



Generali Central Insurance Company Limited

Anti - Fraud Policy

GCI Fraud Control Unit

GCI POLICY

For internal purposes only

Document summary

Title	Anti - Fraud Policy
GCIRS Classification	Policy
Document code	GCI/FCU/20-21/26
Approved by	Board of Directors of GCI
Effective date	2023-11-07
Accountable Function	Fraud Control Unit
Key contact	Arshad.Naseer2@generalicentral.com

Versioning and Ownership

Version	Date of issuance	Document code	Reason for and Extent of Changes	Owner
7.0	2023-11-07	GCI/FCU/20- 21/26	Revision and Updation	FCU

Main related internal regulatory references

- GCI Code of Conduct
- Reporting Concern and Anti – Retaliation Guideline
- Whistle Blower Policy

Any substituted/abrogated internal regulations

- -n/a

Main related external regulatory references

Regulatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • IRDAI Insurance fraud Monitoring Framework (Ref. IRDA/SDD/MISC/CIR/009/01/2013), dated January 21, 2013 • IRDAI Guidelines for Corporate Governance for insurers in India (Ref. IRDA/F&A/GDL/CG/100/05/2016), dated May 18, 2016
------------	---	---

Relevant for the purposes of Legislative Decree 231/2001

☐ Yes ☒ No

Annexes

- -n/a

EXECUTIVE SUMMARY

Anti - Fraud Policy provides guidelines to employees to understand their responsibilities in prevention, detection and reporting of fraud or financial irregularities.

In particular, the document regulates:

- Objective of the Policy
- Scope of the Policy
- Fraud Risk Governance Framework
- Fraud Identification and investigation
- Reporting to the Authority

INDEX

1	Glossary and Definitions	5
2	Introduction	5
2.1	Objectives	5
2.2	Approval and Review	5
2.3	Effective Date and Implementation Deadline	5
2.4	Scope of Application	5
2.5	Waivers and Dispensations	5
2.6	Implementation, Monitoring and Information Flows	5
3	Scope of the Policy.	6
4	Types of Fraud	6
5	Fraud Risk Governance Framework.....	8
6	Constitution of Fraud Control Unit	12
7	Reporting of Fraud	13
8	Fraud identification and Investigation.....	13
9	Fraud Control Committee (FCC)	15
10	Reports to the Authority.....	16
11	Confidentiality and Non – Retaliation.....	16
12	Roles and Responsibilities	17

1 Glossary and Definitions

Acronym/Term	Explanation/Definition
GCI	Generali Central Insurance Company Limited
Fraud Control Unit (FCU)	The function that, is accountable to manage the Anti - Fraud Policy relevant activities at GCI.
Date of approval	Date on which GCI Anti – Fraud Policy is approved by the Board of Directors.
Effective Date	Date of the Implementation of Anti – Fraud Policy.
GCI Accountable Function	Fraud Control Unit/Department
Fraud	Fraud is a term which generally refers to any act committed intentionally to secure an unfair or unlawful gain.
Insurance Fraud	Insurance Fraud is an act or omission related to the conclusion of an insurance contract or to a claim; meant to gain unjustified enrichment for the fraudster or another party or meant to cause a loss to another party.
Act	The Insurance Act, 1938 (4 of 1938) as amended from time to time
Authority	The Insurance Regulatory and Development Authority of India established under the provisions of Section 3 of the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999).

2 Introduction

2.1 Objectives

The Policy is established to detect, monitor and mitigate occurrence of insurance fraud in GCI. It would facilitate development of processes to prevent, detect and manage frauds. It will also ensure development of control measures at an organizational level. GCI is committed to conducting business in an environment of fairness and integrity and will strive to eliminate fraud from all operations.

2.2 Approval and Review

The GCI Policy was approved by Board of Directors of GCI, upon proposal of the GCI CEO.

It shall be promptly reviewed, and in any case atleast on an annual basis, to include developments in legislation, market and/or best practices, Group strategy and organization.

2.3 Effective Date and Implementation Deadline

The GCI Policy is effective as of 08 November 2023 and shall be immediately implemented.

2.4 Scope of Application

The Policy applies to:

- Internal Stakeholders
- External Stakeholders
- Intermediaries

Illustratively, this Policy shall apply to all employees and officers of GCI at whatever level, at every location and whatever the terms of employment, hours of work or length of service, including contractual staff and directors of GCI, as well as shareholders, agents and other insurance intermediaries, service providers, consultants, vendors, contractors and subcontractors, prospective and existing customers and/or other parties with a business relationship with GCI.

