

INSURANCE COMPANY REPORTING FORMAT

EXPLANATORY NOTE

Field 1 – SERIAL NO

Serial Numbering

Field 2 – TYPE OF INSTITUTION

The capacity the reporting institution assumed on the course of the transaction. Such as:

- A. Insurance Broker
- B. Broking firm
- C. Insurance company
- D. Life Insurance company
- E. Non-Life Insurance company

Field 3 – REPORT TYPE

CTR/STR

Field 4 – POLICY ORIGINATOR

The source of a policy which serves as a deliberate system of principles to guide decisions and achieve rational outcomes.

Field 5 - INSTITUTION CODE

Reporting entity code from the National Insurance Commission (SLICOM) or country specific

Field 6 - SLICOM REG. NO.

Institution or broker's registration number with the National Insurance Commission (SLICOM) or country specific

Field 7 - TRANSACTION BRANCH

The institution's branch or broker's office where the reported transaction took place.

Field 8 - RESIDENTIAL ADDRESS

Number and street name of the insurance branch including Area where the street is located

Field 9 - POSTAL ADDRESS

This specifies the insurance institution branch Postal Address.

Field 10 - CITY

City where the insurance institution branch address is located

Field 11 - REGION/STATE

Region/State where the insurance branch address is locate

Field 12 - POLICY NUMBER

The policy identification number with the insurance institution

Field 13 - INSURED

The subject of the insurance policy e.g car, house, life, casualty

Field 14 - INSURED VALUED

Subject's worth on inception of the policy

Field 15 - PERIODIC PREMIUM

The policy periodic premium

Field 16 - POLICY/PRODUCT TYPE

Indicate the policy type - e.g Annuity Contract, Permanent Life Policy, Comprehensive Policy, Others (explain)

Field 17 - POLICY STATUS

Indicate how operational the policy has been. Whether active, dormant, reactivated, new or closed etc

Field 18 - SURNAME OR ENTITY'S NAME

Surname of individual policy holder or name of organization owning the policy

Field 19 - FIRST NAME

First name of the policy holder, if individual

Field 20 - MIDDLE NAME

Middle name of the policy holder, if individual

Field 21 - TITLE

Individual salutation e.g. Mr., Mrs., Dr., Chief, Igwe, Alhaji, Otunba etc

Field 22 - ALIAS

Any other title, also known as (aka) or other names of the individuals

Field 23 - DATE OF BIRTH OR INCORPORATION

Policy holder's date of birth or entity holder date of incorporation.
This should be in YYYY-MM-DD HH24:MI:SS format.

Field 24 - OCCUPATION/TYPE OF BUSINESS

The occupation of the policy holder or line of business for the entity holder

Field 25 - IDENTIFICATION NUMBER

The number on the policy holder identity card or the RC number of the entity holder

Field 26 - TYPE OF IDENTIFICATION

Specify the mode of identification.

- Driving license
- National ID Card
- International passport

Field 27 - REGISTRATION CERTIFICATE NUMBER**Field 28 - RESIDENTIAL ADDRESS**

Number and street name of the policy holder or entity holder address including Area where the street is located

Field 29 - POSTAL ADDRESS

This specifies the Postal Address of the policy holder or entity holder.

Field 30 - CITY

City where the address is located for the policy holder or entity holder

Field 31 - REGION/STATE

Region/State where the address is located for the policy holder or entity holder

Field 32 - E-MAIL

Policy holder or entity holder's e-mail address

Field 33 - TELEPHONE NO.

Policy holder or entity holder's telephone number

Field 34 - TRANSACTION DATE

The date the reported transaction took place. This should also be in YYYY-MM-DD HH24:MI:SS format

Field 35 - ANNUAL PREMIUM**Field 36 - TOTAL CLAIM**

The total claim (in a loss or policy termination situation)

Field 37 - MODE OF PAYMENT

The means of transaction involved – cash, cheque etc

Field 38 - INSTRUMENT DETAILS

Bank, cheque or deposit slip number etc

Field 39 - REASON FOR SUSPICION

State what you think about the policy briefly as:
Please note that this field is applicable to suspicious transaction
report (STR) only

Field 40 - ACTION TAKEN

If a law enforcement or regulatory authority has been contacted
(excluding submission of a STR) Please indicated the notified authority

Field 41 – TIN

Field 42 – FOCUS ID

Field 33 – DETAILS OF STAFF FILLING THE STR

