

### **Statement of Un-reconciled outstanding unsettled amounts**

Name of the Reinsurance/ Composite Broker:

For the Half-Year Period:

#### **Details of Insurance Bank Account - No lien Account for RI purposes**

Name of the Bank	
Account No.	
Date of Opening of the Account	
Closing Balance as of half-year .....	

A	Closing Balance as on half year ...	
B	Premium Amounts lying in IBA as on half year .....	
C	Claim amounts lying in IBA as on half-year ....	
D	Interest lying in IBA as on half-year ....	
E	Fees, Charges lying in IBA as on half-year ....	
F	Brokerage/Commission lying in IBA as on half-year ....	
G	Any other amounts lying in IBA as on half-year .... (please specify)	

**(Total A= Total of B+C+D+E+F+G)**

	<b>Description</b>	<b>Premiums</b>	<b>Claims</b>
H	Amounts reconciled as on half-year ....		
I	Amounts un-reconciled as on half-year ....		
J	Amounts settled as on half-year ....		
K	Amounts outstanding for settlement as on half-year ....		

**Age-wise analysis of Un-reconciled Amounts (premiums)**

Duration	Amount
0-15 days	
16-30 days	
31-60 days	
61-120 days	
121-180 days	
>180 days	
<b>Total</b>	

**Age-wise analysis of Un-reconciled Amounts (Claims)**

Duration	Amount
0-15 days	
16-30 days	
31-60 days	
61-120 days	
121-180 days	
>180 days	
<b>Total</b>	

**Age-wise analysis of Outstanding Amounts for Settlement (Premiums)**

Duration	Amount
0-15 days	
16-30 days	
31-60 days	
61-120 days	
121-180 days	
>180 days	
<b>Total</b>	

**Age-wise analysis of Outstanding Amounts for Settlement (Claims)**

Duration	Amount
0-15 days	
16-30 days	
31-60 days	
61-120 days	
121-180 days	
>180 days	
<b>Total</b>	