

Version 2.F

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Direct General Insurer Annual Return

(Form 1, Annex 1A to 1E, Annex 1F(b), Annex 1G to 1J, Annex 1L to 1N,
Annex 1(ii), Annex 1(iii), Notes to Form 1, Additional Information)

Reporting Cycle : (MM/YYYY)

Company Code :

Company Name:

Reset all figures in this return to zero

Import from xfdf file

Export to xfdf file for submission to MAS

(Please make sure you entered all forms required for your company before export)

NAME OF @79BGED INSURER _____

FORM 1 – FUND BALANCE SHEET AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Annex	Row No.	Amount
ASSETS			
Equity securities	1A	1	
Debt securities	1B	2	
Land and buildings	1C	3	
Loans	1D	4	
Cash and deposits		5	
Other invested assets	1E	6	
Investment income due or accrued		7	
Outstanding premiums and agents' balances	1F	8	
Deposits withheld by cedants		9	
Reinsurance recoverables (on paid claims)	1G	10	
Income tax recoverables		11	
Fixed assets	1H	12	
Inter-fund balances and intra-group balances (due from)	1I	13	
Other assets	1J	14	
Total Assets (1 to 14)		15	
LIABILITIES			
Policy liabilities	1K	16	
Other liabilities:			
Outstanding claims		17	
Annuities due and unpaid		18	
Reinsurance deposits		19	
Amounts owing to insurers		20	
Bank loans and overdrafts		21	
Inter-fund balances and intra-group balances (due to)	1L	22	
Others	1M	23	
Total Liabilities (16 to 23)		24	
SURPLUS (15 – 24)	1N	25	

NAME OF @79BGED INSURER _____

ANNEX 1A
INVESTMENT IN EQUITY SECURITIES AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Listed	Unlisted	Amount
Equity securities other than collective investment schemes	1			
Collective investment schemes	2			
Total (1 to 2) = Row 1 of Form 1	3			

NAME OF @ 9BGED INSURER _____

ANNEX 1B
INVESTMENT IN DEBT SECURITIES AS AT _____

SINGAPORE INSURANCE FUND General Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Government debt securities	1	
Qualifying debt securities	2	
Other debt securities	3	
Total (1 to 3) = Row 2 of Form 1	4	

NAME OF @ 9BGED INSURER _____

ANNEX 1C
INVESTMENT IN LAND AND BUILDINGS AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Location and Description of Land and Buildings	Row No.	Cost	Last Revaluation Date	Last Reported Amount	Changes from Last Reported Amount	Amount
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
Total = Row 3 of Form 1	21					

NAME OF @79BGED INSURER _____

**ANNEX 1D
INVESTMENT IN LOANS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount Outstanding	Provision for Doubtful Loans	Amount
Policy loans	1			
Mortgage loans	2			
Other secured loans	3			
Unsecured loans	4			
Total (1 to 4) = Row 4 of Form 1	5			

**ANNEX 1E
BREAKDOWN OF OTHER INVESTED ASSETS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Notional Principal Amount	Amount
Derivatives			
Options:			
(a) Call options	1		
(b) Put options	2		
(c) Swaptions	3		
(d) Other options	4		
Total investments in options (1 to 4)	5		
Futures contracts:			
(a) Currency futures contracts	6		
(b) Interest rate futures contracts	7		
(c) Other futures contracts	8		
Total investments in futures contracts (6 to 8)	9		
Forward contracts:			
(a) Currency forward contracts	10		
(b) Interest rate forward contracts	11		
(c) Other forward contracts	12		
Total investments in forward contracts (10 to 12)	13		
Swaps:			
(a) Interest rate swaps	14		
(b) Currency swaps	15		
(c) Other swaps	16		
Total investments in swaps (14 to 16)	17		
Other derivatives	18		
Total investments in derivatives (5 + 9 + 13 + 17 + 18)	19		
Other invested assets excluding derivatives			
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	32		
	33		
	34		
	35		
	36		
	37		
	38		
	39		
Total investments in other invested assets excluding derivatives	40		
Total = Row 6 of Form 1	41		

NAME OF DIRECT GENERAL INSURER _____

ANNEX 1F(b)

AGEING OF OUTSTANDING PREMIUMS AND AGENTS' BALANCES OF DIRECT GENERAL INSURER AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Mth

