commission and required government agencies when appropriate.

Anti-Fraud Coordinator

Composed of the Compliance Officer and Alternate Compliance Officers, are responsible for the following:

- The continued maintenance of this anti-fraud plan,
- The prevention and detection of insurance fraud in coordination with company officers and employees in the conduct of their duties
- The coordination of any investigation of suspected frauds, internal and external, among the concerned departments and/or top management.

Deputy General Counsel:

- **Marketing Department** – *on Clients, Assured, Agents*
 - Oversees the handling and response to formal complaints of the assured and clients.

All General and Ordinary Agents are responsible for prompt notification of assured and client complaints to the Marketing Personnel.

- **HR/Admin** – *on Company Officers and Employees, suppliers, other stakeholders*
 - Oversees compliance with the Employees Code of Conduct; professionalism in performing job responsibilities and protecting the interest of the company, its employees and other stakeholders.
 - Responsible for reviewing and monitoring procurement of marketing materials, accountable forms, company assets, supplies, others.

General Counsel; Legal Department

- Has full responsibility for all legal matters affecting the Company.

I.B. Investigative Responsibilities

- The Anti-Fraud Coordinator has the primary responsibility for coordinating the investigation of internal and external fraud allegations at the Company.
- If the investigation reveals that fraudulent activities have occurred, the Anti-Fraud Coordinators shall notify the HR/Admin, Top Management, Legal Counsel and, if appropriate, the Company's Board of Directors.
- The Anti-Fraud Coordinator will also notify the Insurance Commission, appropriate law or regulatory enforcement body, in writing if required, that a fraud has occurred.

I.C. Investigating Committee

Convened by either the CBIC President or SVP & General Manager to investigate, conduct hearings and recommend to CBIC management the proper course of action that should be undertaken with regard to the alleged breach of the Employees Handbook or any other CBIC Rules and Regulations including suspected fraud and/or irregularities.

- Consist of company officers independent from transactions from which fraud or irregularities occurred
- Represented by heads of HR/Admin, Legal and Accounting and Finance Departments and any other officers, who are not part of the bonding and underwriting departments.
- Utilized for the investigation and identification of potential fraudulent activity committed by clients, agents, employees, or any other party in conjunction with the Company's normal services and processes that are consistent with every day insurance operations.
- Conduct the investigation itself or recommend properly licensed investigative body to assist in the investigation as appropriate.
- The contact details of the Investigating Committee will be posted in the company website for the appropriate authorities to easily communicate with the Investigating Committee.

I.D. General Agents, Ordinary Agents and Authorized Representatives

- Are independent business persons representing CBIC as an insurer/surety company, and are not employees of the Company.
- A contract is entered between the General Agent (GA) and CBIC, for the GA to do business of non-life insurance and/or surety in behalf of CBIC, exemplifying the highest levels of transparency, honesty, integrity and work ethics.
- Are the Company's partners in the prevention and detection of insurance fraud and other irregularities
- Are expected to abide by and cooperate with the Company's Anti-Fraud plan.

- Are responsible for compliance with the General Agency Contract, Insurance Code, laws and regulations.
- Should be familiar with the types of improprieties that might occur within his/her area of responsibility and be alert for any indication of irregularities.
- Must maintain procedures that would reasonably deter such wrongful acts.
- All irregularities detected or suspected must be reported to the Marketing Department, the Company's Deputy General Counsel, who will coordinate the appropriate action with the Company's Anti-Fraud Coordinator.
- Any investigative activity required will be conducted without regard to the suspected wrong doer's relationship with the Company.
- The Agents are also encouraged to visit the CBIC website to review this Anti-Fraud Plan.
- Each Agent has the responsibility to supervise his/her sub-agents agents and employees according to the guidelines set forth by the Company, and they are required to communicate the Anti-Fraud policy.

CBIC has put systems in place to monitor the actions of Agents Authorized Representatives, and will take appropriate steps as warranted.

- **Marketing Department** reviews all new General Agents, Agents and Authorized Representative appointments. The application process includes a background check that may include inquiries to Insurance Commission and other Insurers.
- Marketing Department facilitates/assist the licensing of the General Agent at the Insurance Commission. Requirements to process the license are secured from the prospective Agent.
- **Anti-fraud Coordinator and Marketing Department** shall ensure proper dissemination of the Anti-Fraud Plan among agents.

