



INSURANCE CONDUCT OF BUSINESS RETURNS (“CBR’S”): GUIDE TO QUESTIONS AND REPORTING LEVELS

1. INTRODUCTION

- 1.1 This document provides a guide to the Insurance Conduct of Business Returns (“CBR’s”), as amended¹. Consideration has been given to the industry comments received on the draft CBR’s as well as feedback from the workshops that were held with industry members and associations during 2016. This document provides an update on the revisions to the questions and reporting levels and is being published together with the final template for the CBR’s.
- 1.2 Attached as a separate document is the detailed response to comments received on the previous draft of the CBR’s.
- 1.3 Revised timelines for the submission of the completed CBR’s are as follows:
 - 1.3.1 The first CBR, containing data for the period January – June 2016, must be submitted by 30 April 2017. This submission will require a “best effort” attempt by insurers to complete the return as fully as possible based on their current data and systems capabilities. It is envisaged that this “best effort” basis will assist insurers to develop appropriate action plans, with clear transitional milestones, to ensure an adequate state of readiness for full and complete submission of returns by the end of 2018.

This action plan must be submitted, together with the first return, by 30 April 2017. Progress against the action plan will be monitored by this Office during subsequent submissions.
 - 1.3.2 The second CBR, containing data for the period July – December 2016, must be submitted by 31 July 2017.
 - 1.3.3 The third CBR, containing data for the period January – June 2017, must be submitted by 30 November 2017.

¹ The CBR’s are a new set of market conduct returns. The CBR’s will form part of the off-site supervision framework for insurers, with the aim of providing the FSB with a quantitative summary of key market conduct risk indicators. The market conduct risk indicators have been informed by various data sources, such as on-site visits, complaints information and local and international policy and regulatory developments. These indicators will be reviewed on an annual basis to ensure that they remain relevant.

The CBR’s will feed into the overall market conduct risk-based supervision framework, which contemplates the development of conduct risk profiles for individual insurers and groups.

The CBR’s have been amended following a consultative process allowing industry participants to comment on the proposed documentation and allowing for pilot testing.

- 1.3.4 The fourth CBR, containing data for the period July – December 2017, must be submitted by 30 April 2018.
- 1.3.5 The fifth CBR, containing data for the period January – June 2018, must be submitted by 30 September 2018.
- 1.3.6 The sixth CBR, containing data for the period July – December 2018, must be submitted by 31 March 2019.
- 1.4 Please note that after the transitional period described above, insurers will be required to submit CBR data on a quarterly basis, within two months after the end of the relevant reporting period.
- 1.5 The following data will not be required for the first and second round of submissions due on 30 April 2017 and 31 July 2017 respectively:
 - 1.5.1 Long-term insurance group risk and fund member policies;
 - 1.5.2 Long-term insurance linked policies; and
 - 1.5.3 Short-term insurance commercial lines policies.
- 1.6 Draft revisions to the CBR templates in respect of the types of business mentioned in 1.5.1 – 1.5.3 above are intended to be published for consultation by 30 April 2017. Reporting in this regard will be required during the third round of submissions due on 30 November 2017.
- 1.7 The CBR returns will need to be completed by all Life and Non-life insurers in South Africa, excluding reinsurers and captive insurers. Third party cell captive insurers need to complete a separate CBR return for each third party cell arrangement.
- 1.8 The rest of this document outlines:
 - 1.8.1 The breakdown of the reporting classes for purposes of the CBR's;
 - 1.8.2 The questions contained in the CBR returns; and
 - 1.8.3 An indication of the level of CBR reporting class at which the various questions need to be answered.
- 1.9 The above mentioned classes, questions and levels of reporting are set out separately for Life and Non-life insurers. A guide to the terminology used in the returns is attached hereto in two separate documents (for Life and for Non-life) to serve as supporting documents for the CBR's. The guide to the terminology will also be included as a separate sheet in the electronic template which forms part of the CBR's for ease of reference.

2. REPORTING

- 2.1 The reporting for the first and second submissions of the CBR's has been amended in the following manner:
- 2.1.1 All Life insurance classes pertaining to Group and Fund business have been removed;
 - 2.1.2 All Non-life insurance classes pertaining to Commercial business have been removed;
 - 2.1.3 Alterations were made to the CBR reporting classes to better align with the SAM reporting classes, with modifications allowing for a specific market conduct focus. This is particularly relevant for the Life insurance classes and was mainly a readjustment of reporting levels;
 - 2.1.4 Alterations were made to the questions following extensive consultation with various industry bodies. The list of questions has been clearly split to show those to be answered at policy versus benefit level;
 - 2.1.5 The categorisation of complaints has been aligned to those proposed in the draft amendments to the Policyholder Protection Rules ("PPR's"). The full suite of complaints categories are included in the policy level questions, but the information will be imported from the benefit level questions. The electronic sheets are designed to cater for this; and
 - 2.1.6 There are specific questions both on policy and benefit level that apply only to the investment class of business.

3. REPORTING LEVELS FOR CBR'S

This section sets out the recommended reporting levels for the CBR's, as amended and aligned to the SAM reporting classes as set out in Schedule 2 of the Insurance Bill 2016, but at a more granular level in some cases.