Description	Row No.	Direct Business			Amount
		Agents	Brokers	Others	
In respect of direct business					
Bad debts written off during the year	1				
Ageing of outstanding premiums and agents' balances: <i>Outstanding period</i>					
Up to 3 months	2				
Above 3 months but not exceeding 6 months	3				
Above 6 months but not exceeding 12 months	4				
Above 12 months	5				
Gross total (2 to 5)	6				
Provision for doubtful debts	7				
Total outstanding premiums and agents' balances in respect of direct business (6 - 7)	8				
In respect of reinsurance business					
Bad debts written off during the year	9				
Ageing of outstanding premiums and agents' balances: <i>Outstanding period</i>					
Up to 6 months	10				
Above 6 months but not exceeding 12 months	11				
Above 12 months but not exceeding 24 months	12				
Above 24 months	13				
Gross total (10 to 13)	14				
Provision for doubtful debts	15				
Total outstanding premiums and agents' balances in respect of reinsurance business (14 - 15)	16				
Total (8 + 16) = Row 8 of Form 1	17				

Note: For direct insurance business, outstanding period starts from date of commencement of cover.

In respect of reinsurance business, outstanding period commences from the date premiums are accrued in the books of the reinsured insurer.

NAME OF @79BGED INSURER _____

ANNEX 1G
STATEMENT OF REINSURANCE RECOVERABLES AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Reinsurance recoveries on unpaid claims	1	
Reinsurance recoverables written off during the year	2	
Ageing of reinsurance recoverables (on paid claims):		
<i>Outstanding period</i>		
Up to 1 year	3	
Above 1 year but not exceeding 2 years	4	
Above 2 years	5	
Total (3 to 5)	6	
Provision for doubtful reinsurance recoverables	7	
Total (6 - 7) = Row 10 of Form 1	8	

NAME OF @79BGED INSURER _____

ANNEX 1H
FIXED ASSETS AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Motor vehicles	1	
Computer equipment	2	
Other fixed assets	3	
Total (1 to 3) = Row 12 of Form 1	4	

NAME OF @79BGED INSURER _____

ANNEX 11

INTER-FUND BALANCES AND INTRA-GROUP BALANCES (DUE FROM) AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Balance due from head office / shareholders fund	1	
Balance due from overseas branches / related corporations	2	
Balance due from other insurance funds established and maintained under the Act	3	
Total (1 to 3) = Row 13 of Form 1	4	

NAME OF @79BGED INSURER _____

**ANNEX 1J
BREAKDOWN OF OTHER ASSETS AS AT _____**

<p>SINGAPORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>	<p>OFFSHORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
Total = Row 14 of Form 1	26	

NAME OF @79BGED INSURER _____

ANNEX 1L

INTER-FUND BALANCES AND INTRA-GROUP BALANCES (DUE TO) AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Balance due to head office / shareholders fund	1	
Balance due to overseas branches / related corporations	2	
Balance due to other insurance funds established and maintained under the Act	3	
Total (1 to 3) = Row 22 of Form 1	4	

NAME OF @79BGED INSURER _____

**ANNEX 1M
BREAKDOWN OF OTHERS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
Total = Row 23 of Form 1	26	

NAME OF @79BGED INSURER _____

ANNEX 1N

SURPLUS AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Surplus at beginning of period	1	
Net income	2	
Transfer (to) from head office / shareholders fund	3	
Surplus at End of Period (1 to 3) = Row 25 of Form 1	4	

NAME OF REINSURER _____

ANNEX 1(ii)

INFORMATION IN RESPECT OF REDUCTION IN UNEARNED PREMIUM RESERVES DUE TO REINSURANCE CEDED TO REINSURERS IN RESPECT OF GENERAL BUSINESS

AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/>
(Tick (✓) one only)	

Co Code	Year	Mth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Description	Row No.	Amount
Local insurer/foreign insurer under the foreign insurer scheme	1	
Authorised reinsurer/related corporation/head office/branch of head office of the local insurer	2	
Unauthorised reinsurer	3	
Total (1 to 3)	4	

NAME OF @79BGED INSURER _____

ANNEX 1(iii)
INFORMATION IN RESPECT OF INVESTMENTS IN A RELATED CORPORATION OF @79BGED INSURER AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Contingent liabilities -

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Note 3 Description of any change in accounting policies and methodologies in the valuation of assets and liabilities and the quantification of their effects.

Note 4 Description of any prior adjustment and correction for errors and reasons for the adjustments and corrections.

Note 5 In respect of financial guarantee business -

(a) where premiums are payable in instalments, the present value of future instalment premiums payable by the insured in a future accounting period _____ and the discount rate used _____ ; and

(b) where the premiums are payable in full at the commencement of the policy of insurance, the full amount of the premiums payable by the insured in the accounting period in which the policy commences.