I.E. Policyholders, Assured, and Other Stakeholders

All policyholders, assured and members of the general public have a responsibility for preventing and detecting insurance fraud and other irregularities. The management of CBIC encourages the assured, and others to act in a lawful and proper manner and to report all allegations of insurance fraud or irregularities to the Company.

I.F. Scope of Responsibilities

The Anti-Fraud Plan applies to any irregularities, or suspected irregularities, involving not only employees of the Company but also suppliers and motor shops providing vehicle spare parts, materials and services to the Company's assured, agents, clients, and other parties dealing with the company.

Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position, title, or relationship with the company.

I.G. Confidentiality

Any suspected fraudulent activity or irregularity shall be coordinated with the:

- Anti-Fraud Coordinator (Compliance/Alternate Compliance Officers)
- Deputy General Counsel (HR/Admin or Marketing Department)

Employees and other parties who suspected or detected fraud or irregularities should not attempt to conduct investigations on his own or interview related to suspected or detected fraud.

The Anti-Fraud Coordinator (Compliance Officer/Alternate Compliance Officer) or Deputy Counsel (HR/Admin and Marketing), if appropriate, are responsible for receiving relevant information on a confidential basis from an employee, assured, agent, or third party who suspects dishonest or fraudulent activity.

The results of investigations conducted by the Anti-Fraud Coordinator, Deputy General Counsel or Investigating Committee will not be disclosed or discussed with anyone other than those persons who have a legitimate need to know. This is to protect:

- Reputations of persons suspected (but subsequently found innocent) of wrongful conduct;
- To protect confidential sources of information and;
- To protect the Company from potential civil liability.

Section II – Fraud Prevention

II. A. Company Policies and Procedures

CBIC established policies and procedures to prevent and to detect occurrence of fraudulent transactions arising from:

a) Policyholder Fraud and/or Claims Fraud

- Policies and Procedures established and maintained to prevent or detect fraud against the company in the application of an insurance product, including fraud at the time of making a claim;
- Customer Due Diligence (Customer Identification)
 - Refers to the systems, methods and internal controls consistent with the Insurance Commission requirement and with the Revised Implementing Rules and Regulations (RIRR) of Republic Act (RA) No. 9160 or Anti-Money Laundering Act (AMLA) of 2001 as amended.
 - To verify and record the true and full identity of company's assured/clients
- Claims Fraud Warning

In accordance with IC Circular Letter No. 2016-50, the forms provided by the company to the assured or any other person for filing a notice or making a claim in connection with a policy or bond issued by the company shall include the following statement or a substantially similar statement:

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

The lack of a statement as required in Section 251 of the Insurance Code, as amended, does not constitute a defense in any prosecution for a fraudulent insurance act.

b) Intermediary Fraud

- Policies and Procedures set to prevent or detect fraud perpetuated by an insurance agent/general agents, dealers, motor shops and other parties, against the company and/or policyholders;
- Underwriting Guidelines for Insurance Policies and Bonds
 - Company policies and procedures followed by Agents in the risk assessment and underwriting of insurance policies and of bonds.

- General Agency Contract
 - A contract entered between CBIC and the General Agent for the latter to engage in the business of providing non-life insurance and/or surety.
 - The contract details the terms and conditions to be observed by the agent on matters connected with the general agency relating to the business of CBIC.

- Client Complaint Policies and Procedures
 - Designed to provide guidance to its clients on the manner in which CBIC will receive and handle complaints made against the Company, Insurance Agents, Motor shops or any of its representatives.

c) Internal Fraud

Policies and Procedures to prevent or detect fraud/misappropriation against the insurer/company by the directors, executives and/or officers or employees include:

- Underwriting Guidelines for Insurance Policies and Bonds
 - Set of policies and procedures to be observed in the risk assessment and underwriting of insurance policies and of bonds.

- Employee Handbook
 - Signifies the written manifestation of the company's commitment towards attaining the highest level of proper business ethics geared towards a common desired goal, that is, complete and total employee satisfaction, which shall reflect as the company serves its clients.

 - Employees of the company are properly informed with the contents of the handbook to serve as a guide in the performance of duties which covers the topics of: workplace basics, compensation and other benefits, use of company resources, dispute resolution and offenses and sanctions.