3.1. LIFE INSURANCE REPORTING LEVELS

Levels 1 and 2 are aligned to the classes and sub-classes in the Insurance Bill. Reporting on levels 3, 4 and 5 is required in the instances set out in section 3.2. below, where further information is required on specific cover types and or benefits. The classes shaded in grey are not included in the first and second CBR submissions.

Level 1		Level 2		Level 3	Level 4	Level 5
1.	RISK	a.	Individually risk rated	Death		
				Health		Non-medical expense cover as a result of hospitalisation
						Frail care
						HIV, Aids, tuberculosis and malaria testing and treatment
						Medical emergency evacuation or transport
						Critical illness
						Other
				Disability		Own occupation disability

Level 1		Level 2		Level 3	Level 4	Level 5	
				(lump sum)		Own/similar occupation disability	
						Total disability	
						Functional Impairment	
				Disability (recurring payment)		Own occupation disability	
						Own/similar occupation disability	
						Total disability	
						Functional Impairment	
		b.	Individually underwritten on a group basis	Death			
				Health		Non-medical expense cover as a result of hospitalisation	
						Frail care	
						HIV, Aids, tuberculosis and malaria testing and treatment	
						Medical emergency evacuation or transport	
						Critical illness	
						Other	

Level 1		Level 2		Level 3	Level 4	Level 5			
				Disability (lump sum)		Own occupation disability			
						Own/similar occupation disability			
						Total disability			
						Functional Impairment			
				Disability (recurring payment)		Own occupation disability			
						Own/similar occupation disability			
						Total disability			
						Functional Impairment			
		c.	Group (Fund Risk)			Death			
						Disability (lump sum)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
Disability (recurring payment)	Own occupation disability								
	Own/similar occupation disability								
	Total disability								

Level 1		Level 2		Level 3	Level 4	Level 5	
						Functional Impairment	
		d.	Group (Other)	Death			
				Health			Non-medical expense cover as a result of hospitalisation
							Frail care
							HIV, Aids, tuberculosis and malaria testing and treatment
							Medical emergency evacuation or transport
							Critical illness
							Other
							Disability (lump sum)
				Own/similar occupation disability			
				Total disability			
				Functional Impairment			
				Disability (recurring)			Own occupation disability
							Own/similar occupation disability

Level 1		Level 2		Level 3		Level 4		Level 5					
				payment)				Total disability					
								Functional Impairment					
2.	CREDIT LIFE	a.	Individually risk rated (Mandatory)										
										Death			
												Disability (lump sum)	Own occupation disability
													Own/similar occupation disability
													Total disability
													Functional Impairment
												Disability (recurring payment)	Own occupation disability
													Own/similar occupation disability
													Total disability
													Functional Impairment
												Health (lump sum)	Non-medical expense cover as a result of hospitalisation
													Frail care
													HIV, Aids, tuberculosis and malaria testing and treatment
Medical emergency evacuation													

Level 1		Level 2		Level 3		Level 4		Level 5	
								or transport	
								Critical illness	
								Other	
						Health (recurring)		Non-medical expense cover as a result of hospitalisation	
								Frail care	
								HIV, Aids, tuberculosis and malaria testing and treatment	
								Medical emergency evacuation or transport	
								Critical illness	
								Other	
						Retrenchment			
						Other			
		b.	Individually risk rated (Optional)			Death			
						Disability (lump sum)		Own occupation disability	
								Own/similar occupation disability	
								Total disability	

Level 1		Level 2		Level 3		Level 4		Level 5	
									Functional Impairment
							Disability (recurring payment)		Own occupation disability
									Own/similar occupation disability
									Total disability
									Functional Impairment
							Health (lump sum)		Non-medical expense cover as a result of hospitalisation
									Frail care
									HIV, Aids, tuberculosis and malaria testing and treatment
									Medical emergency evacuation or transport
									Critical illness
									Other
							Health (recurring)		Non-medical expense cover as a result of hospitalisation
									Frail care
									HIV, Aids, tuberculosis and

Level 1		Level 2		Level 3		Level 4		Level 5	
								malaria testing and treatment	
								Medical emergency evacuation or transport	
								Critical illness	
								Other	
							Retrenchment		
							Other		
		c.	Individually underwritten on a group basis (Mandatory)				Death		
							Disability (lump sum)	Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
							Disability (recurring payment)	Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
							Health (lump	Non-medical expense cover as a	

Level 1		Level 2		Level 3		Level 4		Level 5	
						sum)	result of hospitalisation		
							Frail care		
							HIV, Aids, tuberculosis and malaria testing and treatment		
							Medical emergency evacuation or transport		
							Critical illness		
							Other		
						Health (recurring)	Non-medical expense cover as a result of hospitalisation		
							Frail care		
							HIV, Aids, tuberculosis and malaria testing and treatment		
							Medical emergency evacuation or transport		
							Critical illness		
							Other		
						Retrenchment			
						Other			

Level 1		Level 2		Level 3		Level 4		Level 5	
		d.	Individually underwritten on a group basis (Optional)			Death			
						Disability (lump sum)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Disability (recurring payment)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Health (lump sum)	Non-medical expense cover as a result of hospitalisation		
							Frail care		
							HIV, Aids, tuberculosis and malaria testing and treatment		
							Medical emergency evacuation or transport		
							Critical illness		

