

	Accident and health	Motor vehicle, damage and liability	Aircraft, damage and liability	Ships, damage and liability		Goods in transit	General liability			Pecuniary loss	Total
	\$	\$	\$	Statutory business	Others	\$	Property damage	Statutory business	Others	\$	\$
(14) Net amounts paid (12)-(13)											
(15) Provision for outstanding claims adjustment											
(16) Net incurred (14)+(15)											
<i>UNDERWRITING RESULT</i>											
(17) Profit/(Loss) (5)-(11)-(16)											

We certify that the above information is true and correct.

(_____)
Director

(_____)
Director

(_____)
*Chief Executive/Secretary

Note: Amounts must be expressed in Hong Kong dollars.

* Delete as necessary.

	Accident and health	Motor vehicle, damage and liability	Aircraft, damage and liability	Ships, damage and liability		Goods in transit	General liability			Pecuniary loss	Total
	\$	\$	\$	Statutory business	Others	\$	Property damage	Statutory business	Others	\$	\$
(b) Amount recoverable from											
(i) reinsurers											
(ii) others											
(c) Net amount (a)-(b)											
(B) Provision for IBNR											
(C) Amount of provision for outstanding claims incl. IBNR c/f (A)+(B)											
(D) Amount of provision for outstanding claims incl. IBNR b/f											
(E) Increase/(Decrease) (C)-(D)											

We certify that the above information is true and correct.

(_____) (_____) (_____)
Director Director *Chief Executive/Secretary

Note: Amounts must be expressed in Hong Kong dollars.

* Delete as necessary.

	Accident and health \$	Motor vehicle, damage and liability \$	Aircraft, damage and liability \$	Ships, damage and liability \$	Goods in transit \$	Property damage \$	General liability \$	Pecuniary loss \$	+Non-pro- portional treaty \$	+Pro- portional treaty \$	Total \$
(12) Gross amounts paid											
(13) Amounts recoverable from retrocessionaires											
(14) Net amounts paid (12)-(13)											
(15) Provision for outstanding claims adjustment											
(16) Net incurred (14)+(15)											
<i>UNDERWRITING RESULT</i>											
(17) Profit/(Loss) (5)-(11)-(16)											

We certify that the above information is true and correct.

(_____) (_____) (_____)
 Director Director *Chief Executive/Secretary

- Notes: (a) Amounts must be expressed in Hong Kong dollars.
 (b) Both treaty and facultative reinsurance business must be included.

+ In the event that it is impracticable to allocate the treaty reinsurance business to the respective first 8 accounting classes of general business, such business may be shown under 2 broad classes, namely, Non-proportional Treaty Reinsurance and Proportional Treaty Reinsurance. However, in such circumstances the insurer must supply estimates of the gross premiums receivable (i.e. item (1) above) attributable to the treaty reinsurance business of each of the first 8 accounting classes of general business.

* Delete as necessary.

	Accident and health \$	Motor vehicle, damage and liability \$	Aircraft, damage and liability \$	Ships, damage and liability \$	Goods in transit \$	Property damage \$	General liability \$	Pecuniary loss \$	+Non-pro- portional treaty \$	+Pro- portional treaty \$	Total \$
(b) Amount recoverable from retrocessionaries											
(c) Net amount (a)-(b)											
(B) Provision for IBNR											
(C) Amount of provision for outstanding claims incl. IBNR c/f (A)+(B)											
(D) Amount of provision for outstanding claims incl. IBNR b/f											
(E) Increase/(Decrease) (C)-(D)											

We certify that the above information is true and correct.

(_____) (_____) (_____)
 Director Director *Chief Executive/Secretary

- Notes: (a) Amounts must be expressed in Hong Kong dollars.
 (b) Both treaty and facultative reinsurance business must be included.

+ In the event that it is impracticable to allocate the treaty reinsurance business to the respective first 8 accounting classes of general business, such business may be shown under 2 broad classes, namely, Non-proportional Treaty Reinsurance and Proportional Treaty Reinsurance.

* Delete as necessary.

