



## MONETARY AUTHORITY OF SINGAPORE

---

---

### APPLICATION TO CARRY ON CAPTIVE INSURANCE BUSINESS IN SINGAPORE

---

---

#### IMPORTANT NOTES

- 1) Interested applicants are strongly encouraged to contact the Monetary Authority of Singapore (“the Authority”) (Tel: +65 6225 5577/ Fax: +65 6229 9694/ Email: [id\\_registry@mas.gov.sg](mailto:id_registry@mas.gov.sg)) for a preliminary discussion on their business plans and other relevant information before completing this application form.
- 2) Please refer to the MAS website (<http://www.mas.gov.sg/>) for the admission criteria.
- 3) The completed application form should be submitted to:  
  
Executive Director  
Insurance Department  
Monetary Authority of Singapore  
10 Shenton Way  
MAS Building  
Singapore 079117
- 4) Applicants may be requested to submit a soft copy of the completed application form in word format and should retain a copy.
- 5) The expected processing time for straightforward applications is 6 to 8 weeks upon receipt of complete information.

## **EXPLANATORY NOTES**

This application form is to be used by any person who desires to carry on insurance business in Singapore as a captive insurer, to apply to the Authority for a licence under section 8 of the Insurance Act (Cap. 142) (“the Act”).

This form comprises the following sections -

- Section I - Basic information
- Section II - Documents to be submitted
- Section III - Overview of global operations of the applicant
- Section IV - Overview of the proposed Singapore operations
- Section V - Detailed information on the proposed Singapore operations

Applicants should provide complete information for all the sections above. Where any section or area is not applicable, please state “N.A.”.

Please note that all information supplied should reflect both the existing scope of activities undertaken as well as projections and plans over the next 3 years. Although projections are only for 3 years, applicants are expected to adopt a longer term approach.

---

---

**SECTION I - BASIC INFORMATION**

---

---

1) Please indicate the category of insurer you are applying for.

- General Captive Insurer  
 Life Captive Insurer  
 Composite Captive Insurer  
(Check one box only)

2) Details of applicant.

*Note: The applicant should be the immediate/ ultimate parent company of the proposed Singapore operations. In the case of a branch application, the applicant should be the head office of the proposed branch.*

Name of Applicant:

(Company Name)

Address:

Telephone:

Fax:

Country of Incorporation:

Website Address:

3) Contact person and/ or senior officer of the applicant to whom queries on the application can be directed.

Name:

(in BLOCK LETTERS with  
surname underlined)

Designation:

Telephone:

Email:

4) Details of the insurance supervisory authority in your country.

Name of Authority/

Agency:

Address:

Name of Contact Person:

Email of Contact Person:

Telephone:

Fax:

- 5) State any restrictions imposed on your company by any regulatory authorities/ government agencies in your country in relation to the establishment of insurance operations outside your country, and any foreign exchange controls on the movement of funds into and out of your country.
- 6) Submission of application form and declaration.

*Note: This application should be submitted by the Group CEO or a representative of the Board of Directors of the applicant, who should attest that the information submitted is true to the best of his knowledge.*

**I hereby submit this application and declare that all information given in this application (including any annexes and appendices attached) is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of material facts may be grounds for the rejection of the application. I understand that I may be required to furnish additional information relating to this application upon request by the Authority.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in BLOCK LETTERS with surname underlined):

\_\_\_\_\_  
Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Under section 55(1)(b) of the Act, any person who furnishes the Authority with any information under or for the purposes of any other provision of the Act, shall use due care to secure that the document or information is not false in any material particular; and if he does not use due care in this behalf and the document or information is false in a material particular, he shall be guilty of an offence and shall be liable on conviction in the case of an individual, to a fine not exceeding \$125,000 or to imprisonment for a term not exceeding 3 years or to both; or in any other case, to a fine not exceeding \$250,000 .*

---

---

## **SECTION II - DOCUMENTS TO BE SUBMITTED**

---

---

The following documents are to be submitted along with this application.

