

**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 figures 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.	✓	✓ (Excel format)
	3. Reconciliation of figures if the company adopts IFRS 9 – Financial Instrument: a. Balance Sheet- Annual Statement VS Balance Sheet- Audited Financial Statements	✓	✓ (Excel format)
	b. Income Statement- Annual Statement VS Income Statement- Audited Financial Statements	✓	✓ (Excel format)
	c. Balance Sheet and Income Statement- Annual Statement VS Adjusted Trial Balance	✓	✓ (Excel format)
	4. Computation of Risk Based Capital Ratio 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 and General Information Sheet.	✓	
	8. CASH IN BANK ACCOUNTS: a. Bank Reconciliation Statements (<u>Adjusted Balances Method</u>) as of 31 December _____ and 31 January _____, with Bank statements/passbooks of all current, savings and time deposit accounts.	✓	
	b. <u>Schedule of Deposit in Transit</u> indicating the <i>official receipt number, date of OR and date deposited, bank name, amount per OR & amount deposited</i> accompanied by copies of <u>official receipts and validated deposit slips</u> .	✓	
	c. <u>Summary List of Bank Accounts</u> under the following columnar headings: BANK NAME, COMPLETE ADDRESS OF THE BANK,	✓	✓ (Excel format)

Remarks	DOCUMENT	HARD COPY	SOFT COPY
	ACCOUNT TYPE AND ACCOUNT NUMBER.		
	9. Sales invoices and official receipts to support purchases of IT Equipment during the year.	✓	
	10. <u>PREMIUMS RECEIVABLE ACCOUNT</u>		
	a. Copy of the Premiums Receivable ledger for the current year.		✓ (Excel format)
	b. <u>Summary of Monthly Production</u> for the year, under the following columnar headings: GROSS PREMIUMS, RETURNS & CANCELLATIONS, VAT, DST, FST, PT, LGT, NOTARIAL FEES AND COMMISSIONS.	✓	✓ (Excel format)
	c. <u>Summary of Monthly Collections</u> of Premiums Receivable during the year under the following columnar headings: PREMIUMS, VAT, DST, FST, PT, LGT, NOTARIAL FEES AND COMMISSIONS.	✓	✓ (Excel format)
	d. Summary of Monthly Collections of RI Commissions during the year.	✓	✓ (Excel format)
	e. <u>AFTER DATE COLLECTIONS OF PREMIUMS RECEIVABLE:</u> For non-life insurance companies with deficiency in net worth, the 1 st Quarter collections of the over 90-days Premiums Receivable shall be reconsidered as after-date transactions: e.1. Schedule of over 90-day Premiums Receivable showing separately under the 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. (<i>Said documents shall be required after the examiner has determined if the company has net worth deficiency. The same shall be submitted within 3 days upon examiner's request.</i>)	✓	
	11. Amortization Schedule for each investment in debt securities.		✓ (Excel format)
	12. Report on Actuarial Valuation of Non-Life Insurance Policy Reserves as prescribed under CL Nos. 2018-18 & 2018-19.	✓	✓ (PDF format)
	13. <u>TAXES PAYABLE ACCOUNT</u>		
	a. BIR tax returns, validated deposit slip and/or EFPS Payment confirmation for Premium Tax, Documentary Stamp Tax and VAT with schedule	✓	

Remarks	DOCUMENT	HARD COPY	SOFT COPY																
	<p><u>indicating the amount, date paid and reference number for each kind of tax.</u></p> <p>b. Official Receipts and quarterly statement for Fire Service Tax and Real Estate Tax <u>with schedule indicating the amount, date paid and Official Receipt number for each kind of tax.</u></p> <p>c. CTPL Business - Summary of Taxes Paid together with the validated deposit slips/EFPS Payment Confirmation.</p> <p>d. Schedule of Production of the following:</p> <p>d.1. Personal Accident - per policy indicating the amount of insurance for the year.</p> <p>d.2. Indemnity Bond – per policy indicating the amount of premium for the year.</p> <p>d.3. Zero-rated and Tax-exempt policies (collected and uncollected premium).</p> <p>e. BIR Return Form No. 1604E</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓ (Excel format)</p>																
14.	<p>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. Total Available Assets, Total Liabilities, Current Assets, Current Liabilities, Operating Expenses, etc.) in determining the ratio for SEGURO.</p>		<p>✓ (Excel format)</p>																
	<p>b. Schedule of Production <u>PER PRODUCT/LINE showing separately under the following columnar headings:</u></p> <table border="0" data-bbox="395 1189 1034 1384"> <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		<p>✓ (Excel format)</p>				
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	<p>c. Schedule of Collection <u>PER PRODUCT/LINE showing separately under the following columnar headings:</u></p> <table border="0" data-bbox="395 1491 1098 1760"> <tr> <td>1. Name of Assured</td> <td>9. DST</td> </tr> <tr> <td>2. Inception Date</td> <td>10. FST</td> </tr> <tr> <td>3. Maturity Date</td> <td>11. VAT</td> </tr> <tr> <td>4. Policy Number</td> <td>12. LGT</td> </tr> <tr> <td>5. Certificate Number</td> <td>13. Other Taxes</td> </tr> <tr> <td>6. Sum Insured</td> <td>14. Amount Collected</td> </tr> <tr> <td>7. Premium Amount</td> <td>15. OR Number</td> </tr> <tr> <td>8. Premium Tax</td> <td>16. OR Date</td> </tr> </table>	1. Name of Assured	9. DST	2. Inception Date	10. FST	3. Maturity Date	11. VAT	4. Policy Number	12. LGT	5. Certificate Number	13. Other Taxes	6. Sum Insured	14. Amount Collected	7. Premium Amount	15. OR Number	8. Premium Tax	16. OR Date		<p>✓ (Excel format)</p>
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	<p>d. Schedule of Losses Paid <u>PER PRODUCT/LINE showing separately under the following columnar headings:</u></p> <table border="0" data-bbox="395 1861 1082 2024"> <tr> <td>1. Name of Assured</td> <td>6. Date of Loss</td> </tr> <tr> <td>2. Claim Number</td> <td>7. Amount of Loss</td> </tr> <tr> <td>3. Date Filed</td> <td>8. Nature of Claim</td> </tr> <tr> <td>4. Policy Number</td> <td>9. Date Paid</td> </tr> <tr> <td>5. Sum Insured</td> <td>10. Voucher Number</td> </tr> </table>	1. Name of Assured	6. Date of Loss	2. Claim Number	7. Amount of Loss	3. Date Filed	8. Nature of Claim	4. Policy Number	9. Date Paid	5. Sum Insured	10. Voucher Number	<p>✓</p>	<p>✓ (Excel format)</p>						
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Remarks	DOCUMENT	HARD COPY	SOFT COPY
	<i>Note: Hard copy to be signed by the Claims Manager.</i>		
	15. For companies writing OFW business:		
	a. Schedule of Production <u>showing separately under the following columnar headings:</u> 1. Name of Assured 6. VAT 2. Policy Number 7. LGT 3. Premium Amount 8. Other Taxes 4. DST 9. Amount Due 5. FST		✓
	b. Schedule of Collection <u>showing separately under the following columnar headings:</u> 1. Name of Assure 7. LGT 2. Policy Number 8. Other Taxes 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		✓
	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.