Level 1		Level 2		Level 3		Level 4		Level 5	
								Other	
							Health (recurring)	Non-medical expense cover as a result of hospitalisation	
								Frail care	
								HIV, Aids, tuberculosis and malaria testing and treatment	
								Medical emergency evacuation or transport	
								Critical illness	
								Other	
							Retrenchment		
							Other		
		e.	Group (Mandatory)				Death		
							Disability (lump sum)	Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	

Level 1		Level 2		Level 3		Level 4		Level 5		
						Disability (recurring payment)	Own occupation disability			
								Own/similar occupation disability		
								Total disability		
								Functional Impairment		
						Health (lump sum)	Non-medical expense cover as a result of hospitalisation			
								Frail care		
								HIV, Aids, tuberculosis and malaria testing and treatment		
								Medical emergency evacuation or transport		
								Critical illness		
								Other		
						Health (recurring)	Non-medical expense cover as a result of hospitalisation			
								Frail care		
								HIV, Aids, tuberculosis and malaria testing and treatment		
								Medical emergency evacuation		

Level 1		Level 2		Level 3		Level 4		Level 5	
								or transport	
								Critical illness	
								Other	
							Retrenchment		
							Other		
		f.	Group (Optional)				Death		
							Disability (lump sum)	Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
							Disability (recurring payment)	Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
							Health (lump sum)	Non-medical expense cover as a result of hospitalisation	
								Frail care	

Level 1		Level 2		Level 3		Level 4		Level 5	
								HIV, Aids, tuberculosis and malaria testing and treatment	
								Medical emergency evacuation or transport	
								Critical illness	
								Other	
							Health (recurring)	Non-medical expense cover as a result of hospitalisation	
								Frail care	
								HIV, Aids, tuberculosis and malaria testing and treatment	
								Medical emergency evacuation or transport	
								Critical illness	
								Other	
							Retrenchment		
							Other		
3.	FUNERAL	a.	Individually risk rated						

Level 1		Level 2		Level 3	Level 4	Level 5
		b.	Individually underwritten on a group basis			
		c.	Group			
4.	LIFE ANNUITIES	a.	With discretionary participation features			
		b.	Other			
5.	INDIVIDUAL INVESTMENTS – FUND MEMBER POLICIES	a.	With discretionary participation features		Retirement annuities	
					Other	
		b.	Guaranteed (partially or fully)		Retirement annuities	
					Other	
		c.	Linked / market related		Retirement annuities	
					Other	
d.	Combination		Retirement annuities			
			Other			
6.	INDIVIDUAL	a.	With discretionary participation			

Level 1		Level 2		Level 3	Level 4	Level 5
	INVESTMENTS (OTHER)		features			
		b.	Guaranteed (partially or fully)			
		c.	Linked / market related			
		d.	Combination			
7.	INVESTMENTS – GROUP (FUND)	a.	With discretionary participation features			
		b.	Guaranteed (partially or fully)			
		c.	Linked / market related			
		d.	Combination			
9.	INCOME DRAWDOWN	a.	Linked / market related			
		b.	Other			
10.	COMBINED POLICIES	a.	Universal Life	With discretionary participation features	Death	
					Disability (lump sum)	Own occupation disability
						Own/similar occupation disability
						Total disability

Level 1		Level 2		Level 3		Level 4		Level 5	
									Functional Impairment
							Disability (recurring)		Own occupation disability
									Own/similar occupation disability
									Total disability
									Functional Impairment
							Health (lump sum)		Critical illness
									Other
							Health (recurring)		Critical illness
									Other
					Other		Death		
						Disability (lump sum)			Own occupation disability
									Own/similar occupation disability
									Total disability
									Functional Impairment
						Disability		Own occupation disability	

Level 1		Level 2		Level 3		Level 4		Level 5	
						(recurring)	Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Health (lump sum)	Critical illness		
							Other		
						Health (recurring)	Critical illness		
							Other		
		b.	Fund member policies	With discretionary participation features		Death			
						Disability (lump sum)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Disability (recurring)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		

Level 1		Level 2		Level 3		Level 4		Level 5	
									Functional Impairment
							Health (lump sum)		Critical illness
									Other
							Health (recurring)		Critical illness
									Other
					Guaranteed (partially or fully)		Death		
						Disability (lump sum)		Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
						Disability (recurring)		Own occupation disability	
								Own/similar occupation disability	
								Total disability	
								Functional Impairment	
							Health (lump		Critical illness

Level 1		Level 2		Level 3	Level 4	Level 5
					sum)	Other
					Health (recurring)	Critical illness
						Other
				Linked / market related	Death	
					Disability (lump sum)	Own occupation disability
						Own/similar occupation disability
						Total disability
						Functional Impairment
					Disability (recurring)	Own occupation disability
						Own/similar occupation disability
						Total disability
						Functional Impairment
				Health (lump sum)	Critical illness	
					Other	

Level 1		Level 2		Level 3		Level 4		Level 5	
						Health (recurring)	Critical illness		
							Other		
					Combination	Death			
						Disability (lump sum)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Disability (recurring)	Own occupation disability		
							Own/similar occupation disability		
							Total disability		
							Functional Impairment		
						Health (lump sum)	Critical illness		
							Other		
						Health (recurring)	Critical illness		
							Other		

3.2. QUESTIONS AND REPORTING LEVEL FOR LIFE INSURERS

The following policy level questions are to be answered on CBR reporting level 2. Questions including an (*) only apply to investment classes of business.