NAME OF @79BGED INSURER _____

FORM 1 – FUND BALANCE SHEET AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Annex	Row No.	Amount
ASSETS			
Equity securities	1A	1	
Debt securities	1B	2	
Land and buildings	1C	3	
Loans	1D	4	
Cash and deposits		5	
Other invested assets	1E	6	
Investment income due or accrued		7	
Outstanding premiums and agents' balances	1F	8	
Deposits withheld by cedants		9	
Reinsurance recoverables (on paid claims)	1G	10	
Income tax recoverables		11	
Fixed assets	1H	12	
Inter-fund balances and intra-group balances (due from)	1I	13	
Other assets	1J	14	
Total Assets (1 to 14)		15	
LIABILITIES			
Policy liabilities	1K	16	
Other liabilities:			
Outstanding claims		17	
Annuities due and unpaid		18	
Reinsurance deposits		19	
Amounts owing to insurers		20	
Bank loans and overdrafts		21	
Inter-fund balances and intra-group balances (due to)	1L	22	
Others	1M	23	
Total Liabilities (16 to 23)		24	
SURPLUS (15 – 24)	1N	25	

NAME OF @79BGED INSURER _____

**ANNEX 1A
INVESTMENT IN EQUITY SECURITIES AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Listed	Unlisted	Amount
Equity securities other than collective investment schemes	1			
Collective investment schemes	2			
Total (1 to 2) = Row 1 of Form 1	3			

NAME OF @79BGED INSURER _____

ANNEX 1B
INVESTMENT IN DEBT SECURITIES AS AT _____

SINGAPORE INSURANCE FUND General Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Government debt securities	1	
Qualifying debt securities	2	
Other debt securities	3	
Total (1 to 3) = Row 2 of Form 1	4	

NAME OF @ 9BGED INSURER _____

**ANNEX 1C
INVESTMENT IN LAND AND BUILDINGS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Location and Description of Land and Buildings	Row No.	Cost	Last Revaluation Date	Last Reported Amount	Changes from Last Reported Amount	Amount
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
Total = Row 3 of Form 1	21					

NAME OF @79BGED INSURER _____

**ANNEX 1D
INVESTMENT IN LOANS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount Outstanding	Provision for Doubtful Loans	Amount
Policy loans	1			
Mortgage loans	2			
Other secured loans	3			
Unsecured loans	4			
Total (1 to 4) = Row 4 of Form 1	5			

**ANNEX 1E
BREAKDOWN OF OTHER INVESTED ASSETS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Notional Principal Amount	Amount
Derivatives			
Options:			
(a) Call options	1		
(b) Put options	2		
(c) Swaptions	3		
(d) Other options	4		
Total investments in options (1 to 4)	5		
Futures contracts:			
(a) Currency futures contracts	6		
(b) Interest rate futures contracts	7		
(c) Other futures contracts	8		
Total investments in futures contracts (6 to 8)	9		
Forward contracts:			
(a) Currency forward contracts	10		
(b) Interest rate forward contracts	11		
(c) Other forward contracts	12		
Total investments in forward contracts (10 to 12)	13		
Swaps:			
(a) Interest rate swaps	14		
(b) Currency swaps	15		
(c) Other swaps	16		
Total investments in swaps (14 to 16)	17		
Other derivatives	18		
Total investments in derivatives (5 + 9 + 13 + 17 + 18)	19		
Other invested assets excluding derivatives			
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	32		
	33		
	34		
	35		
	36		
	37		
	38		
	39		
Total investments in other invested assets excluding derivatives	40		
Total = Row 6 of Form 1	41		

NAME OF DIRECT GENERAL INSURER _____

ANNEX 1F(b)

AGEING OF OUTSTANDING PREMIUMS AND AGENTS' BALANCES OF DIRECT GENERAL INSURER AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Mth

Description	Row No.	Direct Business			Amount
		Agents	Brokers	Others	
In respect of direct business					
Bad debts written off during the year	1				
Ageing of outstanding premiums and agents' balances: <i>Outstanding period</i>					
Up to 3 months	2				
Above 3 months but not exceeding 6 months	3				
Above 6 months but not exceeding 12 months	4				
Above 12 months	5				
Gross total (2 to 5)	6				
Provision for doubtful debts	7				
Total outstanding premiums and agents' balances in respect of direct business (6 - 7)	8				
In respect of reinsurance business					
Bad debts written off during the year	9				
Ageing of outstanding premiums and agents' balances: <i>Outstanding period</i>					
Up to 6 months	10				
Above 6 months but not exceeding 12 months	11				
Above 12 months but not exceeding 24 months	12				
Above 24 months	13				
Gross total (10 to 13)	14				
Provision for doubtful debts	15				
Total outstanding premiums and agents' balances in respect of reinsurance business (14 - 15)	16				
Total (8 + 16) = Row 8 of Form 1	17				

Note: For direct insurance business, outstanding period starts from date of commencement of cover.

