

Version 2.F

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Direct General Insurer Annual Return

(Form 23, Additional Information)

Reporting Cycle : (MM/YYYY)

Company Code :

Company Name:

Reset all figures in this return to zero

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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 Amount	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