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

Not readable? Change text.

Type CAPTCHA here

Submit

Never submit passwords through NIC Forms.

Helpdesk: indradeep.s@irdai.gov.in