FORM 3

**HONG KONG INSURANCE BUSINESS - DIRECT BUSINESS REVENUE ACCOUNT ON
THE FUND ACCOUNTING BASIS OF (Name of insurer)**

for the period commencing on and ending on

ACCOUNTING CLASS OF GENERAL BUSINESS : _____

	19 _____ <i>All prior Years of Account Developments in current year \$</i>	19 _____ <i>Year of Account (Two years preceding the period) Developments in current year \$</i>	19 _____ <i>Year of Account (One year preceding the period) Developments in current year \$</i>	19 _____ <i>Year of Account (The period) Developments in current year \$</i>	<i>Total Developments in current year \$</i>
GROSS PREMIUMS					
(1) Gross premiums receivable					
(2) Reinsurance premiums payable					
RETAINED PREMIUMS					
(3) Premiums net of reinsurance (1)-(2)					
UNDERWRITING EXPENSES					
(4) Commissions payable					
(5) Management expenses					
(6) Gross expenses (4)+(5)					
(7) Commissions receivable from reinsurers					
(8) Total net expenses (6)-(7)					

	19_____ Year of Account (Two years preceding the period)	19_____ Year of Account (One year preceding the period)	19_____ Year of Account (The period)	Total
	Developments	Developments	Developments	Developments
	in current	in current	in current	in current
	year	year	year	year
	\$	\$	\$	\$
		Cumulative		
		developments		
		\$		
<i>CLAIMS</i> (incl. claims settling expenses)				
(9) Gross amounts paid				
(10) Amounts recoverable from				
(a) reinsurers				
(b) others				
(11) Net amounts paid (9)-(10)				
(12) Insurance fund b/f				
(13) Insurance fund c/f				
<i>UNDERWRITING RESULT</i>				
(14) Profit/(Loss) (3)-(8)-(11) + (12)-(13)				

We certify that the above information is true and correct.

(_____) (_____) (_____)
Director Director *Chief Executive/Secretary

Notes: (a) Amounts must be expressed in Hong Kong dollars.

(b) If the insurer's direct business is accounted for on a fund accounting basis, this form is to be completed in lieu of Forms 1 and 1A.

(c) A separate form must be submitted in respect of each of the 8 accounting classes of general business specified in Forms 1 and 1A.

* Delete as necessary.

FORM 4

**HONG KONG INSURANCE BUSINESS - REINSURANCE BUSINESS REVENUE ACCOUNT ON
THE FUND ACCOUNTING BASIS OF(Name of insurer)**

for the period commencing on and ending on

ACCOUNTING CLASS OF GENERAL BUSINESS : _____

	<i>All prior Years of Account Developments in current year \$</i>	<i>19_____ Year of Account (Two years preceding the period) Developments in current year \$</i>	<i>Cumulative developments \$</i>	<i>19_____ Year of Account (One year preceding the period) Developments in current year \$</i>	<i>Cumulative developments \$</i>	<i>19_____ Year of Account (The period) Developments in current year \$</i>	<i>Total Developments in current year \$</i>
GROSS PREMIUMS							
(1) Gross premiums receivable							
(2) Retrocession premiums payable							
RETAINED PREMIUMS							
(3) Premiums net of retrocession (1)-(2)							
UNDERWRITING EXPENSES							
(4) Commissions payable to ceding companies							
(5) Management expenses							
(6) Gross expenses (4)+(5)							
(7) Commissions receivable from retrocessionaires							
(8) Total net expenses (6)-(7)							
CLAIMS (incl. claims settling expenses)							
(9) Gross amounts paid							

	19_____	19_____	19_____	
<i>All prior</i>	<i>Year of Account</i>	<i>Year of Account</i>	<i>Year of Account</i>	
<i>Years of Account</i>	<i>(Two years preceding the period)</i>	<i>(One year preceding the period)</i>	<i>(The period)</i>	<i>Total</i>
Developments	Developments	Developments	Developments	Developments
in current	in current	Cumulative	in current	in current
year	year	developments	year	year
\$	\$	\$	\$	\$
(10) Amounts recoverable from retrocessionaires				
(11) Net amounts paid (9)-(10)				
(12) Insurance fund b/f				
(13) Insurance fund c/f				
UNDERWRITING RESULT				
(14) Profit/(Loss) (3)-(8)-(11) + (12)-(13)				

We certify that the above information is true and correct.