3 Scope of the Policy

3.1 Fundamental Elements of the Policy:

This document identifies the measures that GCI shall implement to prevent, deter and detect fraud in the context of three fundamental elements:

- (1) Create and maintain a culture of honesty and high ethics, including the understanding and awareness of risks and controls;
- (2) Identify and assess the risks of fraud and implement the processes, procedures and controls needed to mitigate the risks and reduce the opportunities for the various types of fraud; and
- (3) Develop an appropriate oversight process.

3.2 Applicability of the Policy

The Policy shall be effective from the date of its approval by the Board. The Policy is to be read in conjunction with the Code of Conduct and Anti – retaliation and Reporting Concern Guideline and is intended to supplement / compliment all applicable laws, rules and regulations and other corporate policies.

All employees shall confirm to having read and understood this Policy and not violated any of its provision, on an annual basis, in the form as may be advised by the HR Department. All new joiners shall adhere to this requirement also at the time of joining to the HR department.

4 Types of Fraud

Fraud encompasses a range of irregularities and illegal acts characterized by intentional deception or misrepresentation, which an individual knows to be false or does not believe to be true. Fraud is perpetrated by a person knowing that it could result in some unauthorized benefit to him/her or to another person and can be perpetrated by persons outside and inside the organization.

Specifically, fraud in insurance is defined as an act or omission to gain dishonest or unlawful advantage for a party committing the fraud (hereinafter referred to as the “fraudster”) or for other parties.

This may, for example, be achieved by means of a) misappropriating assets; b) deliberately misrepresenting, concealing, suppressing or not disclosing one or more material facts relevant to a financial decision, transaction or perception of the insurer’s status; and c) abusing responsibility, a position of trust or a fiduciary relationship.

Fraud in insurance mostly falls into one of the following categories. However, this list is only illustrative and not exhaustive.

4.1.1 Internal Fraud:

Fraud/mis - appropriation against GCI by its Director, employee and/or anyone else associated with GCI (by whatever name called). Few illustrations of Internal fraud:

- Misappropriating funds.
- Fraudulent financial reporting.
- Stealing cheques.
- Inflating expenses claims/over billing.
- Paying false (or inflated) invoices, either self-prepared or obtained through collusion with vendors.
- Permitting special prices or privileges to customers or granting business to favoured vendors, for kickbacks/ personal favours.
- Forging signatures.
- Falsifying documents.
- Selling Company assets at below their true value in return for personal benefit.

4.1.2 Policyholder Fraud and Claims Fraud:

Fraud against GCI in the purchase and/or execution of an insurance product, including fraud at any time during the term of the policy and at the time of making a claim. Few illustrations of fraud:

- Staging the occurrence of incidents.
- Reporting and claiming of fictitious damage/loss.
- Medical claims fraud.
- Fraudulent Death Claims.

4.1.3 Intermediary fraud:

Fraud perpetrated by an Insurance agent /Intermediaries/Third Party Administrators (TPAs) and service providers against GCI and/or policyholders. Few illustrations of fraud:-

- Premium diversion-intermediary takes the premium from the purchaser and does not pass it to GCI.
- Inflates the premium, passing on the actual amount to GCI and keeping the difference.
- Non-disclosure or misrepresentation of the insurance risk to reduce premiums.
- Commission fraud - Insuring non-existent lives while paying the first premiums to GCI, collecting commission and annulling the insurance by ceasing further premium payments.

4.1.4 Third Party Fraud:

Fraud committed by third parties against GCI and the general public which primarily includes activities such as the issue of fake/forged policies and cover notes in the name of GCI.

4.1.5 Online Fraud:

This type of fraud is typically a third - party fraud, however, this could inter-alia involve any of the following types of frauds such as–

- *Buyer side frauds:* Where buyers file fraudulent claims using online medium.
- *Merchant side frauds:* Frauds committed by any of the merchant partners of GCI which would include non-remittance of premium collected on behalf of GCI and/or incorrect charge backs etc.
- *Cyber security fraud:* Transactions effected through fake or stolen credit card/bank accounts to carry out a transaction in the web portal of GCI. Threat of confidential data of GCI being comprised due to any cyberattack/hacking of GCI systems.
- *Other Frauds* – Any other type of online fraud which does not fall under either of the above three sub-categories.

