

Version 2.F

Please login to MASNET Website to check for the latest release.

# 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	
<i>Less:</i> Outward reinsurance premiums	2B	2	
Investment revenue	2C	3	
<i>Less:</i> Investment expenses		4	
Other income	2D	5	
<b>Total Income (1 to 5)</b>		<b>6</b>	
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	
<b>Total Outgo (7 to 14)</b>		<b>15</b>	
<b>NET INCOME (6 – 15)</b>	<b>2J</b>	<b>16</b>	

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
<del>3</del> ed insurer/foreign insurer under the foreign insurer scheme Authorised reinsurer / related corporation / head office / branch of head office of the <del>3</del> ed insurer	1	
Un <del>3</del> ed reinsurer	2	
Un <del>3</del> ed 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				
<b>Total (1 to 6) = Row 3 of Form 2</b>	<b>7</b>				

NAME OF ~~7~~ 9 BGED 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	
	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 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	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	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	
	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 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	
<b>Total Income (1 to 5)</b>		<b>6</b>	
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	
<b>Total Outgo (7 to 14)</b>		<b>15</b>	
<b>NET INCOME (6 – 15)</b>	<b>2J</b>	<b>16</b>	



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				
<b>Total (1 to 6) = Row 3 of Form 2</b>	<b>7</b>				

NAME OF ~~7~~ 9 BGED 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	
	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 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	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
	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
	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 2	26	

NAME OF @79BGED INSURER \_\_\_\_\_

**FORM 2  
ADDITIONAL INFORMATION**

Co Code

Year

Month