



CONFIDENTIALITY STATEMENT FOR AGENT

Name of Agent :
Agent Number :
Entity : ETIQA GENERAL INSURANCE BERHAD (EGIB)

When working for Etiqa, you will often need to have access to confidential information which may include, for example:

- Personal information on individuals including our Policy holders/Certificate holders, Business partners and other stakeholders who are involved in the Etiqa General Insurance Berhad (EGIB) Business of Etiqa.
- Information on the internal business of Etiqa.
- Personal information on colleagues working for Etiqa.

Etiqa is committed to keeping this information confidential, in order to protect people and Etiqa itself. 'Confidential' means that all access to information must be on a need to know and properly authorised basis. You must use only the information you have been authorised to use, and for purposes that have been authorised. You should also be aware that under Section 5 subsection 2 of the Personal Data Protection Act 2010, unauthorised access to Personal Data is a criminal offence.

All information needs to be treated as confidential unless you know that it is intended by Etiqa to be made public. By the nature of your work, as an agent of Etiqa, you will often know details about the financial, medical and personal aspects of your customer's lives. Etiqa General Insurance Berhad (EGIB) Agents, like other professionals have a responsibility towards their customers and to maintain confidentiality of the customers' information. Access to confidential information requires you to exercise reasonable care in how you handle information. You must also be particularly careful not to disclose confidential information to unauthorised people or cause a breach of security.

If you are in doubt whether to disclose information or not, please withhold the information while you check with an appropriate person whether the disclosure is appropriate.

Your confidentiality obligations continue to apply indefinitely after you have stopped working for Etiqa.

Please be informed that a breach of this requirement may lead to disciplinary action including termination of employment or services.

I hereby declare and confirm that I have read and understand the above statement. I accept my responsibilities regarding confidentiality.

Agent Signature : _____
Name
Date