- Manual on Corporate Governance
 - Pursuant to the national policy to institute corporate governance reforms in order to achieve policyholder and market investor confidence, sustain the growth of the insurance industry, thereby contributing to the country's economic well-being, the Board of Directors and Management, officers and staff of CBIC hereby commits themselves to principles and best practices contained in the manual.

- Rules of Procedures Governing Administrative Cases
 - Employee Disciplinary Procedures for the commission of suspected fraudulent acts or irregularities which include the potential for termination.

- Client Complaint Policies and Procedures
 - Designed to provide guidance to its clients on the manner in which CBIC will receive and handle complaints made against the Company, Employees, Insurance Agents, Motor shops or any of its representatives.

The Company recognizes that fraud deterrence is a continual process, and in order to make the Company less vulnerable to fraud, additional procedures will be considered and implemented as deemed necessary.

Monitoring Review

To ensure that fraud prevention and detection is functioning as designed, Anti-Fraud Coordinator shall check regularly the strict implementation of the policies and procedures adopted.

Further, periodic review and assessment of the anti-fraud plan is conducted to:

- Provide an independent, objective business risk assessment of the policies and procedures in place at the prevention, deterrence and early detection of fraud and related wrongful acts;

- Assess the awareness level of the existing anti-fraud program and plan in all department and among agents and authorized representatives;

- Determine whether the overall anti-fraud plan in place remains accurate, relevant and effective; and

- Assure compliance with all regulatory and legal requirements.

II.B. - Anti-Money Laundering Program

To combat money laundering, the Company is committed to maintaining a company-wide awareness of the provisions of the laws and regulations of Anti-Money Laundering Act of 2001, as Amended, its implementing rules and regulations, as well as of all reportorial and compliance control and procedures established by AMLC, and the Insurance Commission as the supervising authority.

To this end, the following anti-money laundering program has been developed:

- Establishment of Anti-money Laundering Operating Manual;
- Designation of Compliance Officer and Alternate Compliance Officer responsible for anti-money laundering program;
- On-going awareness and training programs among board of members, officers, employees and agents;

Responsible Official

The Anti-fraud Coordinators who are also the Compliance and Alternate Compliance Officers have to oversee the day-to-day implementation of the Anti-Money Laundering Operating Manual.

In particular, the Compliance and Alternate Compliance Officers will perform a risk assessment and together with employees, who have responsibilities for bonds and insurance underwriting, and/or paying claims, monitors the Compliance Plan.

Company Policies & Procedures

The AMLA Operating Manual was developed and maintained in compliance to the requirement of Insurance Commission among insurance companies as covered persons. Policies and procedures are in place that addresses such areas as bonds and insurance application and underwriting, premium and service fees collection, claims processing and payment and compliance to AMLA training.

I. CUSTOMER IDENTIFICATION (Customer Due Diligence)

- Face-to-face Contact
- Minimum Customer Information and Identification Documents
 - Individual Clients
 - Business Entities
- Third Party Reliance
- Outsourcing the Conduct of Customer Identification
- Identification and Verification of a Beneficial Owner, Trustee, Nominee or Agent

II. ACCEPTANCE AND PROCESSING OF INSURANCE PROPOSALS

Risk Assessment conducted:

- Reduced Due Diligence
- Enhanced Due Diligence

III. ISSUANCE OF BONDS AND INSURANCE POLICIES

Bonds and Insurance Policies whose premium is beyond the threshold amount of Php500,000.00 will be issued only upon submission of complete documentary requirements.

- Covered Transactions
- Suspicious Transactions
- Prohibited Accounts
 - Anonymous Accounts and Accounts Under Fictitious Names
 - Numbered Accounts

IV. DATA GATHERING

V. REPORTING

- Transaction Reporting:

- Substance and Form of Reports
- Confidentiality of Reporting
- Safe Harbor Provision
- Enrollment with the AMLC's Reporting System

VI. RECORDKEEPING AND MAINTENANCE

- All records of customer identification and transaction documents are maintained and safely stored for five (5) years from transaction date.
- Retention of records under the following cases:
 - Retention of records where the account is the subject of the case
 - Closed Accounts
 - Form of Records
- Ongoing Monitoring of Clients Accounts and Transactions

VII. TRAINING

Training for Company Employees

The Company shall provide education and training for its officers and employees, including board of directors to ensure that they are fully aware of their personal obligations and responsibilities in combating money laundering and to be familiar with the systems of identifying and reporting of covered and/or suspicious transactions.