_____) _____) _____)
 Director Director *Chief Executive/Secretary

- Notes: (a) Amounts must be expressed in Hong Kong dollars.
 (b) If the insurer's reinsurance business is accounted for on a fund accounting basis, this form is to be completed in lieu of Forms 2 and 2A.
 (c) Both treaty and facultative reinsurance business must be included.
 (d) A separate form must be submitted in respect of each of the first 8 accounting classes of general business specified in Forms 2 and 2A.
 (e) In the event that it is impracticable to allocate the treaty reinsurance business to the respective first 8 accounting classes of general business, such business may be shown under 2 broad classes, namely, Non-proportional Treaty Reinsurance and Proportional Treaty Reinsurance. However, in such circumstances the insurer must supply estimates of the gross premiums receivable (i.e. item (1) above) attributable to the treaty reinsurance business of each of the first 8 accounting classes of general business.

* Delete as necessary.

FORM 5
HONG KONG INSURANCE BUSINESS - STATISTICS OF STATUTORY BUSINESS
(BEING DIRECT BUSINESS) OF (Name of insurer)

for the period commencing on and ending on

A. Motor Vehicle Insurance Business under section 6 of the Motor Vehicles Insurance (Third Party Risks) Ordinance (Cap. 272)

No. of vehicles covered at end of period								No. of outstanding claims at end of period (All types)
THIRD PARTY RISKS				COMPREHENSIVE				
Private Cars	Public Hire Vehicles	Other Commercial Vehicles	Motor Cycles	Private Cars	Public Hire Vehicles	Other Commercial Vehicles	Motor Cycles	

B. Employees' Compensation Insurance Business under section 40 of the Employees' Compensation Ordinance (Cap. 282)

No. of policies in force at end of period	No. of outstanding claims at end of period

C. Local Vessels Insurance Business under section 23D of the Merchant Shipping (Local Vessels) Ordinance (Cap. 548) and any regulation made under section 89 of the Ordinance

No. of policies in force at end of period			No. of local vessels covered by such policies	No. of outstanding claims at end of period
THIRD PARTY RISKS	COMPREHENSIVE	TOTAL		

We certify that the above information is true and correct.

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Director

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Director

()

*Chief Executive/Secretary

Note: This form is to be completed by an insurer authorized to carry on statutory business (being direct business) in Hong Kong.

*Delete as necessary

FORM 6

HONG KONG INSURANCE BUSINESS - CLAIMS PAID STATISTICS (GROSS)
OF (Name of insurer)
for the period commencing on and ending on
in respect of Accounting Class of General
Business: (All in \$'000)

Accident/ Underwriting Year*	Claims Paid in each year of development											
	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)
Prior years												
(Year)												
(Year)	---											
(Year)	---	---										
(Year)	---	---	---									
(Year)	---	---	---	---								
(Year)	---	---	---	---	---							
(Year)	---	---	---	---	---	---						
(Year)	---	---	---	---	---	---	---					
(Year)	---	---	---	---	---	---	---	---				
(Year)	---	---	---	---	---	---	---	---	---			
(Year)	---	---	---	---	---	---	---	---	---	---		
(Year)	---	---	---	---	---	---	---	---	---	---	---	
TOTAL												

We certify that the above information is true and correct.

(Director)

(Director)

(*Chief Executive/Secretary)

- Notes:
- (a) Amounts must be expressed in Hong Kong dollars.
 - (b) A separate form must be submitted in respect of each of the classes of direct business set out in Form 1 (with a separate form for employees' compensation insurance business) and each of the classes of reinsurance business set out in Form 2.
 - (c) This form must be completed on a gross basis (i.e. before deduction of any reinsurance).
 - (d) In compiling claims statistics-
 - (i) direct insurers must use accident year basis for direct and facultative business and the underwriting year basis for treaty business;
 - (ii) insurers transacting only reinsurance business must use the underwriting year basis for both facultative and treaty business.

* Delete as necessary.