- 1) A certified true copy of the certificate of incorporation or business registration of your company issued by the relevant regulatory authority or government agency in your country;
- 2) A certified true copy of the letter from the relevant regulatory authorities or government agencies in your country granting your company approval to establish insurance operations in Singapore, if such approval is required. If approval is not required, a statement to this effect should be provided;
- 3) A copy of the annual report and financial statements of both the applicant and its ultimate parent company for each of the last three years;
- 4) A copy of the annual report and financial statements of any existing captive insurer owned by the ultimate parent company or any of its subsidiaries for each of the last three years; and
- 5) A copy of the feasibility study conducted in respect of the proposed Singapore operations. Please include financial projections for the proposed Singapore operations (e.g. revenue, profitability and start-up and development costs by business line, assets, capital, fund solvency margins and capital adequacy ratios for the next 3 years) and state the assumptions made.

*Note: For items 1 and 2, a certified English translation is required for any document which is not in English. Items 1 and 2 may be certified "true copy" by the relevant regulatory authority or government agency in your country or an external legal counsel.*

---

---

**SECTION III - OVERVIEW OF GLOBAL OPERATIONS  
OF THE APPLICANT**

---

---

- 1) Details of ultimate parent company. *(This item is only applicable if the applicant is not the ultimate parent company of the Group<sup>1</sup>.)*

Name of Ultimate Parent

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_

Website Address: \_\_\_\_\_

- 2) Provide a brief history of the applicant, its ultimate parent company and the Group (including date and place of incorporation, listing on any stock exchanges and number of employees in the Group).
- 3) Provide the names, nationalities and addresses of shareholders owning 5% or more of the shares of the ultimate parent company and their respective shareholdings.
- 4) Provide a brief description of the business activities of the applicant and the Group, and details on areas of specialisation.
- 5) Provide details of the ultimate parent company and a diagrammatic structure of the Group. Give details of the international network of branches, subsidiaries, representative offices, joint ventures and any special purpose vehicles that have been set up (including names, business activities, country of incorporation/ location, effective percentage interest owned by the ultimate parent company for each entity in the Group and information on the extent and type of related party transactions between material entities within the Group). Also, provide an organisation chart of the reporting channels within the Group.
- 6) Provide the names of insurance and reinsurance companies, and insurance intermediaries in Singapore or elsewhere in which the ultimate parent company or any of its subsidiaries has an equity interest. If the ultimate parent company or any of its subsidiaries already owns a captive insurer(s), state the reasons for setting up another captive insurer or relocating the existing captive insurer to Singapore.
- 7) Provide information on the financial position and performance of both the applicant and its ultimate parent company for each of the last 3 years, according to the format given in Appendix 1.

---

<sup>1</sup> "Group", where used throughout this form, refers to the ultimate parent company (of the applicant) and its subsidiaries.

- 8) Provide credit rating information on the applicant and the Group for each of the last 3 years.
- 9) State how the insurance needs of the Group are presently being met (e.g. insurance with conventional insurers, self-insurance, etc.).
- 10) Provide information on the insurance cost and loss experience of the Group for each of the last five years, only with respect to the classes of insurance business that the proposed captive insurer will be writing. Please use the format given in Appendix 2.
- 11) Provide details on the expertise that the applicant or the Group has (or has access to) in the following areas:
  - i) insurance underwriting; and
  - ii) loss prevention and risk management.

