



## Reporting Standard GRS 600.0

# Supplementary Capital Data: Premiums and Claims

### Objective of this Reporting Standard

This Reporting Standard sets out the requirements for the provision of information to APRA relating to a general insurer's premium revenue and claims.

It includes associated specific instructions and must be read in conjunction with *Reporting Standard GRS 001 Reporting Requirements* (GRS 001), including the general instruction guide.

#### Authority

1. This Reporting Standard is made under section 13 of the *Financial Sector (Collection of Data) Act 2001*.

#### Purpose

2. The information reported to APRA under this Reporting Standard is used by APRA for the purpose of prudential supervision including assessing compliance with the capital standards.

#### Application and commencement

3. This Reporting Standard applies to all general insurers authorised under the *Insurance Act 1973* (insurers). This Reporting Standard applies for reporting periods commencing on or after 1 July 2023.

#### Information required

4. An insurer must provide APRA with the information required by this Reporting Standard for each reporting period.

#### Method of submission

5. The information required by this Reporting Standard must be given to APRA:
  - (a) in electronic format using an electronic method available on APRA's website; or
  - (b) by a method notified by APRA prior to submission.

## Reporting periods and due dates

6. Subject to paragraph 7, an insurer must provide the information required by this Reporting Standard:

- (a) in respect of each quarter based on the financial year of the insurer; and
- (b) in respect of each financial year of the insurer.

*Note:* The annual information required from an insurer by paragraphs 4, 5 and 6(b), together with certain annual information required by other reporting standards, will form part of the insurer's yearly statutory accounts within the meaning of section 3 of the *Insurance Act*. This means that the information must be audited in accordance with paragraph 49J(1)(a) of the *Insurance Act*. Under subsection 49J(3), the principal auditor of the insurer must give the insurer a certificate relating to the yearly statutory accounts, and that certificate must contain statements of the auditor's opinions on the matters required by the prudential standards to be dealt with in the certificate.

The auditor's certificate on the annual information required by this Reporting Standard must be based on at least a limited assurance engagement consistent with professional standards and guidance notes issued by the Auditing and Assurance Standards Board as may be amended from time to time, to the extent that they are not inconsistent with the requirements of *Prudential Standard GPS 310 Audit and Related Matters* (GPS 310).

7. If, having regard to the particular circumstances of an insurer, APRA considers it necessary or desirable to obtain information more or less frequently than as provided by subparagraph 6(a) or 6(b), APRA may, by notice in writing, change the reporting periods, or specify reporting periods, for the particular insurer.
8. The information required by this Reporting Standard in respect of an insurer must be provided to APRA:
- (a) in the case of quarterly information, within 20 business days after the end of the reporting period to which the information relates;
  - (b) in the case of annual information, within three months after the end of the reporting period to which the information relates; or
  - (c) in the case of information provided in accordance with paragraph 7, within the time specified by notice in writing.

*Note:* Paragraph 49L(1)(a) of the *Insurance Act* provides that the auditor's certificate required under subsection 49J(3) of that Act must be lodged with APRA in accordance with the prudential standards. The prudential standards provide that the certificate must be submitted to APRA together with the yearly statutory accounts. Accordingly, the auditor's certificate relating to the annual information referred to in subparagraph 6(b) must be provided to APRA by the time specified in GRS 001 (unless an extension of time is granted under GRS 001).

9. APRA may, in writing, grant an insurer an extension of a due date in paragraph 8, in which case the new due date will be the date on the notice of extension.

*Note:* For the avoidance of doubt, if the due date for a particular reporting period falls on a day other than a usual business day, an insurer is nonetheless required to submit the information required no later than the due date.

**Quality control**

10. The information provided by an insurer under this Reporting Standard must be the product of systems, processes and controls that have been reviewed and tested by the Appointed Auditor of the insurer. This will require the Appointed Auditor to review and test the insurer's systems, processes and controls designed to enable the insurer to report reliable financial information to APRA. This review and testing must be done on:
  - (a) an annual basis or more frequently if necessary to enable the Appointed Auditor to form an opinion on the reliability and accuracy of data; and
  - (b) at least a limited assurance engagement consistent with professional standards and guidance notes issued by the Auditing and Assurance Standards Board as may be amended from time to time, to the extent that they are not inconsistent with the requirements of GPS 310.
11. All information provided by an insurer under this Reporting Standard must be subject to systems, processes and controls developed by the insurer for the internal review and authorisation of that information. It is the responsibility of the Board and senior management of the insurer to ensure that an appropriate set of policies and procedures for the authorisation of data submitted to APRA is in place.