The above list is only illustrative and not exhaustive. GCI would also ensure deployment of proactive fraud detection measures to protect its e-commerce activities.

5 Fraud Risk Governance Framework – Creating a Culture of Honesty and High Ethics

The Board of Directors and Senior Management at GCI set the “tone at the top” for ethical behaviour by behaving ethically and openly communicating expectations for ethical behaviour to the Employees. The Anti - Fraud Policy is clearly communicated to all employees of the company in an understandable fashion. Regular and periodic training (including new-hire orientation and refresher training) shall be provided to all personnel, upon joining the organization and throughout their association with the Company, in order to clearly communicate expectations for ethical behaviour to employees.

Directors, employees and contractors shall internally self - disclose potential or actual conflicts of interest to appropriate functional head in the organisation as part of the company’s due diligence for fraud detection and mitigation, background checks on new employees and personnel (management and staff) / insurance agent / corporate agent / intermediary shall be carried out in order to prevent fraud at the source. Background checks shall be duly formalized and documented in writing.

GCI seeks to establish and maintain a robust framework to provide reasonable assurance that dishonest acts

are prevented or promptly detected and actioned upon, which have been reinforced through this Policy, which outlines the procedures in relation to the following:

- i. **Oversight** – GCI has built adequate procedures and policies to oversee that the Fraud Risk Governance Framework is established, implemented and adequate internal controls exist to prevent, identify, detect, investigate, deter fraud and report frauds.
- ii. **Prevention** – GCI will strive towards prevention of fraud at the first place. GCI has well defined procedures to carry out due diligence on the Employee, Agents, Intermediaries, Third Party administrators, etc. In addition, GCI shall have in place following measures:
 - a. **Due Diligence:** Implement robust underwriting and approval processes to evaluate risks and identify potential fraudulent activities before issuing policies or claims.
 - b. **Risk Assessment:** Regularly assess and update fraud risks specific to the insurance industry through internal audits and external experts.
 - c. **Training and Awareness:** Conduct regular training awareness programs to educate employees and stakeholders about fraud prevention, detection, reporting, and ethical conduct.
 - d. **Fraud Monitoring:** Implement effective systems and technology to monitor and detect potential fraud patterns or suspicious activities.

GCI shall further conduct the following preventive activities:-

- Fraud detection through data analytics and documents review;
- Awareness on Fraud among existing and prospective customers, its implication and importance of complying with GCI's policies & procedures and identifying/ reporting of suspicious activity;
- Investigate the whistle blower complaint, if any, received from time to time, under supervision of CCO;
- Establish a strong Fraud Risk and Control Assessment;
- Identify red flag indicators and carry out timely investigation thereon;
- Additional red flag indicators identified during the course of the business basis industry experience; and
- Identifying the control weakness and adopting the learnings for process enhancement

- iii. **Detection** – All employees of GCI have a responsibility to detect potential fraud and should be familiar with the types of fraud that might occur within his/her area of responsibility and be alert for any indication of irregularities. Every employee shall immediately report any suspected fraud or dishonest act or omission to his/ her Supervisor/ Manager.

6 Constitution of Fraud Control Unit

GCI shall constitute a separate department i.e., Fraud Control Unit ('FCU', 'GCI Accountable Function') for implementing the Fraud Monitoring Framework. FCU must be separated from other functions of the Company and must operate independently under a person from senior management. It will be responsible for laying down appropriate fraud management processes and procedures across the Company. It shall report the status of significant cases of fraud detected in the Company to the Board of Directors through Risk Management Committee (RMC) on Quarterly basis.

Functions of FCU shall include but not be limited to the following:

- FCU shall collate all cases of frauds reported to it or by any other entities.