FORM 7

**HONG KONG INSURANCE BUSINESS - OUTSTANDING CLAIMS PROVISION
STATISTICS (GROSS) OF (Name of insurer)
AS AT
Accounting Class of General Business: (All in \$'000)**

Accident/ Underwriting Year*	Outstanding Claims Provision at the end of each year of development											
	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)
Prior years												
(Year)												
(Year)	---											
(Year)	---	---										
(Year)	---	---	---									
(Year)	---	---	---	---								
(Year)	---	---	---	---	---							
(Year)	---	---	---	---	---	---						
(Year)	---	---	---	---	---	---	---					
(Year)	---	---	---	---	---	---	---	---				
(Year)	---	---	---	---	---	---	---	---	---			
(Year)	---	---	---	---	---	---	---	---	---	---		
(Year)	---	---	---	---	---	---	---	---	---	---	---	
TOTAL												

We certify that the above information is true and correct.

(_____) (_____) (_____)
 Director Director *Chief Executive/Secretary

- Notes:
- (a) Amounts must be expressed in Hong Kong dollars.
 - (b) A separate form must be submitted in respect of each of the classes of direct business set out in Form 1 (with a separate form for employees' compensation insurance business) and each of the classes of reinsurance business set out in Form 2.
 - (c) This form must be completed on a gross basis (i.e. before deduction of any reinsurance).
 - (d) In compiling claims statistics-
 - (i) direct insurers must use accident year basis for direct and facultative business and the underwriting year basis for treaty business;
 - (ii) insurers transacting only reinsurance business must use the underwriting year basis for both facultative and treaty business.
 - (e) References to outstanding claims provision shall include outstanding claims and claims incurred but not reported.

* Delete as necessary.

FORM 8

HONG KONG INSURANCE BUSINESS - CLAIMS PAID STATISTICS (NET)
OF (Name of insurer)
for the period commencing on and ending on
in respect of Accounting Class of General
Business: (All in \$'000)

Accident/ Underwriting Year*	Claims Paid in each year of development											
	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)
Prior years												
(Year)												
(Year)	---											
(Year)	---	---										
(Year)	---	---	---									
(Year)	---	---	---	---								
(Year)	---	---	---	---	---							
(Year)	---	---	---	---	---	---						
(Year)	---	---	---	---	---	---	---					
(Year)	---	---	---	---	---	---	---	---				
(Year)	---	---	---	---	---	---	---	---	---			
(Year)	---	---	---	---	---	---	---	---	---	---		
(Year)	---	---	---	---	---	---	---	---	---	---	---	
TOTAL												

We certify that the above information is true and correct.

_____ _____ _____
 (Director) (Director) (*Chief Executive/Secretary)

- Notes:
- (a) Amounts must be expressed in Hong Kong dollars.
 - (b) A separate form must be submitted in respect of each of the classes of direct business set out in Form 1 (with a separate form for employees' compensation insurance business) and each of the classes of reinsurance business set out in Form 2.
 - (c) This form must be completed on a net basis (i.e. net of reinsurances).
 - (d) In compiling claims statistics-
 - (i) direct insurers must use accident year basis for direct and facultative business and the underwriting year basis for treaty business;
 - (ii) insurers transacting only reinsurance business must use the underwriting year basis for both facultative and treaty business.

* Delete as necessary.

FORM 9

**HONG KONG INSURANCE BUSINESS - OUTSTANDING CLAIMS PROVISION
STATISTICS (NET) OF (Name of insurer)
AS AT
Accounting Class of General Business: (All in \$'000)**

Accident/ Underwriting Year*	Outstanding Claims Provision at the end of each year of development											
	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)	(Year)
Prior years												
(Year)												
(Year)	---											
(Year)	---	---										
(Year)	---	---	---									
(Year)	---	---	---	---								
(Year)	---	---	---	---	---							
(Year)	---	---	---	---	---	---						
(Year)	---	---	---	---	---	---	---					
(Year)	---	---	---	---	---	---	---	---				
(Year)	---	---	---	---	---	---	---	---	---			
(Year)	---	---	---	---	---	---	---	---	---	---		
(Year)	---	---	---	---	---	---	---	---	---	---	---	
TOTAL												

We certify that the above information is true and correct.