**Authorisation**

12. When an officer, or agent, of an insurer provides the information required by this Reporting Standard using an electronic format the officer, or agent, must digitally sign the relevant information using a digital certificate acceptable to APRA.
13. If the information required by this Reporting Standard is provided by an agent who submits the information on the insurer's behalf, the insurer must:
  - (a) obtain from the agent a copy of the completed information provided to APRA; and
  - (b) retain the completed copy.
14. An officer, or agent, of an insurer who submits the information under this Reporting Standard for, or on behalf of, the insurer must be authorised by either:
  - (a) the Principal Executive Officer of the insurer; or
  - (b) the Chief Financial Officer of the insurer.

**Variations**

15. APRA may, by written notice to the insurer, vary the reporting requirements of this Reporting Standard in relation to that insurer.

**Transition**

16. An insurer must report under the old reporting standard in respect of a transitional reporting period. For these purposes:

**old reporting standard** means the reporting standard revoked in the determination making this Reporting Standard; and

**transitional reporting period** means a reporting period under the old reporting standard:

- (a) which commenced before 1 July 2023; and
- (b) in relation to which the insurer was required, under the old reporting standard, to report by a date on or after the date of revocation of the old reporting standard.

*Note:* For the avoidance of doubt, if an insurer was required to report under an old reporting standard, and the reporting documents were due before the date of revocation of the old reporting standard, the insurer is still required to provide any overdue reporting documents in accordance with the old reporting standard.

## Interpretation

17. In this Reporting Standard:

- (a) unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard GPS 001 Definitions* (GPS 001); and
- (b) the following definitions are applicable:

**Appointed Auditor** means an auditor appointed under paragraph 39(1)(a) of the *Insurance Act*;

**APRA-authorised reinsurer** means an insurer carrying on reinsurance business. For the purposes of this definition, a Lloyd's underwriter as defined under the *Insurance Act* is an APRA-authorised reinsurer if it carries on reinsurance business. The Australian Reinsurance Pool Corporation is also an APRA-authorised reinsurer for the purposes of this definition;

**capital standards** means the prudential standards which relate to capital adequacy as defined in GPS 001;

**Chief Financial Officer** means the chief financial officer of the insurer, by whatever name called;

**financial year** means the financial year (within the meaning in the *Corporations Act 2001*) of the insurer;

**foreign insurer** means a foreign general insurer within the meaning of the *Insurance Act*;

*Note:* A reference to a 'branch' or 'branch operation' is a reference to the Australian operations of a foreign insurer.

**general instruction guide** refers to the general instruction guide set out in Attachment A of GRS 001;

**Insurance Act** means the *Insurance Act 1973*;

***insurer*** means a general insurer within the meaning of section 11 of the *Insurance Act*;

*Note:* In this Reporting Standard, a reference to an ‘authorised insurer’, ‘authorised insurance entity’ or ‘licensed insurer’ is a reference to an insurer, and a reference to an ‘authorised reinsurance entity’ is a reference to an insurer whose business consists only of undertaking liability by way of reinsurance.

***non-APRA-authorised reinsurer*** means any reinsurer that is not an APRA-authorised reinsurer;

***Principal Executive Officer*** means the principal executive officer of the insurer, by whatever name called, and whether or not he or she is a member of the governing board of the insurer; and

***reporting period*** means a period mentioned in subparagraph 6(a) or 6(b) or, if applicable, paragraph 7.

18. Unless the contrary intention appears, a reference to an Act, Prudential Standard, Reporting Standard, Australian Accounting or Auditing Standard is a reference to the instrument as in force from time to time.

# Reporting Standard GRS 600.0

## Supplementary Capital Data: Premiums and Claims

### General instructions

#### Reporting tables

Tables described in this reporting standard list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

Any specific combination of values in a table must not appear on more than one row in that table when reported.

#### Definitions

Terms highlighted in ***bold italics*** indicate that the definition is provided in these instructions.