LIFE INSURERS - POLICY LEVEL QUESTIONS		
1 BUSINESS COMPOSITION		
1.1		State the number of policies in force at the end of the reporting period.
1.2	*	State the number of policies with lump sum premiums in force at the end of the reporting period.
1.3		State the total gross written premium for all policies in force at the end of the reporting period.
1.4		State the number of new policies issued in the reporting period.
1.5		State the total gross written premium for all new policies issued in the reporting period.
1.6		State the number of new policies issued in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.6.1	Category /Group A
	1.6.2	Category /Group B
	1.6.3	Category/Group C
1.7		State the number of new policies issued in the reporting period as per the breakdown below:
	1.7.1	Direct marketing via telesales/call centre of the insurer;
	1.7.2	Direct marketing via telesales/call centres of a third party;
	1.7.3	Direct marketing via internet;
	1.7.4	Marketing via aggregator and/or lead generator;
	1.7.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.7.6	Face-to-face by insurer's juristic representatives;
	1.7.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.7.8	Other (please specify).
1.8		State the gross written premium for new policies issued in the reporting period as per the breakdown below:
	1.8.1	Direct marketing via telesales/call centre of the insurer;
	1.8.2	Direct marketing via telesales/call centres of a third party;
	1.8.3	Direct marketing via internet;

	1.8.4	Marketing via aggregator and/or lead aggregators;
	1.8.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.7.6	Face-to-face by insurer's juristic representatives;
	1.8.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.8.8	Other (please specify).
1.9		State the number of policies recorded during the reporting period as "not taken up" due to non-payment of premiums, as per the breakdown below:
	1.9.1	Direct marketing via telesales/call centre of the insurer;
	1.9.2	Direct marketing via telesales/call centres of a third party;
	1.9.3	Direct marketing via internet;
	1.9.4	Marketing via aggregator and/or lead generator;
	1.9.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.9.6	Face-to-face by insurer's juristic representatives;
	1.9.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.9.8	Other (please specify).
1.10		State the number of policies recorded during the reporting period as "not taken up" due to non-payment of premiums, as grouped per the insurer's chosen demographic market segmentation:
	1.10.1	Category /Group A
	1.10.2	Category /Group B
	1.10.3	Category /Group C
1.11		State the number of policies which were cancelled in terms of "cooling off" provisions during the reporting period.
1.12		State the number of policies cancelled on the instruction of the policyholder (excluding cancelled in "cooling off period") during the reporting period.
1.13		State the number of policies cancelled on the instruction of the insurer during the reporting period.
1.14		State the number of policies less than 12 months old that lapsed in the reporting period as per the breakdown below:

	1.14.1	Direct marketing via telesales/call centre of the insurer;
	1.14.2	Direct marketing via telesales/call centres of a third party;
	1.14.3	Direct marketing via internet;
	1.14.4	Marketing via aggregator and/or lead generator;
	1.14.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.14.6	Face-to-face by insurer's juristic representatives;
	1.14.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.14.8	Other (please specify).
1.15		State the number of policies less than 12 months old that lapsed in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.15.1	Category / Group A
	1.15.2	Category / Group B
	1.15.3	Category / Group C
1.16		State the number of policies between 12 and 24 months old that lapsed in the reporting period.
1.17		State the number of policies between 12 and 24 months old that lapsed in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.17.1	Category / Group A
	1.17.2	Category / Group B
	1.17.3	Category / Group C
1.18		State the number of policies older than 24 months that lapsed in the reporting period.
1.19		State the number of policies older than 24 months that lapsed in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.19.1	Category / Group A
	1.19.2	Category / Group B
	1.19.3	Category / Group C
1.20		State the number of policies surrendered in the reporting period as per the breakdown below:
	1.20.1	Direct marketing via telesales/call centre of the insurer;

	1.20.2	Direct marketing via telesales/call centres of a third party;
	1.20.3	Direct marketing via internet;
	1.20.4	Marketing via aggregator and/or lead generator;
	1.20.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.20.6	Face-to-face by insurer's juristic representatives;
	1.20.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.20.8	Other (please specify).
1.21		State the number of policies surrendered, as indicated above, which was due to replacement in the reporting period as per the breakdown below:
	1.21.1	Direct marketing via telesales/call centre of the insurer;
	1.21.2	Direct marketing via telesales/call centres of a third party;
	1.21.3	Direct marketing via internet;
	1.21.4	Marketing via aggregator and/or lead generator;
	1.21.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.21.6	Face-to-face by insurer's juristic representatives;
	1.21.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.21.8	Other (please specify).
1.22		State the number of policies surrendered in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.22.1	Category / Group A
	1.22.2	Category / Group B
	1.22.3	Category / Group C
1.23		State the number of policies less than 12 months old made paid-up in the reporting period as per the breakdown below:
	1.23.1	Direct marketing via telesales/call centre of the insurer;
	1.23.2	Direct marketing via telesales/call centres of a third party;
	1.23.3	Direct marketing via internet;
	1.23.4	Marketing via aggregator and/or lead generator;

