

FORM GI-RE-FAC 1

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS - GENERAL INSURANCE BUSINESS

Quarter Commencing and ending on

Name of the Insurer:

Date	Policy Number	Insured Name	Class of business	Policy Period		Total Premium *	Total Sum Insured *	Arrangement of total sum Insured				Facultative Reinsurer		
				From	To			Retention *	Treaty *	Co insurance *	Facultative *	Name	Share (%)	Commission (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

*Currency

FORM GI-RE-FAC 2

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS - GENERAL INSURANCE BUSINESS

Quarter Commencing and ending on

Name of the Insurer:

Policy Number	Name of the Reinsurer	Reinsurers Country of origin	Name of the Regulatory authority which approval obtained to transact reinsurance business*	Licence validity period of the reinsurer	Credit rating	Financial Strength Rating	Name of the Rating Agency	Date of Rating	Remarks

* Documentary proof should be submitted.

FORM GI-RE- FAC 3

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (GENERAL INSURANCE BUSINESS)

Details of placement of reinsurance through brokers and/or foreign reinsurance brokers.

Quarter Commencing and ending on

Name of the Insurer:

Policy Number	Name of reinsurer/s	Name of the reinsurance Broker/s	Broker's Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance brokering business *	License validity period of the Broker	Participating share of reinsurance broker %	Brokerage/com mission %	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

* Documentary proofs should be submitted.

Note :

Please ensure to disclose any co-brokering arrangements involved.

FORM LT-RE-FAC 1

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS - LONG-TERM INSURANCE BUSINESS

Quarter Commencing and ending on

Name of the Insurer:

Date	Policy Number	Insured Name	Class of business	Policy Period		Total Premium *	Total Sum Insured *	Arrangement of total sum Insured			Facultative Reinsurer		
				From	To			Retention *	Treaty *	Facultativ e *	Name	Share (%)	Commission (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(12)	(13)	(14)	(15)

*Currency

FORM LT-RE-FAC 2

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS - LONG-TERM INSURANCE BUSINESS

Quarter Commencing and ending on

Name of the Insurer:

Policy Number	Name of the Reinsurer	Reinsurers Country of origin	Name of the Regulatory authority which approval obtained to transact reinsurance business*	Licence validity period of the reinsurer	Credit rating	Financial Strength Rating	Name of the Rating Agency	Date of Rating	Remarks

* Documentary proof should be submitted.

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (LONGTERM INSURANCE BUSINESS)

Details of placement of reinsurance through brokers and/or foreign reinsurance brokers.

Quarter Commencing and ending on

Name of the Insurer:

Policy Number	Name of reinsurer	Name of the reinsurance Broker/s	Broker's Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance brokering business *	License validity period of the Broker	Participating share of reinsurance broker %	Brokerage/com mission %	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

* Documentary proof should be submitted.

Note :

Please ensure to disclose any co-brokering arrangements involved.