

**FORM NL-37-CLAIMS DATA**

Münchener Rückversicherungs-Gesellschaft Aktiengesellschaft - India Branch

Registration No. : FRB/001

Date of Registration with the IRDAI: 21 December 2016

**No. of claims only**

| Sl. No. | Claims Experience  | Fire                  | Marine Cargo | Marine Hull | Total Marine | Motor OD | Motor TP | Total Motor | Health | Personal Accid | Travel | Total Health | Workmen's Compensation/ | Public/ Product | Engineering | Aviation | Crop Insurance | Other segments | Miscellaneous | Total |
|---------|--|-----------------------|--------------|-------------|--------------|----------|----------|-------------|--------|----------------|--------|--------------|-------------------------|-----------------|-------------|----------|----------------|----------------|---------------|-------|
| 1       | Claims O/S at the beginning of the period  | <b>Not applicable</b> |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
| 2       | Claims reported during the period  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (a) Booked During the period   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (b) Reopened during the Period   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (c) Other Adjustment (to be specified)   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (i) _____  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (ii) _____   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
| 3       | Claims Settled during the period   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (a) paid during the period   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (b) Other Adjustment ( to be specified)  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (i) _____  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (ii) _____   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
| 4       | Claims Repudiated during the period  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | Other Adjustment ( to be specified)  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (i) _____  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | (ii) _____   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
| 5       | Unclaimed (Pending claims which are transferred to Unclaimed A/c. after the mandatory period as prescribed by the Authority) |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
| 6       | <b>Claims O/S at End of the period</b>   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | Less than 3months  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | 3 months to 6 months   |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | 6months to 1 year  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |
|         | 1year and above  |                       |              |             |              |          |          |             |        |                |        |              |                         |                 |             |          |                |                |               |       |