

**CHECKLIST OF SUPPORTING DOCUMENTS
OF NON-LIFE INSURANCE COMPANIES
For the year ended 31 December _____**

NAME OF COMPANY

REMARKS	DOCUMENT	HARD COPY	SOFT COPY
1.	Copy of _____ Audited Financial Statements with comparative figure for _____, signed by an external auditor accredited by this Commission.	✓	✓ (PDF Format)
2.	Copy of Adjusted Trial Balance as of 31 December _____ signed by the Chief Accountant.	✓	✓ (PDF Format)
3.	Transition Accounting Report showing the Statement of Financial Position (SFP) balances Based on Old and New Framework. See Attachment 1 .	✓	✓ (Excel Format)
4.	Computation of Risk Based Capital Ratio of the company as prescribed under CL No. 2016-68.	✓	✓ (Excel Format)
5.	For foreign companies, Annual Statement on Worldwide Business and Statement of Receipts and Disbursements as of year-end.	✓	
6.	List of current members of board of directors, their respective addresses, positions and committee membership.	✓	✓ (Excel Format)
7.	Amended Articles of Incorporation relative to the increase in the Authorized Capital Stock, General and Information Sheet.	✓	
8.	<u>Cash in Bank Accounts:</u>		
	a. Bank Reconciliation Statement (<i>Adjusted Balances Method</i>) as of 31 December _____ and 31 January _____, with Bank statements/passbooks of all current, savings and time deposit accounts.	✓	
	b. Schedule of deposit in transit indicating the <i>official receipts no., date of OR and date deposited, bank name, amount per OR & amount deposited</i> with a copy of official receipts, validated deposit slips.	✓	
9.	Sales invoices and official receipts to support purchases of IT Equipment during the year.	✓	
10.	<u>Premiums Receivable Account</u>		
	a. Photocopy of Premiums Receivable ledger for the current year.	✓	✓ (Excel Format)

REMARKS	DOCUMENT	HARD COPY	SOFT COPY
	b. Summary of Monthly Production for the year, showing separately in columns the Gross Premiums, Returns & Cancellations, VAT, DST, FST, PT, LGT, Notarial Fees And Commissions.	✓	
	c. Summary of Monthly collections of Premiums Receivable during the year showing separately in columns the Premiums, VAT, DST, FST, PT, LGT, Notarial Fees And Commissions.	✓	
	d. Summary of Monthly Collections of RI Commission during the year.	✓	
	e. After Date Collections of Premiums Receivable: Companies which shall avail reconsideration of the 1 st Quarter collections of the over 90-days premiums receivable as after date transactions: e.1. Schedule of over 90-day Premiums Receivable under following columnar headings: 1. Name of Assured 7. FST 2. Policy Number 8. LGT 3. Line of Business 9. Other Taxes 4. Premium Amount 10. Amount Due 5. DST 11. Amount Collected 6. VAT 12. OR Number & Date	✓	✓ (Excel Format)
	e.2. Copies of official receipts, validated deposit slips, passbooks and/or banks statements evidencing collections. (Submission of these documents shall be after the examiner has determined if the company is impaired or not. To be submitted within 3 days after the examiner requested said documents)	✓	
11	Report on Actuarial Valuation of Non-Life Insurance Policy Reserves as prescribed under CL Nos. 2018-18 & 2018-19 both dated March 9, 2018.	✓	✓ (PDF Format)
12.	Taxes Payable Account		
	a. BIR tax returns, validated deposit slip and/or EFPS Payment confirmation for Premium Tax, Documentary Stamp Tax and Vat with schedule indicating the amount, date paid and reference number for each kind of tax. b. Official Receipts and quarterly statement for Fire Service Tax and Real Estate Tax with schedule indicating the amount, date paid and Official Receipt number for each kind of tax. c. CTPL Business - Summary of Taxes Paid together with the validated deposit slips/EFPS Payment Confirmation d. Schedule of production – personal accident per policy indicating the amount of insurance for the year. e. BIR Return Form No. 1604E	✓	

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	<p>13. For companies writing Micro-insurance business:</p> <p>a. Performance Standard (SEGURO) (per IC CL No. 2016-63) including breakdown or composition of the accounts (i.e. <i>Total Available Assets, Total Liabilities, current assets, current liabilities, operating expenses, etc.</i>) in determining the ratio for SEGURO.</p>	✓	✓ (Excel Format)																
	<p>b. Schedule of Production <u>PER PRODUCT/LINE showing separately under the following columnar headings:</u></p> <table border="0" style="width: 100%;"> <tr> <td>1. Name of Assured</td> <td>7. Premium Tax</td> </tr> <tr> <td>2. Location/Address</td> <td>8. DST</td> </tr> <tr> <td>3. Policy Number</td> <td>9. FST</td> </tr> <tr> <td>4. Certificate Number</td> <td>10. VAT</td> </tr> <tr> <td>5. Sum Insured</td> <td>11. LGT</td> </tr> <tr> <td>6. Premium Amount</td> <td>12. Other Taxes</td> </tr> </table>	1. Name of Assured	7. Premium Tax	2. Location/Address	8. DST	3. Policy Number	9. FST	4. Certificate Number	10. VAT	5. Sum Insured	11. LGT	6. Premium Amount	12. Other Taxes		✓ (Excel Format)				
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	<p>14. For companies writing OFW business:</p>		✓																
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	3. Premium Amount 9. Amount Collected 4. DST 10. OR Number 5. FST 11. OR Date 6. VAT		
	c. Schedule of Losses Paid <u>showing separately under the following columnar headings:</u> 1. Name of Claimant/Policyholder 2. Claim No. 3. Date Filed 4. Policy Number 5. Date of Loss/Damage 6. Amount of Loss/ Loss of Adjustment Expense 7. Amount of Losses Paid 8. Difference / Discrepancy (per schedule in the A/S vs. Amount paid) 9. Nature of Claim (Repatriation, Death, etc.) 10. Date Paid 11. Check Number		✓ (Excel Format)
	15. Accomplished Enhanced SEGURO Performance Indicator		✓ (Excel Format)
	16. <u>FLASH DRIVE</u> – Except Audited Financial Statements and Reserve Valuation Report, which shall be submitted in PDF format, the Annual Statement and all other items in the checklist (with ✓ under Soft Copy column) are required to be submitted in Excel Format.		

Remarks: _____

Submitted by:

 Signature over Printed Name

 Designation

Note:

- Order of payment should be in duplicate
- Filing Fee – P40,000.00 + P5,000.00/day of delay including Saturday, Sunday and Holidays
- **This checklist of required documents is subject to change.**