Training for Agents

To further comply with the regulation adopted by the AMLC, the Company has in place policies and procedures to train its agents regarding their responsibilities under the company's anti-money laundering program.

These programs are expected to be tailored to the needs of agents and to include training on identifying covered transactions and suspicious customer behavior and transactions as well as on procedures to report covered and/or suspicious transactions to the Company.

Preventive Measures for Specific Customers and Activities:

Politically Exposed Persons (PEP)

- The true and full identity of PEPs, as well as their immediate family members and the entities related to them shall be established and recorded.

Shell Company/Bank and Bearer Share Entities

- The company as covered person shall refuse to deal, or enter into, or continue, correspondent banking relationship with shell banks.
- A covered person dealing with bearer share entities shall be required to conduct enhanced due diligence on said entities and their existing stockholders and/or beneficial owners at the time of opening the account.

Customer from High Risk Jurisdiction

- Customer from a foreign jurisdiction that is recognized as having inadequate internationally accepted anti-money laundering standards, or presents greater risk for money laundering or its associated predicate offenses, shall be subject to enhanced customer due diligence.

Foreign Branches and Subsidiaries

- Foreign branches and majority-owned subsidiaries shall apply the requirements under AMLA, as amended, and this RIRR, where the minimum AML/CFT requirements of the host country are less strict, to the extent that the laws and regulations of the host country permit.

Section III – Fraud Detection

From the initial completion of the application, through the underwriting process, and finally to the issuance and servicing of the policy up to claim settlement procedures, there are numerous “checks and balances” in place to minimize the possibility of insurance fraud.

To protect the company from insurance fraud, officers and employees including key executives and agents:

- Are responsible to recognize potential application, underwriting and claims fraud in the execution of respective duties and responsibilities
- Are expected to familiarize with the types of improprieties that might occur within his/her area of responsibility and be alert for any indication of irregularities as also cited in Section I. Responsibilities.
- Must report to the Anti-Fraud Coordinator or Deputy General Counsel suspected fraud or irregularities.

III. A. Policyholder Fraud and/or Claims Fraud

- Red Flag Identification and Monitoring Program (attached)
 - Designed as a guide in identifying theft, other fraudulent behaviors and irregularities;
 - Provides for the identification, detection and reporting policy of suspected practices or specific activities - known as “red flags”- that could indicate insurance fraud.

III.B. Agents and Authorized Representatives

- Compliance Monitoring
 - To monitor if the provision of the Insurance Code, General Agency Contract, AMLA requirements, applicable company policies, laws and regulations are adhered to.
 - To detect improprieties committed by agents or authorized representatives, which include:

- Having any improper or illegal financial dealings or failure to exercise fiduciary responsibility to the Company, any policyholders of the Company, or any other person.
- Deliberate omission or falsification of applicant history or information whether done by the applicant or agent administering the application process.
- Forgery or unauthorized alteration of the Company applications used in making underwriting decisions.
- Fraudulent alteration, of accountable forms; insurance policies/bonds, ORs, endorsement and supporting documents to affect risk assessment and underwriting decisions.
- Offering or providing anything of material value to any Company employee in exchange for special consideration in the application or underwriting process.
- The withholding or fraudulent conversion of premiums paid by applicants or assured.
- Alterations of documents filed by the assured to support insurance claim.
- The improper conversion of claims payments.
- Any similar or related irregularity.

III. C. Motor Shops, Suppliers

- Accreditation procedure and periodic performance evaluation of motor shops and suppliers are in place to prevent or detect fraudulent acts such as:
 - Inflating the value of auto repair
 - When it claims to have repaired damaged body or have replaced broken parts which neither happened
 - Any similar or related irregularity.

III.D. Actions Constituting Fraud, Head Office

- Provisions of the Employee Handbook, Manual on Corporate Governance, Company Policies and Procedures are established and implemented to prevent and detect irregularities by company officers, employees and executives.

Insurance fraud and other irregularities committed by company executives, officers and employees refer to, but are not limited to the following:

- Any dishonest or fraudulent act or attempted act by employees of the Company in violation of Employee Handbook and/or Manual on Corporate Governance.