---

---

## SECTION IV - OVERVIEW OF THE PROPOSED SINGAPORE OPERATIONS

---

---

- 1) State the proposed name of the captive insurer to be licensed in Singapore. *(Note: The use of any proposed name for a branch or company is subject to the acceptance of the Accounting and Corporate Regulatory Authority.)*
- 2) Please elaborate on the reasons for locating the proposed captive insurer in Singapore and state whether the proposed captive insurer will be applying for the concessionary tax rate on offshore business. *(Note: The concessionary tax rate on offshore business is subject to a separate application and approval process.)*
- 3) State whether the proposed captive insurer will be a branch or a company incorporated in Singapore. Give reasons for your choice.
- 4) If the proposed captive insurer will be incorporated in Singapore, provide the following information:
  - i) the proposed amount of issued and paid-up share capital (please give details of the number of each class of shares – ordinary, preference, etc.);
  - ii) names, nationalities and addresses of all proposed shareholders and their respective shareholdings; and
  - iii) names and particulars of all proposed directors as specified in MAS 106 (Please download MAS 106 Appendix A from the MAS website).
- 5) Provide the name and particulars of the proposed Chief Executive as specified in MAS 106 (Please download MAS 106 Appendix A from the MAS website.) *(Note: The appointment of the Chief Executive is subject to the approval of the Authority.)*
- 6) Provide the name and address of the proposed auditors in Singapore. *(Note: The appointment of the auditors is subject to the approval of the Authority.)*
- 7) Provide the organisation chart of the proposed captive insurer, with particulars of key management personnel and executives. State whether the proposed captive insurer will be managed by a captive management company. If so, provide the name and address of this captive management company. *(Note: The appointment of the captive management company is subject to the approval of the Authority.)*
- 8) Provide the name(s) and designation(s) of the executive(s) in the Group to whom the management of the proposed captive insurer will be reporting.
- 9) Provide any other information that will support this application.



---

---

**SECTION V - DETAILED INFORMATION ON THE  
PROPOSED SINGAPORE OPERATIONS**

---

---

- 1) Provide details of the classes and lines of insurance business which the proposed captive insurer will write, and the estimated business volume (gross and net premiums) for the first three years of operations, according to the format given in Appendix 3. Clearly state any assumptions made.
- 2) State whether the proposed captive insurer will handle all of the insurance requirements of the Group. If not, please provide details of the other insurance arrangements.
- 3) Provide details of the reinsurance arrangements for the proposed captive insurer (using diagrams where appropriate).
- 4) Provide information on the investment policy of the proposed captive insurer.

**Appendix 1**

**FINANCIAL POSITION AND PERFORMANCE INDICATORS**

Company Name: \_\_\_\_\_  
 Financial Year End: \_\_\_\_\_

Year	20__	20__	20__
Currency			
<b>Revenue and Profitability</b>			
Total revenue			
Net income/ (loss) before tax			
Net income/ (loss) after tax			
Earnings per share			
Return on equity (%)			
<b>Capital and Assets</b>			
Paid up capital			
Shareholders' funds			
Total assets			

## Appendix 2

## INSURANCE COST AND LOSS EXPERIENCE OF THE GROUP

Policy Year	Total Insurance Premium Paid	Total Sum Assured	Total Gross Loss Incurred	Total Claims Recovered From Insurers
20__				
20__				
20__				
20__				
20__				

*Note: Information provided in the above table should only relate to the classes of insurance business which the proposed captive insurer will be writing (per the information provided in Appendix 3).*

## Appendix 3

**BUSINESS PROJECTION OF PROPOSED CAPTIVE INSURANCE OPERATIONS**

## 1) Business relating to Singapore Policies (SIF Business)

Class/ Line of Business	Gross Premiums (S\$'000)			Net Premiums (S\$'000)		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Marine and Aviation – Cargo						
Marine and Aviation – Hull and Liability						
Fire/ Property						
Motor						
Work Injury Compensation						
Personal Accident						
Health						
Public Liability						
Bonds						
Engineering/ CAR/ EAR						
Professional Indemnity						
Credit/ Political Risk						
Life						
<u>Others</u> (please specify)						
<b>Total</b>						

## Appendix 3

## 2) Business relating to Offshore Policies (OIF Business)

Class/ Line of Business	Gross Premiums (S\$'000)			Net Premiums (S\$'000)		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Marine and Aviation – Cargo						
Marine and Aviation – Hull and Liability						
Fire/ Property						
Motor						
Work Injury Compensation						
Personal Accident						
Health						
Public Liability						
Bonds						
Engineering/ CAR/ EAR						
Professional Indemnity						
Credit/ Political Risk						
Life						
<u>Others</u> (please specify)						
<b>Total</b>						