

Version 2.F

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Direct General Insurer Annual Return

(Form 2, Annex 2B to 2D, Annex 2F, Annex 2I, 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 @7 9BGED INSURER _____

FORM 2 – FUND PROFIT AND LOSS ACCOUNT

FROM _____ TO _____

| | |
|---|--|
| 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 |
|---|-----------|-----------|--------|
| Gross premiums | 2A | 1 | |
| Less: Outward reinsurance premiums | 2B | 2 | |
| Investment revenue | 2C | 3 | |
| Less: Investment expenses | | 4 | |
| Other income | 2D | 5 | |
| Total Income (1 to 5) | | 6 | |
| Gross claims settled | 2E | 7 | |
| Less: Reinsurance recoveries | | 8 | |
| Management expenses | 2F | 9 | |
| Distribution expenses | 2G | 10 | |
| Increase (decrease) in net policy liabilities | 2H | 11 | |
| Provision for doubtful debts / bad debts written off on receivables | | 12 | |
| Taxation expenses | | 13 | |
| Other expenses | 2I | 14 | |
| Total Outgo (7 to 14) | | 15 | |
| NET INCOME (6 – 15) | 2J | 16 | |

NAME OF ~~7~~ 9 BGED INSURER _____

**ANNEX 2B
OUTWARD REINSURANCE PREMIUMS**

FROM _____ TO _____

| | |
|---|--|
| 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 |
|--|---------|--------|
| Selected insurer/foreign insurer under the foreign insurer scheme | 1 | |
| Authorised reinsurer / related corporation / head office / branch of head office of the selected insurer | 2 | |
| Unselected reinsurer | 3 | |
| Total (1 to 3) = Row 2 of Form 2 | 4 | |

NAME OF @79BGED INSURER _____

**ANNEX 2C
INVESTMENT REVENUE**

FROM _____ TO _____

| | |
|---|--|
| 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. | Investment Revenue | | | Amount |
|---|----------|-------------------------------------|---|---|--------|
| | | Interest / Dividend / Rental Income | Realised Gains (Losses) From Last Reported Value / Write-backs (Write-offs) | Unrealised Changes From Last Reported Value | |
| Equity securities | 1 | | | | |
| Debt securities | 2 | | | | |
| Land and Buildings | 3 | | | | |
| Loans | 4 | | | | |
| Cash and deposits | 5 | | | | |
| Other invested assets | 6 | | | | |
| Total (1 to 6) = Row 3 of Form 2 | 7 | | | | |

NAME OF ~~9~~ BAGED INSURER _____

**ANNEX 2D
BREAKDOWN OF OTHER INCOME**

FROM _____ TO _____

| | |
|---|--|
| 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 | |
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| | 25 | |
| Total = Row 5 of Form 2 | 26 | |

NAME OF @7 9BGED INSURER _____

**ANNEX 2F
MANAGEMENT EXPENSES**

FROM _____ TO _____

| | |
|---|--|
| 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 |
|---------------------------------------|---------|--------|
| Staff salaries & expenses | 1 | |
| Office rent | 2 | |
| Head office / parent company expenses | 3 | |
| Directors' fees | 4 | |
| Audit fees | 5 | |
| Managing agent's fees | 6 | |
| Repairs and maintenance | 7 | |
| Public utilities | 8 | |
| Printing, stationery and periodicals | 9 | |
| Postage, telephone and telex charges | 10 | |
| Computer charges | 11 | |
| Hire of office equipments | 12 | |
| Licence and association fees | 13 | |
| Advertising and subscriptions | 14 | |
| Entertainment | 15 | |
| Travelling expenses | 16 | |
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| | 22 | |
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| | 25 | |
| | 26 | |
| Total = Row 9 of Form 2 | 27 | |

NAME OF @9BGED INSURER _____

**ANNEX 2I
BREAKDOWN OF OTHER EXPENSES**

FROM _____ TO _____

| | |
|---|--|
| 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 | |
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| | 25 | |
| Total = Row 14 of Form 2 | 26 | |

