**CHAPTER – VII**

**Submission of returns as specified under Master Circular on Protection of Policyholder’s Interests, operations and allied matters of insurers**

**Form No. IRDAI\_RET\_39**

**Annual Statement on Outsourcing expenses**

**(Refer clause no……….)**

**Name of the Insurer:**

**Financial year**

**(Rs in lakh)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. NO.** | **Particular** | **Amount** | **Percentage** |
| **I** | **II** | **III** | **I V** |
| 1. | Total amount spent on outsourcing (annexure A \*) |  | (1.III/5.III) |
| **2.** | Total payouts made to the related parties and group entities of the insurer, out of the outsourcing activities referred at sl.no.1 above (annexure B $) |  | (2.III/5.III) |
| **3.** | Total payouts made to the related parties and group entities of the intermediary, out of the outsourcing activities referred at sl.no.1 above (annexure C #) | **-** | (3.III/5.III) |

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | Total payouts made to Outsourcing service providers located or operating from outside India, out of the outsourcing activities referred at sl.no.1 above. (annexure D @) |  | (4.III/5.III) |
| **4.** | **Total Operating Expenses** |  |  |

|  |  |
| --- | --- |
|  |  |

**Along with outsourcing return:**

\*attach list of top twenty-five parties along with the payouts as per form given at annexure A

$ attach list of top twenty-five parties along with payouts as per form given at annexure B

# attach list of top twenty-five parties along with payouts as per form given at annexure C

@ attach list of top twenty-five parties along with payouts as per form given at annexure D

(Compliance Officer) (CFO)

Date:……….

Place:

**Annexure A** to Outsourcing Annual return

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of Outsourcing payments made to top twenty-five vendors** | | | | | | |
| **Activity outsourced - Description** | **Vendor ID/URN** | **Relationship with Insurer (Yes/No)** | **If Yes, Relationship Type** | **If Other Relationship / Multiple Relationship, specify** | **Amount paid for the reporting year (in INR** | **Amount paid for the preceding year (in INR** |
|  |  |  |  |  |  |  |
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**Annexure** B to Outsourcing Annual return

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| --- | --- | --- | --- | --- | --- | --- |
| **Details of Outsourcing payments to related parties and group entities of the insurer** | | | | | | |
| **Activity outsourced - Description** | **Vendor ID/URN** | **Relationship with Insurer (Yes/No)** | **If Yes, Relationship Type** | **If Other Relationship / Multiple Relationship, specify** | **Amount paid for the reporting year (in INR** | **Amount paid for the preceding year (in INR** |
|  |  |  |  |  |  |  |
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**Annexure C** to Outsourcing Annual return

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| --- | --- | --- | --- | --- | --- | --- |
| **Details of Outsourcing payments to related parties and group entities of the intermediary** | | | | | | |
| **Activity outsourced - Description** | **Vendor ID/URN** | **Relationship with Insurer (Yes/No)** | **If Yes, Relationship Type** | **If Other Relationship / Multiple Relationship, specify** | **Amount paid for the reporting year (in INR** | **Amount paid for the preceding year (in INR** |
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**Annexure D** to Outsourcing Annual return

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| --- | --- | --- | --- | --- | --- | --- |
| **Details of Outsourcing service providers located or operating from outside India** | | | | | | |
| **Activity outsourced - Description** | **Vendor ID/URN** | **Relationship with Insurer (Yes/No)** | **If Yes, Relationship Type** | **If Other Relationship / Multiple Relationship, specify** | **Amount paid for the reporting year (in INR** | **Amount paid for the preceding year (in INR** |
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**Form No. IRDAI\_RET\_40**





**Form No. IRDAI\_RET\_41**



**Form No. IRDAI\_RET\_42**





**Form No. IRDAI\_RET\_43**

**Details of Transfer of Unclaimed Amount of Policyholders for more than 10 years to  
Senior Citizens’ Welfare Account**

(refer clause 42.4)

**Name of Insurance Company:**

Registration Number:

Date of Intimation:

|  |  |  |  |
| --- | --- | --- | --- |
| **SR No.** | **Unclaimed Amount of Policyholders more than 10 years** | **Amount transferred** | **Date of Transfer** |
|  |  |  |  |

This is to certify that a sum of Rs\_\_\_\_\_\_\_\_\_ (In \_\_\_\_\_\_\_\_ words Rs \_\_\_\_\_\_\_\_) representing Unclaimed Amount of Policyholders outstanding for more than 10 years as on have been transferred to the Senior Citizens’ Welfare Fund Account as per the details given above. We hereby certify that the amount, as per above details, stands credited to the Account.

|  |  |  |
| --- | --- | --- |
| Date: | (Signature) | (Signature) |
| Place: | Compliance Officer | Chief Executive Officer |