In respect of reinsurance business, outstanding period commences from the date premiums are accrued in the books of the reinsured insurer.

NAME OF @79BGED INSURER _____

ANNEX 1G
STATEMENT OF REINSURANCE RECOVERABLES AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Reinsurance recoveries on unpaid claims	1	
Reinsurance recoverables written off during the year	2	
Ageing of reinsurance recoverables (on paid claims):		
<i>Outstanding period</i>		
Up to 1 year	3	
Above 1 year but not exceeding 2 years	4	
Above 2 years	5	
Total (3 to 5)	6	
Provision for doubtful reinsurance recoverables	7	
Total (6 - 7) = Row 10 of Form 1	8	

NAME OF @79BGED INSURER _____

ANNEX 1H
FIXED ASSETS AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Motor vehicles	1	
Computer equipment	2	
Other fixed assets	3	
Total (1 to 3) = Row 12 of Form 1	4	

NAME OF @79BGED INSURER _____

ANNEX 11

INTER-FUND BALANCES AND INTRA-GROUP BALANCES (DUE FROM) AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Balance due from head office / shareholders fund	1	
Balance due from overseas branches / related corporations	2	
Balance due from other insurance funds established and maintained under the Act	3	
Total (1 to 3) = Row 13 of Form 1	4	

NAME OF @79BGED INSURER _____

**ANNEX 1J
BREAKDOWN OF OTHER ASSETS AS AT _____**

<p>SINGAPORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>	<p>OFFSHORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
Total = Row 14 of Form 1	26	

NAME OF @79BGED INSURER _____

ANNEX 1L

INTER-FUND BALANCES AND INTRA-GROUP BALANCES (DUE TO) AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Balance due to head office / shareholders fund	1	
Balance due to overseas branches / related corporations	2	
Balance due to other insurance funds established and maintained under the Act	3	
Total (1 to 3) = Row 22 of Form 1	4	

NAME OF @79BGED INSURER _____

**ANNEX 1M
BREAKDOWN OF OTHERS AS AT _____**

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
Total = Row 23 of Form 1	26	

NAME OF @79BGED INSURER _____

ANNEX 1N

SURPLUS AS AT _____

<p>SINGAPORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>	<p>OFFSHORE INSURANCE FUND</p> <p>General <input type="checkbox"/></p> <p>Life <input type="checkbox"/></p> <p style="padding-left: 20px;">Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Non-Participating <input type="checkbox"/></p> <p style="padding-left: 20px;">Investment-Linked <input type="checkbox"/></p>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Surplus at beginning of period	1	
Net income	2	
Transfer (to) from head office / shareholders fund	3	
Surplus at End of Period (1 to 3) = Row 25 of Form 1	4	

NAME OF REGISTERED INSURER _____

ANNEX 1(ii)

INFORMATION IN RESPECT OF REDUCTION IN UNEARNED PREMIUM RESERVES DUE TO REINSURANCE CEDED TO REINSURERS IN RESPECT OF GENERAL BUSINESS

AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description	Row No.	Amount
Local insurer/foreign insurer under the foreign insurer scheme	1	
Authorised reinsurer/related corporation/head office/branch of head office of the local insurer	2	
Unauthorised reinsurer	3	
Total (1 to 3)	4	

NAME OF @79BGED INSURER _____

ANNEX 1(iii)
INFORMATION IN RESPECT OF INVESTMENTS IN A RELATED CORPORATION OF @79BGED INSURER AS AT _____

SINGAPORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>	OFFSHORE INSURANCE FUND General <input type="checkbox"/> Life <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating <input type="checkbox"/> Investment-Linked <input type="checkbox"/>
(Tick (✓) one only)	

Co Code Year Month

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Description of Assets and Name of Investee Company	Row No.	No. of Units	Cost	Amount
Name of company:				
(a) Equity securities	1			
(b) Debt securities	2			
(c) Secured loans	3			
(d) Unsecured loans	4			
(e) Other invested assets	5			

Contingent liabilities -

Total	

Note 3 Description of any change in accounting policies and methodologies in the valuation of assets and liabilities and the quantification of their effects.

Note 4 Description of any prior adjustment and correction for errors and reasons for the adjustments and corrections.

Note 5 In respect of financial guarantee business -

(a) where premiums are payable in instalments, the present value of future instalment premiums payable by the insured in a future accounting period _____ and the discount rate used _____ ; and

(b) where the premiums are payable in full at the commencement of the policy of insurance, the full amount of the premiums payable by the insured in the accounting period in which the policy commences.

NAME OF @79BGED INSURER _____

**FORM 1
ADDITIONAL INFORMATION**

Co Code

Year

Month