#### C

<b><i>Class of business</i></b>	<p>This is the direct or reinsurance classes of business in accordance with <i>Prudential Standard GPS 001 Definitions</i> (GPS 001).</p> <p>In respect of the ‘Other’ <b><i>class of business</i></b> as per GPS 001 for <b><i>direct business</i></b>, the Appointed Actuary is required to determine the most appropriate category (i.e. category A, B or C) as per Table 1 of Attachment A in <i>Prudential Standard GPS 115 Capital Adequacy: Insurance Risk Charge</i> (GPS 115) that this business falls within. The choice must be based on the underlying risk characteristics of the business being written. The amounts reported in the <i>Other direct - category A</i>, <i>Other direct - category B</i> or <i>Other direct - category C</i> line items are to follow this basis.</p> <p>For <b><i>reinsurance business</i></b>, the classes of business in are to be aggregated by the category and reinsurance type as per Table 2 of Attachment A in GPS 115.</p>
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#### D

<b><i>Direct business</i></b>	This refers to insurance business written directly by the reporting insurer in accordance with the direct classes of business in GPS 001.
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<b><i>Direct business or reinsurance business</i></b>	<p>This is either the direct or reinsurance classes of business written by the reporting insurer, in accordance with GPS 001.</p> <ul style="list-style-type: none"> <li>• <b><i>direct business</i></b> and</li> <li>• <b><i>reinsurance business</i></b>.</li> </ul>
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**F**

<b><i>Fire service levy and other levies imposed by state and territory governments</i></b>	<p>This is the value of fire service levy or other levies imposed by state and territory governments that was charged as part of written premiums over the reporting period. This excludes amounts collected on behalf of third parties (i.e. government stamp duty and taxes).</p>
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**G**

<b><i>Gross accrued premium</i></b>	<p>This is the value of premiums accrued over the reporting period. This item includes fire service levy and other levies imposed by state and territory governments and excludes amounts collected on behalf of third parties (i.e. government stamp duty and taxes). This item is gross of any associated outwards reinsurance expense incurred.</p> <p>Accrued premium is defined as:</p> <p>Premiums received - A + B, where:</p> <p>A = Premiums in advance at the end of the specified period - Premiums in advance at the start of the specified period; and</p> <p>B = Unpaid premiums at the end of the specified period – Unpaid premiums at the start of the specified period.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>
<b><i>Gross claims incurred</i></b>	<p>This is the value of claims incurred over the reporting period. This item is gross of any associated <b><i>reinsurance recoveries incurred</i></b> and <b><i>non-reinsurance recoveries incurred</i></b>. The basis of this item must reflect the basis used for the GPS 340 outstanding claims liabilities (OCL).</p> <p>Claims incurred is defined as:</p> <p>Claims paid – A + B, where:</p> <p>A = GPS 340 OCL and the start of the period; and</p> <p>B = GPS 340 OCL at the end of the period.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>

<b><i>Gross claims paid</i></b>	<p>This is the value of claims paid over the reporting period. This item is gross of any associated <b><i>reinsurance recoveries received</i></b> and <b><i>non-reinsurance recoveries received</i></b>.</p> <p>It relates to all claims paid on a cashflow basis in the reporting period, regardless of the reporting period in which the claims may have been incurred.</p>
<b><i>Gross premium received</i></b>	<p>This is value of premiums received over the reporting period. This item includes fire service levies but excludes other taxes imposed by state and territory governments (e.g. stamp duties). This item is gross of any associated outwards reinsurance expense incurred.</p> <p>It relates to all premiums received on a cashflow basis in the reporting period, regardless of the reporting period in which the premiums may have been accrued.</p>
<b><i>Gross written premium</i></b>	<p>This is the amount charged in relation to accepting risk from the insured over the reporting period. This item includes any <b><i>fire service levy and other levies imposed by state and territory governments</i></b> and excludes amounts collected on behalf of third parties (i.e. government stamp duty and taxes). This item is gross of any associated outwards reinsurance expense.</p> <p>This includes business sourced through insurance intermediaries such as co-insurance, underwriting pools or joint ventures, or portfolio transfers.</p>
<b><i>Gross written premium relating to unclosed business</i></b>	<p>This is the amount charged in relation to accepting risk from the insured over the reporting period related to unclosed business. This item excludes any <b><i>fire service levy and other levies imposed by state and territory governments</i></b> and is gross of any associated outwards reinsurance expense.</p> <p>Unclosed business is that which has been accepted by the reporting insurer / reinsurer prior to the balance date but there is insufficient information to fully identify the business.</p>

