

Version 2.F

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Direct General Insurer Annual Return

(Form 23, Additional Information)

Reporting Cycle : (MM/YYYY)

Company Code :

Company Name:

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NAME OF @79BGED INSURER _____

**FORM 23 – STATEMENT IN RELATION TO CAPITAL ADEQUACY
REQUIREMENT OF @79BGED INSURER**

Co Code Year Month

| Description | Row No. | Amount |
|--|-----------|--------|
| (i) Financial Resources of @Wbged Insurer | | |
| A. Tier 1 Resource | | |
| Aggregate of surpluses of all insurance funds other than a participating fund | 1 | |
| Balance in the surplus account of each participating fund | 2 | |
| Paid-up ordinary share capital | 3 | |
| Unappropriated profits (losses) | 4 | |
| Surpluses of Overseas Branch Operations | 5 | |
| Irredeemable and non-cumulative preference shares | 6 | |
| Any other capital instrument approved by the Authority as a Tier 1 resource | 7 | |
| Less: | | |
| Reinsurance adjustment | 8 | |
| Financial resource adjustment: (10 to 14) | 9 | |
| (a) loans to, guarantees granted for and other unsecured amounts owed to the insured insurer | 10 | |
| (b) charged assets | 11 | |
| (c) deferred tax assets | 12 | |
| (d) intangible assets | 13 | |
| (e) other financial resource adjustments | 14 | |
| Total Tier 1 Resource (1 to 7 less 8 to 9) | 15 | |
| B. Tier 2 Resource | | |
| Irredeemable and non-cumulative preference shares not recognised as Tier 1 resource | 16 | |
| Irredeemable and cumulative preference shares | 17 | |
| Other Tier 2 resource | 18 | |
| Total Tier 2 Resource (16 to 18) | 19 | |
| C. Aggregate of allowance for provisions for non-guaranteed benefits of participating funds | 20 | |
| Financial Resources of @Wbged Insurer (higher of \$5m or 15 + 19 + 20) | 21 | |

| Description | Row No. | Amount |
|--|-----------|--------|
| (ii) Total Risk Requirement of @Wbged Insurer | | |
| (a) Total risk requirements of insurance funds established or maintained under the Act | 22 | |
| (b) Total risk requirements of assets and liabilities that do not belong to any insurance fund established and maintained under the Act. | 23 | |
| Total Risk Requirement of @Wbged Insurer (22 to 23) | 24 | |
| CAPITAL ADEQUACY RATIO (21/24) | 25 | |
| | | |

NAME OF @79BGED INSURER _____

**FORM 23
ADDITIONAL INFORMATION**

Co Code

Year

Month