_____) _____) _____)
 Director Director *Chief Executive/Secretary

- Notes:
- (a) Amounts must be expressed in Hong Kong dollars.
 - (b) A separate form must be submitted in respect of each of the classes of direct business set out in Form 1 (with a separate form for employees' compensation insurance business) and each of the classes of reinsurance business set out in Form 2.
 - (c) This form must be completed on a net basis (i.e. net of reinsurance).
 - (d) In compiling claims statistics-
 - (i) direct insurers must use accident year basis for direct and facultative business and the underwriting year basis for treaty business;
 - (ii) insurers transacting only reinsurance business must use the underwriting year basis for both facultative and treaty business.
 - (e) References to outstanding claims provision shall include outstanding claims and claims incurred but not reported.

* Delete as necessary

**Employees' Compensation Insurance Statistics (Direct Business)
by Trade Occupation**

Name of Insurer : _____

for the period commencing on _____

and ending on _____

1. Premium and Exposure Information

(HK\$'000)

Trade Occupation	Gross Premium	Annual Wage	Contract Value
1 Agriculture, forestry and fishing			
2 Mining and quarrying			
3 Manufacturing			
4 Electricity, gas and water			
a. Special Trades			
5 b. Construction - on annual wages basis			
c. Construction - on contract value basis			
6 a. Wholesale, retail and import/ export trades			
b. Restaurants and hotels			
7 Transport, storage and communication			
8 Financing, insurance, real estate and business services			
9 Community, social and personal services			
10 Others/ Non-classified occupations			
Grand Total:			

Note: (1) The definition of Gross Premiums shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance.
(2) Gross Premiums - Grand Total shall be the same as that reported on Form 1 (Direct Business) of the Hong Kong General Business Return.
(3) Where during the period there is adjustment premium or premium refund, Annual Wage in respect thereof to be reported should be the difference between the original estimated earnings and the actual earnings.
(4) Where during the period adjustment premium is charged upon policy endorsement arising from a change in the contract value, the Contract Value to be reported should be the difference between the original contract value and the revised contract value. For additional premium charged for an extension of the contract period or maintenance period where the relevant contract value remains unchanged, no Contract Value in respect thereof should be reported.

I certify that the above information is true and correct.

@Chief Executive/Director/#Manager

@Delete as appropriate

Please specify the title of post of the signatory

Date

Employees' Compensation Insurance Statistics (Direct Business)
by Trade Occupation

Name of Insurer :

for the period commencing on

and ending on

2. Gross Claims Paid during the period (Accident Year Basis)

(HK\$'000)

Trade Occupation	Current Accident Year (n)	Accident Year n-1	Accident Year n-2	Accident Year n-3	Accident Year n-4	Accident Year n-5	Accident Year n-6	Accident Year <n-6
1 Agriculture, forestry and fishing								
2 Mining and quarrying								
3 Manufacturing								
4 Electricity, gas and water								
a. Special Trades								
5 b. Construction - on annual wage basis								
c. Construction - on contract value basis								
6 a. Wholesale, retail and import/ export trades								
b. Restaurants and hotels								
7 Transport, storage and communication								
8 Financing, insurance, real estate and business services								
9 Community, social and personal services								
10 Others/ Non-classified occupations								
Grand Total:								

Note: (1) The definition of Claims Paid shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance, before deducting any amount recoverable from reinsurers thereon.
(2) "Grand Total" shall be the same as that reported on Form 6 (Direct Business) of the Hong Kong General Business Return.

I certify that the above information is true and correct.

@Chief Executive/Director/#Manager

@Delete as appropriate

Please specify the title of post of the signatory

Date

Employees' Compensation Insurance Statistics (Direct Business)
by Trade Occupation

Name of Insurer :

for the period commencing on

and ending on

3. Gross Outstanding Claims Provision as at end of period (Accident Year Basis)

(HK\$'000)

Trade Occupation	Current Accident Year (n)	Accident Year n-1	Accident Year n-2	Accident Year n-3	Accident Year n-4	Accident Year n-5	Accident Year n-6	Accident Year <n-6
1 Agriculture, forestry and fishing								
2 Mining and quarrying								
3 Manufacturing								
4 Electricity, gas and water								
a. Special Trades								
5 b. Construction - on annual wage basis								
c. Construction - on contract value basis								
6 a. Wholesale, retail and import/ export trades								
b. Restaurants and hotels								
7 Transport, storage and communication								
8 Financing, insurance, real estate and business services								
9 Community, social and personal services								
10 Others/ Non-classified occupations								
IBNR Provision								
Grand Total:								

Note: (1) The definition of Outstanding Claims shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance, before deducting any amount recoverable from reinsurers thereon.
(2) "Grand Total" shall be the same as that for the total of outstanding case reserves and IBNR provision reported on Form 7 (Direct Business) of the Hong Kong General Business Return.