- FCU shall investigate all such cases and render report to the CRO duly highlighting the breaches of conduct, process and system etc. Report shall also highlight the financial implication, if any.
- FCU shall be responsible for implementing the decisions by RMC
- FCU shall track the closure of the decisions through Action Taken Report (ATR).
- FCU shall get the cases having involvement of non-related entities reviewed and closed through Head – FCU and submit details of such cases to the RMC.
- FCU shall investigate claim cases referred from respective claim departments.
- FCU shall analyse the data based on claim / fraud investigation to know the pattern and potential areas of fraud.
- FCU shall ensure reporting of cases to FCC and convene meeting of FCC for reviewing the findings of the investigation on case of case basis.
- Due Diligence/Background Verification: The HR Department shall conduct due diligence/background verification of employees at the time of on-boarding as per the HR policy. The due diligence of intermediaries, channel partners, vendors, Hospitals, Garages etc. shall be carried out by the respective departments.
- Reporting: FCU shall lay down the procedure for internal / external reporting from / and to various departments.

7 Reporting of Fraud

All persons including employees, vendors, TPAs, agents, intermediaries are expected to take all reasonable steps to prevent the occurrence of Frauds including online Frauds and to identify and report instances of known or suspicious Fraud committed against the Company, whether by the employees or by outside parties.

All employees should timely, expeditiously, unhesitatingly and fearlessly report any Fraud including Cyber / Online Fraud against the Company to FCU at alert@generalicentral.com

No employee shall investigate / interview / interrogate such cases of actual / suspected frauds himself except the responsible person within FCU or authorized team/ person identified to investigate the same by FCU/CCO.

The identity of the complainant will be maintained confidential and it shall not be disclosed. Detection techniques have been established to uncover fraud events when preventive measures fail or unmitigated risks are realized. GCI detects fraud through means including but not limited to data analysis, investigation, verifying trends, interviewing the alleged etc.

8 Fraud identification and Investigation

8.1 External Fraud

- a. FCU shall be responsible for maintaining a centralized external fraud database where incidents of external fraud are duly and timely recorded, capture information such as fraud incident description, fraud perpetrator details, estimated fraud loss and recovery amounts (if any), control implications and resolution.
- b. Employees are required to be alert and vigilant with respect to external frauds. If any external fraud comes to the attention of any employee, he/she must immediately report the same to the department/branch manager. In the event of details received in respect of a fake/forged policy by the customer service department or by any other employee of the Company, they must immediately contact the concerned persons/complainant/aggrieved customer and obtain in writing the complete facts and details in relation to such sale of fake/fraudulent policy to them and also obtain such person's personal contact details.
- c. As soon as practicable, the related department/branch manager shall report any suspected or alleged external fraud case to the FCU for arranging an investigation into the incident and to the Chief Compliance Officer, if the suspicious incident may involve a breach of any relevant law or regulation or any investigation by a regulatory body.

8.2 Internal Fraud

Reporting Procedures - Communicating Concerns about Alleged or Suspected Fraud

- a. Employees shall promptly communicate any concerns about unethical behaviour and report any actual or suspected incident of fraud or violations of the code of conduct or ethics policy on a confidential basis.
- b. The Company offers several channels for reporting any actual or suspected incident of fraud. Employees and officers are encouraged to use the channel with which they are most comfortable, starting with their manager or supervisor. Other reporting channels include:
 - a. The Chief Executive Officer;
 - b. Chief Operating Officer
 - c. Chief Compliance Officer;
 - d. Chief People Officer;
 - e. Chief Risk Officer and
 - f. Head of Fraud Control Unit;
- c. Every manager or supervisor who receives a report shall treat the concern or allegation with discretion and treat the employee who brought the concern forward with respect.
- d. The manager or supervisor shall promptly escalate the concern to the Chief Compliance Officer, the Chief People Officer, the Chief Executive Officer; the Head of Fraud Control Unit or the Chief Risk officer as the case may be.
- e. Any concern or allegation involving senior management shall be directed directly to the Chairperson of the Audit Committee to avoid filtering by management or other internal personnel.
- f. Any alleged or suspected incident of fraud shall be reported in writing so as to ensure a clear understanding of the issues raised. Anonymous disclosures or disclosures containing general, non detailed or offensive information will not be entertained.
- g. The internal reporting mechanism shall be made known and available to third parties such as customers, vendors and other third parties who conduct business with the Company through reference on the Company's website and other external communication materials.
- h. In addition, in order to facilitate the reporting of alleged or suspected incidents of fraud, management may set up opinion boxes and/or telephone hotlines and/or dedicated email addresses and clearly communicate their existence.
- i. Management shall also lay down an appropriate framework for a strong whistle blower policy.

