

Statement of Claims Development during the year ending 31 March .....

Form IBNR-A

Name of Insurer:

Name of Appointed Actuary:

Class of Business:

(All Amounts in Rupees in thousands)

Year of occurrence of loss	Provision at the beginning of year			Part payments on claims during the year		Payments on claims finally settled during the year		Claims provided for the first time or reopened during the year		Claims closed without payment during the year		Provision at the end year			Written Premium for the year	
	Outstanding claims		IBNR									Outstanding claims		IBNR		
	Number	Amount	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Amount	Number	Amount
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Current year																
First preceding year																
Second preceding year																
Third preceding year																
Fourth preceding year																
Fifth preceding year																
Sixth preceding year																

Year of occurrence of loss	Provision at the beginning of year			Part payments on claims during the year		Payments on claims finally settled during the year		Claims provided for the first time or reopened during the year		Claims closed without payment during the year		Provision at the end year			Written Premium for the year	
	Outstanding claims		IBNR									Outstanding claims		IBNR		
	Number	Amount	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Amount	Number	Amount
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Seventh preceding year																
Eighth preceding year																
Ninth preceding year																
Tenth preceding year																
....																
TOTAL ALL YEARS																

Signature of Appointed Actuary/Certifying Actuary\*\*

Signature of Mentor Actuary

Countersigned by Principal Officer

Place:

Date:

\*\* In case of Foreign Reinsurance Branches

Cumulative Statement of Claims Development (By Amounts) as at 31 March \_\_\_\_\_.

**Form IBNR-B-1**

Name of Insurer:

Name of Appointed Actuary:

**Class of Business:**

(All Amounts in Rupees in thousands)

Year of occurrence	Earned Premium	Cumulative Claims Paid as at end of number of months as at Date of statement						Outstanding claims as at date of statement	Incurred claims	
		12 months	24 months	36 months	48 months	60 months	...		Amount	Ratio
1	2	3	4	5	6	7	...	8	9	10
<b>Current year</b>										
First preceding year										
Second preceding year										
Third preceding year										
Fourth preceding year										
Fifth preceding year										
Sixth preceding year										
Seventh preceding year										
Eighth preceding year										
Ninth preceding year										
Tenth preceding year										
....										

Signature of Appointed Actuary/Certifying Actuary\*\*

Signature of Mentor Actuary

Countersigned by Principal Officer

Place:

Date:

\*\* In case of Foreign Reinsurance Branches

Cumulative Statement of Claims Development (By Number) As At 31 March \_\_\_\_\_.

**Form IBNR-B-2**

Name of Insurer:

Name of Appointed Actuary:

**Class of Business:**

Year of occurrence	Number of policy years exposed	Cumulative number of Claims Paid as at end of number of months as at Date of statement						Outstanding number of claims as at date of statement	Incurred claims- Number	
		12 months	24 months	36 months	48 months	60 months	....		Number of claims	Frequency of claims
1	2	3	4	5	6	7	....	8	9	10
Current year										
First preceding year										
Second preceding year										
Third preceding year										
Fourth preceding year										
Fifth preceding year										
Sixth preceding year										
Seventh preceding year										
Eighth preceding year										
Ninth preceding year										
Tenth preceding year										
....										

Signature of Appointed Actuary/Certifying Actuary\*\*

Signature of Mentor Actuary

Countersigned by Principal Officer

Place:

Date:

\*\* In case of Foreign Reinsurance Branches

Annexure-Act1-17

Form IRDAI-GI-I

(See Clause 4A of Part IV(A) of Schedule-I)

**Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024**

**STATEMENT OF SURPLUS as at 31<sup>st</sup> March .....**

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business

(All amounts in Rupees of Lakhs)

Item	Description	Amount
A	Excess in Policyholder's Funds as per Table IB of Form IRDAI-GI-SM (Item E of the referred Form)	
B	Operating Profit as per Form B- RA (of Part II of Schedule-II of these Regulations)	
C	Surplus (A+B)	

**Certification:**

I \_\_\_\_\_, the Statutory Auditor, hereby certify that the above statements have been prepared in accordance with the Section 64VA of the Insurance Act, 1938, and the amounts mentioned therein are true to the best of my knowledge.

Place

Date:

Name and Signature of the Statutory Auditor

Counter signature by

Appointed Actuary/Actuary  
Officer

Chief Financial

Principal Officer/ /Chief Executive Officer:

Note:

Item B shall be the Operating Profit at the Company Level (i.e., Total of the Operating Profit from Fire, marine and Miscellaneous Segments)

Annexure-Actl-17A

Form IRDAI-RI-I

(See Clause 5(3)(iii) of Part V(A) of Schedule-I)

**Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024**

**STATEMENT OF SURPLUS as at 31<sup>st</sup> March .....**

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business

(All amounts in Rupees of Lakhs)

Item	Description	Amount
A	Excess in Policyholder's Funds as per Form IRDAI-RI-SM (Item F of the referred Form)	
B	Operating Profit as per Form B- RA (of Part II of Schedule-II of these Regulations)	
C	Surplus (A+B)	

**Certification:**

I \_\_\_\_\_, the Statutory Auditor, hereby certify that the above statements have been prepared in accordance with the Section 64VA of the Insurance Act, 1938, and the amounts mentioned therein are true to the best of my knowledge.

Place

Date:

Name and Signature of the Statutory Auditor

Counter signature by

Appointed Actuary/Actuary(Life)\*\*

Appointed Actuary/Actuary(Non-Life) \*\*  
Officer

Chief Financial

Principal Officer/ /Chief Executive Officer:

Note:

Item B shall be the Operating Profit at the Company Level (i.e., Total of the Operating Profit from Fire, marine and Miscellaneous Segments)

\*\* Signature of the actuary certifying the reports of the FRB.