- Forgery or alteration of any document relating to the Company's insurance policies, bonds and claims documents
- Forgery or alteration of checks, bank drafts, or any other financial documents.
- Fraudulent alteration, addition or removal of information on the Company's management information systems.
- Misappropriation of funds, supplies, computers, or other assets.
- Improprieties in the handling of monies or reporting of financial transactions.
- Public disclosures of confidential client's information without appropriate approval.
- Disclosing to other persons company's records or activities without proper approval or authorization.
- Accepting or seeking anything of material value from clients, Agents or other interested parties in exchange for special consideration in the application, underwriting or claims process.
- Unauthorized destruction, removal or conversion of records, furniture, fixtures, and equipment, or assets belonging to the Company.
- The improper withholding of any money or premiums paid on an insurance policy.
- Any fraud or impropriety involving agent commissions.
- Any false statement made to Insurance Commission and other regulating bodies
- Any similar or related irregularity.

Underwriting, Bonding and Claims Personnel

- Intentional or material non-compliance of Underwriting Guidelines and Claim Settlement Procedure.
- Deliberate omission or falsification of applicant history during the application process.
- Submission of a false claim in any manner.
- Alteration of legal documents such as police report, affidavits, other documents to support a claim
- Providing false information regarding the claimant.
- Offering or providing anything of material value to any Company officer or employee or General Agent or Agent in exchange for special consideration in the application or claims process.
- Any similar or related irregularity.

Section IV. Reporting Procedures

Due diligence must be observed in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

Allegations of possible Head Office fraud should be reported to the Anti-Fraud Coordinator (Compliance Officer/Alternate Compliance Officer) or Deputy General Counsel (HR/Admin or Marketing), who will:

- Interview the reporting party to assess the nature of the allegations and obtain the names of all suspects.
- Detail the extent of evidence available to support the alleged occurrences. The reporting party will be instructed not to discuss the matter with anyone unless specifically requested to do so by the Anti-Fraud Coordinator or Deputy General Counsel.

Any person reporting a suspected fraud must adhere to the following restrictions:

- Do not contact the suspected individual in an effort to determine facts or demand restitution.
- Do not discuss the case with any Company employee or insured other than the Anti-Fraud Coordinator, Legal Counsel, Investigating Committee or individuals within CBIC who have a legitimate "need to know."
- Do not discuss the case, facts, suspicions, or allegations with anyone outside of the Company unless specifically asked to do so by the Anti-Fraud Coordinator or legal counsel.

Section V. Fraud Plan/Investigation Procedure

A set of company procedures undertaken when there are allegations or evidence of possible;

- Fraud by claimants or assured
- Irregularities committed by suppliers, motor shops and other parties
- Fraud by General Agents or Agents
- Head Office fraud

These procedures will be used as a guide, and may be modified at management's discretion. The Company recognizes that each possible fraud situation is different and management responses can and will vary.

V.A. Fraud by claimants or assured

Irregularities committed by suppliers, motor shops and other parties

The Anti-Fraud Coordinator and Deputy General Counsel will:

- Determine if the allegations of fraud can be easily verified through a review of accounts, files, or system data.
- Consider taking measures, such as data-backups or securing workstations, to protect documents and records that may be relevant to the fraud allegations.
- If a claims fraud, underwriting fraud, or any other irregularity by the assured, clients or third party is alleged or suspected, the Anti-Fraud Coordinator and Deputy General Counsel will establish an investigative work plan to determine the methodology of investigating the allegations.

The plan may consist of:

- o A documentary review of the Company's internal records, the records of the General Agent or Agent, public record filings and the records of the assured.
- o Interview of the General Agents, Agents, assured and other persons deemed appropriate.

If the investigation reveals that fraudulent activities have occurred, the Anti-Fraud Coordinator and Deputy General Counsel will notify the Top Management, Legal Counsel and, if appropriate, the Company's Board of Directors.

V. B. Fraud by General Agents or Agents

- The terms and conditions of the General Agency contract shall govern in case of suspected insurance fraud or fraudulent acts committed by Agents.

V.C. Head Office Fraud

Investigating Committee

- convened by either the CBIC President or SVP and General Manager to investigate, conduct hearings and recommend to CBIC management the proper course of action that should be undertaken with regard to the alleged breach of the Employees Handbook or any other CBIC Rules and Regulations, fraud or irregularities.
- Rules of Procedure Governing Administrative Cases will be observed in the conduct of investigation.