	1.23.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.23.6	Face-to-face by insurer's juristic representatives;
	1.23.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.23.8	Other (please specify).
1.24		State the number of policies less than 12 months old made paid-up in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.24.1	Category / Group A
	1.24.2	Category / Group B
	1.24.3	Category / Group C
1.25		State the number of policies between 12 and 24 months old made paid-up in the reporting period.
1.26		State the number of policies between 12 and 24 months old made paid-up in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.26.1	Category / Group A
	1.26.2	Category / Group B
	1.26.3	Category / Group C
1.27		State the number of policies older than 24 months made paid-up in the reporting period.
1.28		State the number of policies older than 24 months made paid-up in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.28.1	Category/ Group A
	1.28.2	Category / Group B
	1.28.3	Category / Group C
1.29	*	State the number of policies that reached their maturity date in the last reporting period.
1.30		State the number of new policies, which were replacement policies, issued in the reporting period, as per the breakdown below:
	1.30.1	Direct marketing via telesales/call centre of the insurer;
	1.30.2	Direct marketing via telesales/call centres of a third party;
	1.30.3	Direct marketing via internet;
	1.30.4	Marketing via aggregator and/or lead generator;

	1.30.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.30.6	Face-to-face by insurer's juristic representatives;
	1.30.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.30.8	Other (please specify).
2 COMMISSION, BINDER FEES AND OTHER PAYMENTS		
2.1		Please state the total commission paid in the reporting period as per the breakdown below:
	2.1.1	Direct marketing via telesales/call centre of the insurer;
	2.1.2	Direct marketing via telesales/call centres of a third party;
	2.1.3	Direct marketing via internet;
	2.1.4	Marketing via aggregator and/or lead generator;
	2.1.5	Face-to-face by insurer's own individual representatives ("tied agents");
	2.1.6	Face-to-face by insurer's juristic representatives;
	2.1.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	2.1.8	Other (please specify).
2.2		Please state the binder fees paid to all non-mandated intermediaries in the reporting period as per the breakdown of binder functions below:
	2.2.1	Enter into, vary or renew a policy;
	2.2.2	Determining wording of a policy;
	2.2.3	Determining premiums under a policy;
	2.2.4	Determining the value of benefits under a policy;
	2.2.5	Settling a claim under a policy.
2.3		Please state the binder fees paid to all Underwriting Managers in the reporting period as per the breakdown of binder functions below:
	2.3.1	Enter into, vary or renew a policy;
	2.3.2	Determining wording of a policy;
	2.3.3	Determining premiums under a policy;
	2.3.4	Determining the value of benefits under a policy;
	2.3.5	Settling a claim under a policy.
2.4		Please state the total profit share paid to Underwriting Managers in the last reporting period.

2.5		Please state the total of any other fees, paid to FSP's or representatives in terms of FAIS, as per the breakdown below in the reporting period as per the breakdown below:
	2.5.1	Intermediaries;
	2.5.2	Underwriting managers;
	2.5.3	Other
3 ADVERTISING & MARKETING SPEND		
3.1		Please state the total advertising and marketing expenses paid to all other parties in the reporting period as per the breakdown below:
	3.1.1	Television;
	3.1.2	Radio;
	3.1.3	Print media;
	3.1.4	Social media;
	3.1.5	Other.
4 COMPLAINTS HANDLING		
4.1		State the number of all complaints received in the reporting period.
4.2		State the number of complaints received in the reporting period as per the breakdown below:
	4.2.1	Complaints relating to the design of a policy or service (including premiums, charges, other policy features, bundled, "add-on" or loyalty benefits);
	4.2.2	Complaints relating to information provided (including advertising material, policy documents, service letters and other disclosures);
	4.2.3	Complaints relating to advice in respect of each of the following distribution channels:
		4.2.3.1 Insurer's "face-to-face" representatives;
		4.2.3.2 Insurer's call centre representatives;
		4.2.3.3 Independent FSP's;
		4.2.3.4 Other
	4.2.4	Complaints relating to policy performance (including but not limited to investment performance);
	4.2.5	Complaints relating to service to policyholders;
	4.2.6	Complaints relating to policy accessibility, changes or switches;
	4.2.7	Complaints relating to claims, in relation to:
		4.2.7.1 Claims handling process;

		4.2.7.2 Claims repudiated.
	4.2.8	Complaints relating to insurance risk claims, including non-payment of claims;
	4.2.9	Other complaints.
4.3		State the number of all complaints finalised in favour of the policyholder in the reporting period.
4.4		State the number of all complaints outstanding at the end of the reporting period.
5	ADD-ON BENEFITS	
5.1		Do you offer any of the following benefits as add-on benefits to the policies?
	5.1.1	Retrenchment;
	5.1.2	Emergency evacuation/transport;
	5.1.3	Legal expenses;
	5.1.4	Cash back/No claim;
	5.1.5	Loyalty benefit as part of policy;
	5.1.6	Loyalty benefit as part of separate program;
	5.1.7	Other (please specify).
5.2		State the number of policies with the add-on benefits as per the breakdown below:
	5.2.1	Retrenchment;
	5.2.2	Emergency evacuation/transport;
	5.2.3	Legal expenses;
	5.2.4	Cash back/No claim;
	5.2.5	Loyalty benefit as part of policy;
	5.2.6	Loyalty benefit as part of separate program;
	5.2.7	Other (please specify).

The following **benefit level questions** are to be answered on the lowest CBR reporting level that is applicable to the particular class of business. Only the questions contained in sections 1 and 3 will apply to investment business.

LIFE INSURERS - BENEFIT LEVEL QUESTIONS		
1	BUSINESS COMPOSITION	
1.1		State the number of benefits in force at the end of the reporting period.
1.2		State the number of new benefits issued in the reporting period.
1.3		State the number of benefits that were cancelled by the policyholder in the reporting period.