8.2.1 Fraud Investigation, Fact Finding & Corrective Action

i. Preliminary Analysis:

- The alleged internal fraud case is reviewed jointly by Chief People officer and the Head of Fraud Control Unit to determine:
 - Whether the case should be investigated;
 - Who should investigate the case;
 - The types of resources needed to conduct the investigation;
 - Who will be interviewed during the course of the investigation and how information will be gathered;
 - The timeframe for completion; and
 - How results will be reported and to whom.

Chief People Officer and the Head of Fraud Control Unit shall be excluded from the preliminary analysis or the subsequent investigations if the alleged or suspected internal fraud case involves him/her.

The Fraud Control Unit has the primary responsibility for the investigation of all suspected or alleged internal fraudulent acts as defined in this Policy.

ii. Investigations:

Great care must be taken by the FCU in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

The members of the FCU will have free and unrestricted access to all Company records and premises, whether owned or

rented, and the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets and other storage facilities on the premises without prior knowledge or consent of any individual who might use or have custody of any such items or facilities when it is within the scope of their investigation.

The alleged fraudster will be informed of the allegations as soon as reasonably practicable. This may not be until the initial stages of the investigation have taken place.

The investigations shall take place on legal restrictions to ensure that findings are admissible in court. Investigatory or disciplinary hearings and evidence gathering will always be carried out with the assistance of legal counsel (either internal and/or external).

The FCU shall take into custody all relevant records, documents and other evidence to protect them from being tampered with, destroyed or removed by the suspected perpetrators of fraud or by any other party under his/her influence. The full records of the investigation, including interview notes, shall be kept secure in line with the Company's Record and Retention Policy or as required by applicable laws.

The investigations shall be kept as confidential and private as possible to ensure the least amount of disruption to the Company and maintain the process integrity at all times.

The investigations shall be completed normally within forty-five (45) working days from the disclosure or discovery of the fraud case, however based on the facts and circumstances of each case, the period may be extended beyond 45 working days.

The recovery amounts, the controls implications and the resolution. Management is responsible for resolving fraud incidents conclusion and results of the investigations must be duly documented in writing. The fraud report regarding the results of the investigations and the corrective actions shall capture at least the fraud incident description, the fraud perpetrator details, the estimated fraud loss and.

The summary of fraud identified and action taken will be placed before Board through the Risk Management Committee.

iii. Decision:

Once the investigation is completed and if it substantiates that fraudulent activities have occurred, the Fraud Control Committee shall recommend to the Chief Executive Officer of the Company to take such disciplinary or corrective actions based on the principle of proportionality (e.g., employee discipline, any referral to the applicable law enforcement agency, changes to processes or internal controls, etc.), as the Fraud Control Committee may deem fit.

Disciplinary or corrective actions may include: employee dismissal; business process remediation and/or internal control remediation (i.e. determine whether internal procedures or controls need to be changed); termination of a contract; restitution agreement with the perpetrator; criminal prosecution, i.e. referral of the case to law enforcement authorities; civil lawsuits against the perpetrator to recover stolen funds; internal disciplinary action such as termination, suspension with or without pay, demotion or warnings; etc.

All actions taken in response to an established act of fraud must be approved by the Fraud Control Committee

Any decisions to prosecute by way of civil proceedings or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be taken in conjunction with legal counsel by the Chief Executive Officer of the Company or by the Board of Directors of the Company (whenever they exceed the authority limits granted to him/her by the Board), as will final decisions on disposition of the case.

The Risk Management Committee will be informed at the subsequently scheduled meeting of the Committee.

FCU shall monitor the implementation of the resolution to ensure that proper corrective action was taken and report to the Risk Management Committee accordingly.

9 Fraud Control Committee (FCC)

FCC shall be constituted to review the findings of the investigations done by FCU and to take appropriate actions thereupon.

The Composition of FCC should be as below:

- Chief Compliance Officer
- Chief Financial Officer
- Chief Risk Officer
- Chief Operating Officer
- Chief People Officer

Frequency of Meeting

The Committee shall meet at least once a quarterly basis with a provision for seeking decision through circulation to decide on urgent cases. Such decisions shall be noted at the immediate next meeting of the Committee. The Committee shall be responsible inter-alia for effective implementation and to monitor and decide fraud cases.

