

Monthly Data Requirement for Life Insurers

Name of the Life Insurer*

Select

Fiscal Year*

Select

Month to Which Data Pertains*

Select

Premium (Gross)*

Please furnish the amount in absolute figures only

Investment Income (Policyholders)*

Please furnish the amount in absolute figures only

Investment Income (Shareholders)*

Please furnish the amount in absolute figures only

Benefits Paid (Gross)*

Please furnish the amount in absolute figures only

Date of submission*

dd-mm-yyyy



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Type CAPTCHA here

 Submit

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