2		CLAIMS MANAGEMENT
2.1		State the number of claims that were reported to the insurer in the reporting period.
2.2		State the value of claims that were reported in the reporting period.
2.3		State the number of claims that were paid in the reporting period.
2.4		State the value of claims that were paid in the reporting period.
2.5		State the number of claims that were repudiated in the reporting period.
2.6		State the value of claims that were repudiated in the reporting period.
2.7		State the number of claims outstanding at the end of the reporting period.
2.8		State the value of claims outstanding at the end of the reporting period.
3		COMPLAINTS HANDLING
3.1		State the number of complaints received in the reporting period as per the breakdown below:
	3.1.1	Complaints relating to policy design or service (including premiums, charges, other policy features, bundled, "add-on" or loyalty benefits);
	3.1.2	Complaints relating to policy performance (including but not limited to investment performance);
	3.1.3	Complaints relating to policy accessibility, changes or switches (including termination charges);
	3.1.4	Complaints relating to claims, in relation to:
		3.1.4.1 Claims handling process;
		3.1.4.2 Claims repudiated.

3.3. NON-LIFE INSURANCE REPORTING LEVELS

Levels 1 and 2 are aligned to the classes and sub-classes in the Insurance Bill. Reporting on level 3 is required in the instances set out in section 3.4. below, where further information is required on specific cover types and or benefits. The classes shaded in grey are not to be included in the first and second CBR submissions.

LEVEL 1		LEVEL 2		LEVEL 3
1.	MOTOR	a.	Personal lines	Comprehensive;
				3 rd Party;
				3 rd Party, fire & theft;
				Other
		b.	Commercial lines	Comprehensive;
				3 rd Party;
				3 rd Party, fire & theft;
				Other
2.	PROPERTY	a.	Personal lines	Contents;
				Specified items;

LEVEL 1		LEVEL 2		LEVEL 3
				Building structure;
				Other
		b.	Commercial lines	Contents;
				Specific item;
				Building structure;
				Business interruption;
				Other
3.	AGRICULTURE	a.	Personal Lines	Crop;
				Equipment;
				Livestock;
				Other
		b.	Commercial lines	Crop;

LEVEL 1		LEVEL 2		LEVEL 3
				Equipment;
				Livestock;
				Other
4.	ENGINEERING			
5.	MARINE	a.	Personal lines	
		b.	Commercial lines	
6.	AVIATION	a.	Personal lines	
		b.	Commercial lines	
7.	TRANSPORT	a.	Personal lines	
		b.	Commercial lines	
8.	RAIL			
9.	LEGAL EXPENSE	a.	Personal lines	

LEVEL 1		LEVEL 2		LEVEL 3
		b.	Commercial lines	
10.	LIABILITY			Directors and officers
				Employer liability
				Product liability
				Professional indemnity
				Public liability
				Aviation
				Engineering
				Marine
				Motor
				Rail
Transport				

LEVEL 1		LEVEL 2		LEVEL 3
				Personal
				Other
11.	CONSUMER CREDIT	a.	Personal Lines - Mandatory	Accident & Health;
				Motor;
				Property: Specified items;
				Property: Building structure;
				Credit Shortfall;
				Other
		b.	Personal Lines – Optional	Accident & Health;
				Motor;
				Property: Specified items;
				Property: Building structure;

LEVEL 1		LEVEL 2		LEVEL 3
				Credit Shortfall;
				Other
		c.	Personal lines - Other	
		d.	Commercial lines - Mandatory	Accident & Health;
				Motor;
			Property: Specified items;	
			Property: Building structure;	

LEVEL 1		LEVEL 2		LEVEL 3	
				Credit Shortfall;	
				Other	
		e.	Commercial lines - Optional	Accident & Health;	
				Motor;	
				Property: Specified items;	
				Property: Building structure;	
				Credit Shortfall;	
				Other	

LEVEL 1		LEVEL 2		LEVEL 3
		f.	Commercial lines - Other	
12.	TRADE CREDIT			
13.	GUARANTEE	a.	Commercial lines	
14.	ACCIDENT AND HEALTH	a.	Individual - Personal lines	Medical expense shortfall cover (Gap Cover);
				Non-medical expense cover as a result of hospitalisation (Hospital Cash Back);

LEVEL 1		LEVEL 2		LEVEL 3
				HIV, Aids, tuberculosis and malaria testing and treatment;
				International travel insurance;
				Medical emergency evacuation or transport
		b.	Individual - Commercial lines	Medical expense shortfall cover (Gap Cover);
				Non-medical expense cover as a result of hospitalisation (Hospital Cash Back);
				HIV, Aids, tuberculosis and malaria testing and treatment;
				International travel insurance;
				Medical emergency evacuation or transport

LEVEL 1		LEVEL 2		LEVEL 3
		c.	Group	Medical expense shortfall cover (Gap Cover); Non-medical expense cover as a result of hospitalisation (Hospital Cash Back); HIV, Aids, tuberculosis and malaria testing and treatment; International travel insurance; Medical emergency evacuation or transport
15.	TRAVEL	a.	Individual - Personal lines	Loss of Property (including baggage); Cancellation; Interruption; Death, disability or health event while travelling

