

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 _____

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OFFSHORE INSURANCE FUND

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NAME OF @79BGED INSURER _____

**FORM 6
ADDITIONAL INFORMATION**

Co Code

Year

Month