



**Ministry of Finance**  
**VALUE ADDED TAX DEPARTMENT**  
**INSURANCE CLAIMS SETTLEMENT RETURN FORM**

**A. TAXPAYER INFORMATION**

1.	Tax Identification Number	<input style="width: 95%;" type="text"/>
2.	Individual or Registered Name	<input style="width: 95%;" type="text"/>
3.	Trade Name	<input style="width: 95%;" type="text"/>
4.	Quarter Ended	<input style="width: 95%;" type="text"/>

**B. CLAIM INFORMATION BY TYPE**

Only claims settled for services provided in 2015 during the quarter ended, on incidents which have occurred in 2015 should be reported. Claims settled/paid to "VAT Registrants" also include payments made to a third party on behalf of an insured who is a "VAT registrant". Only adjudicated amounts should be recorded.

<u>Type of claim settled or paid</u>	VAT Registrants	Non-Registrants	Total
Medical Services	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Property & Casualty	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Life & Savings	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Total	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Gross premiums (all policies)</b>			<input style="width: 95%;" type="text"/>
<b>Gross premium tax liability</b>			<input style="width: 95%;" type="text"/>

**C. CERTIFICATION**

This document must be signed by either an external auditor or a senior financial officer.

- We hereby declare that the information provided is correct, complete and current to the best of our knowledge and belief, and that we have the authority to make this disclosure and declaration.

Name and position of authorized person

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**24. Signature**

**25. Date Signed**