

Version 2.F

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Direct General Insurer Annual Return

(Form 6, Notes to Form 6, Additional Information)

Reporting Cycle : (MM/YYYY)

Company Code :

Company Name:

Reset all figures in this return to zero

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NAME OF WAGED INSURER _____

NOTES TO FORM 6

FROM _____ TO _____

Co Code

Year

Month

SINGAPORE INSURANCE FUND

Note 1 Items in this Form may be allocated according to a reasonable basis used by the Waged insurer which is acceptable to its external auditor. The bases used shall be stated as a Note to this Form.

Note 2 Particulars on reinsurances of special risks other than reinsurances of liabilities under a marine and aviation policy.

NAME OF @79BGED INSURER _____

FORM 6 - STATEMENT OF PREMIUMS, CLAIMS AND UNDERWRITING RESULTS IN RESPECT OF GENERAL BUSINESS

FROM _____ TO _____

Co Code Year Month

OFFSHORE INSURANCE FUND

Description	Row No.	Marine and Aviation		Property	Casualty and Others	Total
		Cargo	Hull and Liability			
A. PREMIUMS						
Gross premiums						
Direct business	1					
Reinsurance business accepted -						
In Singapore	2					
From other ASEAN countries	3					
From other countries	4					
Total (2 to 4)	5					
Reinsurance business ceded -						
In Singapore	6					
To other ASEAN countries	7					
To other countries	8					
Total (6 to 8)	9					
Net premiums written (1 + 5 - 9)	10					
Premium liabilities at beginning of period	11					
Premium liabilities at end of period	12					
Premiums earned during the period (10 + 11 - 12)	13					
B. CLAIMS						
Gross claims settled						
Direct business	14					
Reinsurance business accepted -						
In Singapore	15					
From other ASEAN countries	16					
From other countries	17					
Total (15 to 17)	18					
Recoveries from reinsurance business ceded -						
In Singapore	19					
To other ASEAN countries	20					
To other countries	21					
Total (19 to 21)	22					
Net claims settled (14 + 18 - 22)	23					
Claims liabilities at end of period	24					
Claims liabilities at beginning of period	25					
Net claims incurred (23 + 24 - 25)	26					
C. MANAGEMENT EXPENSES						
Management Expenses	27					
D. DISTRIBUTION EXPENSES						
Commissions	28					
Reinsurance commissions	29					
Net commissions incurred (28 - 29)	30					
Other distribution expenses	31					
E. UNDERWRITING RESULTS						
Underwriting gain / (loss) (13 - 26 - 27 - 30 - 31)	32					
F. NET INVESTMENT INCOME						
	33					
G. OPERATING RESULT (32 + 33)						
	34					

NAME OF @7 9BGED INSURER _____

NOTES TO FORM 6

FROM _____ TO _____

Co Code

Year

Month

OFFSHORE INSURANCE FUND

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NAME OF @79BGED INSURER _____

**FORM 6
ADDITIONAL INFORMATION**

Co Code

Year

Month