- Shall notify the Respondent (party against whom a complaint is made or suspect employee of possible fraud) of hearings where the latter's appearance shall be required.

Preventive Suspension

The Investigating Committee may recommend to CBIC Management the preventive suspension of the Respondent if:

- It appears that a further in-depth investigation is required
 - The Respondent's continued employment poses a serious and imminent threat to other CBIC Employees and the properties of CBIC.
 - The preventive suspension shall be for a period of not more than thirty (30) days. This period may be extended provided that during the period of extension, the Respondent shall be paid his wages and other benefits due to him. In such case, the Respondent shall not be bound to reimburse the amount paid to him during the extension if, after completion of the hearing, it is found that the Respondent should be dismissed.
- In case of suspension, the following steps should be immediately taken:
 - o The suspect will be escorted to his/her desk by the member of the Investigating Committee and permitted to gather his/her personal effects. The employee must not be permitted to remove any company documents or equipment from his/her work area.
 - o The employee will be requested to surrender all documents including pending task for the duration of the suspension.
 - o The receptionists, HR/Admin, and the Facilities Management will be notified that the subject is not permitted to enter the Company's office for the duration of the investigation.
 - o The employee will be instructed not to return to the Company office unless specifically told to do so by the management.
 - o The employee should be told not to attempt to contact any other employee during the course of the suspension.
 - o The suspect employee should be escorted out of the building by the member of the Investigating Committee or a member of the management. At no time during the interview and physical removal process should the employee be left unobserved. This is to prevent the destruction of evidence by the suspect.
 - o Any Company documents, assets, or computers in the suspect employee's possession but located outside of the Company premises should be immediately recovered. The recovery of such items should be done by the Investigating Committee and/or any member of management.
 - o The suspect's office, desk, files, and computer will be immediately secured. Other employees should not be allowed access to any evidence that could prove useful during the investigation.

- Until the completion of the investigation, employees will be instructed not to contact or speak to the suspect. Information regarding the progress of the investigation should only be shared with employees or outsiders who have a legitimate need to know.
- If the investigation reveals a probable fraud, a comprehensive review of the suspect's complete operational activities will take place to discover undetected frauds and possible collusion with other employees or outsiders.
- The suspect should once again be permitted to explain his/her actions and the events of the alleged fraud. Selected evidence will be presented to the suspect when appropriate to elicit responses and further explanations.
- If the suspect confesses to fraud, a witnessed, hand-written statement detailing the fraud should be obtained from the suspect.
- The appropriate enforcement agencies and regulatory bodies may be contacted as needed and as required.
- The Company shall cooperate with law enforcement in the prosecution of all insurance fraud cases.
- If the loss is quantifiable, the Anti-Fraud Coordinator or Investigating Committee should consider filing a claim with the Company's fidelity insurance carrier and consider taking whatever civil action deemed appropriate to obtain restitution.
- The Anti-Fraud Coordinator/Investigating Committee will also notify the appropriate law or regulatory enforcement body, in writing if required and as needed, that a fraud has occurred and take whatever legal action is necessary.

Termination of an Officer or Employee

If an investigation results in a recommendation to terminate, the recommendation will be reviewed for approval by the appropriate company officers before any such action is taken.

Management should consider termination of employment if the commitment of fraud is established. No termination action will be taken without a comprehensive review by the Company's Legal and HR/Admin.

Section VI – Anti-Fraud Awareness

Anti-fraud awareness program shall be implemented to ensure that the company is prepared and ready to combat insurance fraud for its own protection and for the welfare of its stakeholders.

Companywide anti-fraud training will be conducted as needed. Company officers and employees as well as agents will be trained:

- To recognize fraud indicators and understand risks of insurance fraud
- To be acquainted of the reporting process of suspected fraud or irregularities
- Occasionally, outside experts may be requested to conduct training on anti-fraud techniques.

Section VII - Key Contacts

There are several ways to contact an appropriate, authorized individual concerning a fraud matter.

In person, by mail, by telephone:

Mailing Address:

Country Bankers Insurance Corporation
648 TM Kalaw Avenue
1000 Ermita, Manila

Main Telephone Number:

(02) 524 0621 to 23
(02) 524 1886

Contact:

Anti-Fraud Coordinator
Deputy General Counsel
General Counsel

Corporate Website:

<http://countrybankers.com/>
<http://countrybankers.org/>