I certify that the above information is true and correct.

@Chief Executive/Director/#Manager

@Delete as appropriate

Please specify the title of post of the signatory

Date

**Motor Vehicle Insurance Statistics (Direct Business)
by Class of Vehicle and Type of Coverage**

Name of Insurer : _____

for the period commencing on _____

and ending on _____

1. Premium and Exposure Information

(HK\$'000)

Class of Vehicle	Coverage	Gross Premiums	No. of Vehicles Insured	Total Sum Insured
Private Cars	Comprehensive			
	Third Party			
Goods Carrying Vehicles	Comprehensive			
	Third Party			
Tractors	Comprehensive			
	Third Party			
Taxis	Comprehensive			
	Third Party			
Public Light Buses	Comprehensive			
	Third Party			
Private Light Buses & Non Franchised Buses	Comprehensive			
	Third Party			
Motor Cycles	Comprehensive			
	Third Party			
Others	Comprehensive			
	Third Party			
Grand Total	All Coverage			

Note: (1) The definition of Gross Premiums shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance. "Grand Total - All Coverage" shall be the same as that reported on Form 1 (Direct Business) of the Hong Kong General Business Return.

(2) The number of vehicles insured for comprehensive and third party policies shall be the same as that reported on Form 5 (Direct Business) of the Hong Kong General Business Return.

I certify that the above information is true and correct.

_____)

@Chief Executive/Director/#Manager

@Delete as appropriate

Please specify the title of post of the signatory

_____ Date

2. Gross Claims Paid during the period (Accident Year Basis) (Cont'd)**(HK\$'000)**

Class of Vehicle	Coverage	Nature of Claim	Current Accident Year (n)	Accident Year n-1	Accident Year n-2	Accident Year n-3	Accident Year n-4	Accident Year n-5	Accident Year n-6	Accident Year <n-6
Public Light Buses	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Private Light Buses & Non Franchised Buses	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Motor Cycles	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Others	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Grand Total	All Coverage	All Nature								

Note: (1) The definition of Claims Paid shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance, before deducting any amount recoverable from reinsurers thereon.

(2) "Grand Total - All Coverage" shall be the same as that reported on Form 6 (Direct Business) of the Hong Kong General Business Return.

I certify that the above information is true and correct.

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@Chief Executive/Director/#Manager

@Delete as appropriate

Please specify the title of post of the signatory

Date

3. Gross Outstanding Claims Provision as at end of period (Accident Year Basis) (Cont'd)**(HK\$'000)**

Class of Vehicle	Coverage	Nature of Claim	Current Accident Year (n)	Accident Year n-1	Accident Year n-2	Accident Year n-3	Accident Year n-4	Accident Year n-5	Accident Year n-6	Accident Year <n-6
Public Light Buses	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Private Light Buses & Non Franchised Buses	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Motor Cycles	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
Others	Comprehensive	Bodily Injury								
		Non Bodily Injury								
	Third Party	Bodily Injury								
		Non Bodily Injury								
IBNR Provision	All Coverage	All Nature								
Grand Total	All Coverage	All Nature								

Note (1) The definition of Outstanding Claims shall follow that in Part 1 of the Third Schedule to the Insurance Companies Ordinance, before deducting any amount recoverable from reinsurers thereon.

(2) "Grand Total - All Coverage" shall be the same as that for the total of outstanding case reserves and IBNR provision reported on Form 7 (Direct Business) of the Hong Kong General Business Return.

I certify that the above information is true and correct.

 ()
 @Chief Executive/Director/#Manager
 @Delete as appropriate
 # Please specify the title of post of the signatory

 Date