LEVEL 1		LEVEL 2		LEVEL 3
				Other
		b.	Individual - Commercial lines	Loss of Property (including baggage);
				Cancellation;
				Interruption;
				Death, disability or health event while travelling
				Other
		c.	Group	Loss of Property (including baggage);
				Cancellation;
				Interruption;
				Death, disability or health event while travelling

LEVEL 1		LEVEL 2		LEVEL 3
				Other
16.	MISCELLANEOUS	a.	Personal Lines	Warranty;
				Pet Insurance;
				Other
		b.	Commercial lines	Warranty;
Other				
17.	PERSONAL LINES POLICY WITH MULTIPLE COVER TYPES			Motor: Comprehensive;
				Motor: 3 rd Party;
				Motor: 3 rd Party, fire & theft;
				Motor: Other;
				Property: Contents;
				Property: Specified items;

LEVEL 1		LEVEL 2		LEVEL 3
				Property: Building structure;
				Property: Other;
				Legal Expense;
				A&H: Personal accident;
				A&H: Health event other than accident;
				Other.
18.	COMMERCIAL LINES POLICY WITH MULTIPLE COVER TYPES			Motor: Comprehensive;
				Motor: 3 rd Party;
				Motor: 3 rd Party, fire & theft;
				Motor: Other;
				Property: Contents;
				Property: Specified items;

LEVEL 1		LEVEL 2		LEVEL 3
				Property: Building structure;
				Property: Business interruption;
				Property: Other;
				Agriculture: Crop;
				Agriculture: Equipment;
				Agriculture: Other;
				Legal Expense;
				Liability: Directors and officers;
				Liability: Employer liability;
				Liability: Product liability;
				Liability: Professional indemnity;
				Liability: Public liability;

LEVEL 1		LEVEL 2		LEVEL 3
				Liability: Other;
				A&H: Personal accident;
				A&H: Health event other than accident;
				Other.

3.4. QUESTIONS AND REPORTING LEVELS FOR NON-LIFE INSURERS

The following policy level questions are to be answered on CBR reporting level 1.

NON-LIFE INSURERS - POLICY LEVEL QUESTIONS		
1	BUSINESS COMPOSITION	
1.1		State the number of policies in force at the end of the reporting period.
1.2		State the total gross written premium for all policies in force at the end of the reporting period.
1.3		State the total gross earned premium for all policies in force at the end of the reporting period.
1.4		State the number of new policies issued in the reporting period.
1.5		State the total gross written premium for all new policies issued in the reporting period.
1.6		State the number of policies issued in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.6.1	Category / Group A
	1.6.2	Category / Group B
	1.6.3	Category / Group C
1.7		State the number of new policies issued in the reporting period as per the breakdown below:
	1.7.1	Direct marketing via telesales/call centre of the insurer;
	1.7.2	Direct marketing via telesales/call centres of a third party;
	1.7.3	Direct marketing via internet;
	1.7.4	Marketing via aggregator and/or lead generator;
	1.7.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.7.6	Face-to-face by insurer's juristic representatives;
	1.7.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.7.8	Other (please specify).
1.8		State the gross written premium for new policies issued in the reporting period as per the breakdown below:
	1.8.1	Direct marketing via telesales/call centre of the insurer;
	1.8.2	Direct marketing via telesales/call centres of a third party;

	1.8.3	Direct marketing via internet;
	1.8.4	Marketing via aggregator and/or lead generator;
	1.8.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.8.6	Face-to-face by insurer's juristic representatives;
	1.8.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.8.8	Other (please specify).
1.9		State the number of policies recorded during the reporting period as "not taken up" due to non-payment of premiums, as per the breakdown below:
	1.9.1	Direct marketing via telesales/call centre of the insurer;
	1.9.2	Direct marketing via telesales/call centres of a third party;
	1.9.3	Direct marketing via internet;
	1.9.4	Marketing via aggregator and/or lead generator;
	1.9.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.9.6	Face-to-face by insurer's juristic representatives;
	1.9.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.9.8	Other (please specify).
1.10		State the number of policies recorded during the reporting period as "not taken up" due to non-payment of premiums, as grouped per the insurer's chosen demographic market segmentation:
	1.10.1	Category / Group A
	1.10.2	Category / Group B
	1.10.3	Category / Group C
1.11		State the number of policies cancelled by the policyholder in the reporting period.
1.12		State the number of policies cancelled by the insurer in the reporting period.
1.13		State the number of all policies lapsed during the reporting period.

1.14		State the gross written premium for all policies lapsed during the reporting period as per the breakdown below:
	1.14.1	Direct marketing via telesales/call centre of the insurer;
	1.14.2	Direct marketing via telesales/call centres of a third party;
	1.14.3	Direct marketing via internet;
	1.14.4	Marketing via aggregator and/or lead generator;
	1.14.5	Face-to-face by insurer's own individual representatives ("tied agents");
	1.14.6	Face-to-face by insurer's juristic representatives;
	1.14.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	1.14.8	Other (please specify).
1.15		State the number of policies lapsed in the reporting period as grouped per the insurer's chosen demographic market segmentation:
	1.15.1	Category / Group A
	1.15.2	Category / Group B
	1.15.3	Category / Group C
2	COMMISSION, BINDER FEES AND OTHER PAYMENTS	
2.1		Please state the total commission paid in the reporting period as per the breakdown below:
	2.1.1	Direct marketing via telesales/call centre of the insurer;
	2.1.2	Direct marketing via telesales/call centres of a third party;
	2.1.3	Direct marketing via internet;
	2.1.4	Marketing via aggregator and/or lead generator;
	2.1.5	Face-to-face by insurer's own individual representatives ("tied agents");
	2.1.6	Face-to-face by insurer's juristic representatives;
	2.1.7	Face-to-face by independent intermediaries (FSP's that are not representatives of the insurer);
	2.1.8	Other (please specify).
2.2		Please state the binder fees paid to all binder holders in the reporting period as per the breakdown of binder functions below:
	2.2.1	Enter into, vary or renew a policy;