Quorum

The quorum for the meetings of the Committee shall be at least three members. In case of Complaints against any members of FCC, the concerned member shall not attend the meetings of FCC wherein the subject matter is being discussed. Further, in case such matter requires investigation by FCU, the concerned member shall restrain from initiating any instruction to FCU. In case, if any woman is summoned to the meeting, presence of a woman representative from the Company is mandatory.

In case of Complaints against the Managing Director and Chief Executive Officer and other Whole-Time Directors, the same shall be reported to the Nomination and Remuneration Committee of Directors.

Head of the Department of the accused shall be invited at the meetings of the Committee without having any right to vote. Head of Fraud Control Unit shall be the permanent invitee at the meetings of the Committee and inter-alia record the proceedings of the meeting and keep safe custody of said minutes ensuring its confidentiality.

10 Reports to the Authority

Based on the data received in the prescribed format from the FCU, Compliance Function shall file a report on statistics on various fraudulent cases which come to light and action taken thereon to the Insurance Regulatory and Development Authority of India ("IRDAI") in forms FMR 1 and FMR 2 (as prescribed by IRDAI vide its circular bearing ref. no. IRDA/SDD/MISC/CIR/009/01/2013, dated January 21, 2013) providing details of:

(i) Outstanding fraud cases; and (ii) Closed fraud cases, every year within 30 days of the close of the financial year, i.e., on or before the 30th of April.

As part of the responsibility statement which forms part of the management report filed with the Authority under the IRDA (Preparation of Financial Statements and Auditors Report of Insurance Companies) Regulations, 2002, as amended thereon, the management is also required to disclose the adequacy of systems in place to safeguard the assets for preventing and detecting fraud and other irregularities, on an annual basis.

The Company shall also duly report any health claim fraud committed by any of the service providers empanelled by the Company to the Screening Committee appointed by the General Insurance Council (GIC) to investigate and decide whether fraud has been committed. The Company shall adhere to the procedures laid down under the Protocol for Action against Fraud issued by the General Insurance Council on July 12, 2017.

11 Confidentiality and Non – Retaliation

Under the Policy, every reasonable effort shall be made to ensure the confidentiality of the person who has reported the Fraud. The identity of those providing information shall be kept confidential in order to carry out an appropriate, fair and thorough investigation. If a fraud is reported anonymously, the person must provide credible and sufficient information to enable the FCU to investigate. GCI shall adhere to the Anti Retaliation and reporting Concern Policy and ensure that no retaliatory action is taken against any individual for reporting, in good faith, known or suspected Fraud.

12 Roles and Responsibilities

Please include all roles and responsibilities entrusted to each stakeholder (corporate bodies/functions/structures/units) mentioned in the document.

Role	Responsibility
Chief Executive Officer (CEO)	<ul style="list-style-type: none"> Receives and Monitors Escalations of Fraud Complaints ensure that Employees are protected against any form of Retaliation; receive and approve recommendations received post investigation
Fraud Control Unit (FCU)	<ul style="list-style-type: none"> Conducts preliminary investigation Ensures timely submission of investigation report Submits recommendations to the CEO Ensures timely submission of data for reporting purpose Shall convene periodical meeting of FCC for reviewing the findings of investigation on case of case basis
Chief People Officer	<ul style="list-style-type: none"> ensures that investigation is conducted in the right direction. ensures that the channels for reporting suspected fraud are available to all Employees and third parties;
Chief Compliance Officer	<ul style="list-style-type: none"> receives escalations of Fraud complaints. monitors that any form of Retaliation occurs as a result of a Fraudulent activity being highlighted by an Employee.
Employee	<ul style="list-style-type: none"> performs his/ her duties with professional due diligence, care and good faith in compliance with the provisions of Anti - Fraud Policy; supports with care the internal and external investigations providing true and accurate information when requested by the Compliance Officer(s), by any person appointed to conduct the investigation or by any competent authority(ies); reports a complaint when he/she becomes aware of any fraudulent activity.
Human Resource (HR)	<ul style="list-style-type: none"> Collect Annual declaration on Anti-Fraud policy from existing employees and new employees. Provide regular and periodic training to all employees upon joining the organization and throughout their association with the Company, in order to clearly communicate expectations for ethical behaviour to employees. Conduct due diligence of employees at the time of onboarding.
Fraud Control Committee	<ul style="list-style-type: none"> Shall review the findings by FCU team on quarterly basis. shall recommend to the Chief Executive Officer of the Company to take such disciplinary or corrective actions based on the principle of proportionality