

FINANCIAL ADVISERS ACT
 (Cap. 110)
FINANCIAL ADVISERS REGULATIONS
 (Rg 2)

STATEMENT OF PLACEMENT OF
DIRECT LIFE INSURANCE BUSINESS
HANDLED UNDER SECTION 45(1) AND
REGULATION 37(1)

FORM

16

Name of licensed financial adviser/exempt financial adviser*: _____

Statement as at: _____

(dd/mm/yy)

Premiums	Domestic Risks	Offshore Risks	Total
(a) Registered insurers in Singapore <u>Individual life policy</u> - Single premium policy - Regular premium policy <u>Group life policy</u>			
(b) Other insurers <u>Individual life policy</u> - Single premium policy - Regular premium policy <u>Group life policy</u>			
(c) Total <u>Individual life policy</u> - Single premium policy - Regular premium policy <u>Group life policy</u>			

Top 5 insurers with whom total domestic business were placed:

	<i>Name of Insurer</i>	<i>% of Total Domestic Gross Premiums Handled</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Top 5 insurers with whom total offshore business were placed:

	<i>Name of Insurer</i>	<i>% of Total Offshore Gross Premiums Handled</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

STATEMENT BY LICENSED FINANCIAL ADVISER/ EXEMPT FINANCIAL ADVISER*

(i) Licensed Financial Adviser

This statement is submitted on behalf of (Name of the licensee) by (Name of Director/Chief Executive Officer*), who certifies that:

- (a) the above statement has, to the best of his knowledge and belief, been drawn up to comply with the requirements of the Financial Advisers Act (Cap. 110) and the requirements as may be prescribed or specified by the Authority; and
- (b) the information contained in the above statement is to the best of his knowledge and belief true and correct.

Dated this (dd/mm/yy): _____

(ii) Exempt Financial Adviser

This statement is submitted on behalf of (Name of the exempt financial adviser) by (Name of Director/Chief Executive Officer*) who certifies that:

- (a) the above statement has, to the best of his knowledge and belief, been drawn up to comply with the requirements of the Financial Advisers Act (Cap. 110) and the requirements as may be prescribed or specified by the Authority; and
- (b) the information contained in the above statement is to the best of his knowledge and belief true and correct".

Signature : _____
 Name of Director/
 Chief Executive Officer* : _____
 Date (dd/mm/yy) : _____

Instructions for completion of Form 16

- (1) Where there is an asterisk (*), please delete whichever is inapplicable.
- (2) "Domestic Risks" means a risk which would be classified as a "Singapore policy" as defined in paragraph 2(1) of the First Schedule of the Insurance Act (Cap. 142) had the risk been underwritten by a registered insurer.
- (3) "Offshore Risks" refers to any risk other than a Domestic Risk.
- (4) "Premiums" refers to premiums received or receivable during the financial year. Brokerage shall not be deducted from premiums.
- (5) "Top 5 insurers" means the 5 insurers with whom the largest volumes of the financial adviser's business were placed.