Broker

Facultative Account – Cash Losses Details

Sl. No	Cedant	Insured Name	Policy Type	Policy Period	RI Share %	Date Of Loss	Cause Of Loss	Recover Layer	Names of the Reinsurers	Cedant Reference Number	Cash Call Received Date
			Total								

Principal Officer

Note

Col A	Serial No. - Please maintain the same serial no for each remittance transaction
Col B	Cedant - Name of the cedant from whom cash call has been received is to be mentioned
Col C	Insured Name - Name of the original Insured
Col D	Policy Type - Name of the policy for which facultative support has been arranged
Col E	Policy Period - Original Policy Period
Col F	RI Share refers to the final placement % order received from the cedant.
	Please note if the final order placement has been placed amongst more than 1 reinsurer, please enter remittance details for each reinsurer in separate rows and maintain the same serial no. for all remittances.
Col G	Date of Loss - date on which actual loss occurred should be indicated
Col H	Cause of Loss - Brief descript eg: flood / earthquake / Fire @ premises etc.
Col I	Recovery Layer - In an XoL placement structure please indicate the layer from which the recovery is to be affected
Col J	Name of the reinsurers from whom recovery is to be done
Col K	Cedant Reference No - Indicate the reference no. given by the cedant for the cash call
Col L	Cash Call Received Date : date on which you received the cash call request from the cedant
Col M	Cash Call Processed Date - Date on which you sent the cash call onwards to the reinsurers.
Col N	Settlement Due Date to be indicated
Col O	If the placement has been done through a broker then please indicate the name of the broker. This should be the broker to also whom the cash call has been raised.
Col P/ Q / R	the Claim amount of should be filled in either one of these columns depending on which currency recovery has been sought by the cedant
Col S	No of days Delay - this would be the date of preperation of the statement - the date on which the settlment was due
Col T	Remarks - This column should be filled in case the value in Col S is more than 15. remittance delays beyond 15 days to be clarified.

Annexure-E

Cash Call Process Date	Settlement Due Date	IF Through Broker – Broker Name	Cash Loss Amount			No. Of Days Delay	Remarks – Response Of Reinsurer / Any Delay Reason
			INR	USD	EURO		
						31. Jul. 2014	
			0.00	**0.00**	**0.00**		

Chartered Accountant