NAME OF @7 9BGED INSURER _____

FORM 2 – FUND PROFIT AND LOSS ACCOUNT

FROM _____ TO _____

| | |
|---|--|
| 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 |
|---|-----------|-----------|--------|
| Gross premiums | 2A | 1 | |
| <i>Less:</i> Outward reinsurance premiums | 2B | 2 | |
| Investment revenue | 2C | 3 | |
| <i>Less:</i> Investment expenses | | 4 | |
| Other income | 2D | 5 | |
| Total Income (1 to 5) | | 6 | |
| Gross claims settled | 2E | 7 | |
| <i>Less:</i> Reinsurance recoveries | | 8 | |
| Management expenses | 2F | 9 | |
| Distribution expenses | 2G | 10 | |
| Increase (decrease) in net policy liabilities | 2H | 11 | |
| Provision for doubtful debts / bad debts written off on receivables | | 12 | |
| Taxation expenses | | 13 | |
| Other expenses | 2I | 14 | |
| Total Outgo (7 to 14) | | 15 | |
| NET INCOME (6 – 15) | 2J | 16 | |

NAME OF ~~7~~ 9 BGED INSURER _____

**ANNEX 2B
OUTWARD REINSURANCE PREMIUMS**

FROM _____ TO _____

| | |
|---|--|
| 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 |
|--|---------|--------|
| Selected insurer / foreign insurer under the foreign insurer scheme | 1 | |
| Authorised reinsurer / related corporation / head office / branch of head office of the selected insurer | 2 | |
| Unselected reinsurer | 3 | |
| Total (1 to 3) = Row 2 of Form 2 | 4 | |

NAME OF @79BGED INSURER _____

**ANNEX 2C
INVESTMENT REVENUE**

FROM _____ TO _____

| | |
|---|--|
| 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. | Investment Revenue | | | Amount |
|---|----------|-------------------------------------|---|---|--------|
| | | Interest / Dividend / Rental Income | Realised Gains (Losses) From Last Reported Value / Write-backs (Write-offs) | Unrealised Changes From Last Reported Value | |
| Equity securities | 1 | | | | |
| Debt securities | 2 | | | | |
| Land and Buildings | 3 | | | | |
| Loans | 4 | | | | |
| Cash and deposits | 5 | | | | |
| Other invested assets | 6 | | | | |
| Total (1 to 6) = Row 3 of Form 2 | 7 | | | | |

NAME OF ~~9~~ BAGED INSURER _____

**ANNEX 2D
BREAKDOWN OF OTHER INCOME**

FROM _____ TO _____

| | |
|---|--|
| 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 |
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| | 25 | |
| Total = Row 5 of Form 2 | 26 | |

NAME OF @7 9BGED INSURER _____

**ANNEX 2F
MANAGEMENT EXPENSES**

FROM _____ TO _____

| | |
|---|--|
| 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 |
|---------------------------------------|---------|--------|
| Staff salaries & expenses | 1 | |
| Office rent | 2 | |
| Head office / parent company expenses | 3 | |
| Directors' fees | 4 | |
| Audit fees | 5 | |
| Managing agent's fees | 6 | |
| Repairs and maintenance | 7 | |
| Public utilities | 8 | |
| Printing, stationery and periodicals | 9 | |
| Postage, telephone and telex charges | 10 | |
| Computer charges | 11 | |
| Hire of office equipments | 12 | |
| Licence and association fees | 13 | |
| Advertising and subscriptions | 14 | |
| Entertainment | 15 | |
| Travelling expenses | 16 | |
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| | 26 | |
| Total = Row 9 of Form 2 | 27 | |

NAME OF @9BGED INSURER _____

**ANNEX 2
BREAKDOWN OF OTHER EXPENSES**

FROM _____ TO _____

| | |
|---|--|
| 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 |
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| | 25 | |
| Total = Row 14 of Form 2 | 26 | |

NAME OF @79BGED INSURER _____

**FORM 2
ADDITIONAL INFORMATION**

Co Code

Year

Month