	2.2.2	Determining wording of a policy;
	2.2.3	Determining premiums under a policy;
	2.2.4	Determining the value of benefits under a policy;
	2.2.5	Settling a claim under a policy.
2.3		Please state the total profit share paid to Underwriting Managers in the last reporting period.
2.4		Please state the total aggregation fees paid to all other parties, including intermediaries and Underwriting Managers, in the reporting period.
2.5		Please state the total outsourcing fees paid to all other parties, including intermediaries and Underwriting Managers, in the last reporting period.
3	ADVERTISING & OTHER MARKETING SPEND	
3.1		Please state the total advertising and marketing expenses paid to all other parties in the last reporting period as per the breakdown below:
	3.1.1	Television
	3.1.2	Radio
	3.1.3	Print media
	3.1.4	Social media
	3.1.5	Other
4	COMPLAINTS HANDLING	
4.1		State the number of all complaints received in the reporting period.
4.2		State the number of complaints received in the reporting period as per the breakdown below:
	4.2.1	Complaints relating to the design of a policy or service (including premiums, charges, other policy features, bundled, "add-on" or loyalty benefits);
	4.2.2	Complaints relating to information provided (including advertising material, policy documents, service letters and other disclosures);
	4.2.3	Complaints relating to advice in respect of each of the following distribution channels:
		4.2.3.1 Insurer's "face-to-face" representatives;
		4.2.3.2 Insurer's call centre representatives;
		4.2.3.3 Independent FSP's;
		4.2.3.4 Other
	4.2.4	Complaints relating to policy performance (including but not limited to investment performance);

	4.2.5	Complaints relating to service to policyholders;
	4.2.6	Complaints relating to policy accessibility, changes or switches;
	4.2.7	Complaints relating to claims, in relation to:
		4.2.7.1 Claim handling process;
		4.2.7.2 Claims repudiated.
	4.2.8	Complaints relating to insurance risk claims, including non-payment of claims;
	4.2.9	Other complaints.
4.3		State the number of all complaints finalised in favour of the policyholder in the reporting period.
4.4		State the number of all complaints outstanding at the end of the reporting period.
5		ADD-ON BENEFITS
5.1		Do you offer any of the following benefits as add-on benefits to the policies?
	5.1.1	Emergency evacuation/transport;
	5.1.2	Legal expenses;
	5.1.3	Riots and strikes;
	5.1.4	Cash back/No claim;
	5.1.5	Loyalty benefit as part of the policy;
	5.1.6	Loyalty benefit as part of separate program;
	5.1.7	Other (please specify).
5.2		State the number of policies with the add-on benefits as per the breakdown below:
	5.2.1	Emergency evacuation/transport;
	5.2.2	Legal expenses;
	5.2.3	Riots and strikes;
	5.2.4	Cash back/No claim;
	5.2.5	Loyalty benefit as part of the policy;
	5.2.6	Loyalty benefit as part of separate program;
	5.2.7	Other (please specify).

The following benefit level questions are to be answered on CBR reporting level 3.

NON-LIFE INSURERS - BENEFIT LEVEL QUESTIONS		
1 BUSINESS COMPOSITION		
1.1		State the number of cover types in force at the end of the reporting period.
1.2		State the number of new cover types issued in the reporting period.
1.3		State the number of cover types cancelled by the policyholder in the reporting period.
2 PAYMENTS		
2.1		Please indicate where possible, the percentage of total advertising and marketing expenses paid to all other parties in the reporting period as per the breakdown below:
	2.1.1	Television
	2.1.2	Radio
	2.1.3	Print media
	2.1.4	Social media
	2.1.5	Other
3 CLAIMS MANAGEMENT		
3.1		State the number of claims that were reported to the insurer in the reporting period.
3.2		State the value of claims that were reported in the reporting period.
3.3		State the number of claims that were paid in the reporting period.
3.4		State the value of claims that were paid in the reporting period.
3.5		State the total value of claims incurred in the reporting period.
3.6		State the number of claims that were repudiated in the reporting period.
3.7		State the value of claims that were repudiated in the reporting period.
3.8		State the number of claims outstanding at the end of the reporting period.
3.9		State the value of claims outstanding at the end of the reporting period.

4		COMPLAINTS HANDLING
4.1		State the number of complaints received in the reporting period as per the breakdown below:
	4.1.1	Complaints relating to policy design or service (including premiums, charges, other policy features, bundled, "add-on" or loyalty benefits);
	4.1.2	Complaints relating to policy performance (including but not limited to investment performance);
	4.1.3	Complaints relating to policy accessibility, changes or switches (including termination charges);
	4.1.4	Complaints relating to claims, in relation to:
		4.1.4.1 Claim handling process;
		4.1.4.2 Claims repudiated.