**N**

<b><i>Net accrued premium</i></b>	<p>This is the value of premiums accrued over the reporting period. This item includes fire service levy and other levies imposed by state and territory governments and excludes amounts collected on behalf of third parties (i.e. government stamp duty and taxes). This item is net of any associated outwards reinsurance expense incurred.</p> <p>The definition of accrued premium is outlined in <b><i>gross accrued premium</i></b>.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>
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<b><i>Net claims incurred</i></b>	<p>This is the value of claims incurred over the reporting period. This item is net of any associated <b><i>reinsurance recoveries incurred</i></b> and <b><i>non-reinsurance recoveries incurred</i></b>. The basis of this item must reflect the basis used for the GPS 340 OCL.</p> <p>The definition of claims incurred is outlined in <b><i>gross claims incurred</i></b>.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>
<b><i>Net claims paid</i></b>	<p>This is the value of claims paid over the reporting period. This item is net of any associated <b><i>reinsurance recoveries received</i></b> and <b><i>non-reinsurance recoveries received</i></b>.</p> <p>It relates to all claims paid on a cashflow basis in the reporting period, regardless of the reporting period in which the claims may have been incurred.</p>
<b><i>Net premiums received</i></b>	<p>This is value of premiums received over the reporting period. This item includes fire service levies but excludes other taxes imposed by state and territory governments (e.g. stamp duties). This item is net of any associated outwards reinsurance expense incurred.</p> <p>It relates to all premiums received on a cashflow basis in the reporting period, regardless of the reporting period in which the premiums may have been accrued.</p>
<b><i>Non-reinsurance recoveries incurred</i></b>	<p>This is the value of <b><i>non-reinsurance recoveries incurred</i></b> over the reporting period. This must be consistent with the value used to calculate <b><i>net claims incurred</i></b>.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>
<b><i>Non-reinsurance recoveries received</i></b>	<p>This is the value of <b><i>non-reinsurance recoveries received</i></b> over the reporting period.</p> <p>This relates to all <b><i>non-reinsurance recoveries received</i></b> on a cash flow basis in the reporting period, regardless of the reporting period in which the non-reinsurance recoveries may have been incurred.</p>
<b><i>Number of risks written</i></b>	<p>For <b><i>direct business</i></b>, report the <b><i>number of risks written</i></b> during the relevant period, on a financial year to date basis. Where a policy covers multiple APRA classes of business and the premium is apportioned between these classes, one risk must be reported in each APRA <b><i>class of business</i></b> to which premium was allocated. For example, a home and contents policy with a domestic liability component must have premium allocated to both the householders <b><i>class of business</i></b>, and the public liability <b><i>class of business</i></b>. For this policy, one risk must be reported for the householders <b><i>class of business</i></b> (even if this business may be further</p>

	split internally into building and contents risks), and one risk must be reported for the public liability <i>class of business</i> .
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**R**

<b><i>Reinsurance business</i></b>	This refers to the <i>reinsurance business</i> written by the reporting insurer in accordance with the reinsurance classes of business in GPS 001 and GPS 115. For <i>reinsurance business</i> , the classes of business are to be aggregated by the Category and Reinsurance Type as per Table 2 of Attachment A in GPS 115.
<b><i>Reinsurance recoveries incurred</i></b>	<p>This is the value of <i>reinsurance recoveries incurred</i> during the reporting period. This must be consistent with the value used to calculate <i>net claims incurred</i>.</p> <p>Insurers may use approximate methods and may take into account materiality (i.e. whether it would result in a materially different outcome from applying the outlined definition) to report this item.</p>
<b><i>Reinsurance recoveries received</i></b>	<p>Report the amount of <i>reinsurance recoveries received</i> over the reporting period.</p> <p>This relates to all <i>reinsurance recoveries received</i> on a cash flow basis in the reporting period, regardless of the reporting period in which the reinsurance recoveries may have been incurred.</p>

## Specific instructions

**Table 1: Premium and Claims by Class of Business**

### Reporting basis

Where a relevant period is noted, report the figures from the start of the current financial year to the end of the reporting period unless otherwise specified.

	Name	Valid values	Description
1	Class Of Business	<p>Direct classes of business:</p> <ul style="list-style-type: none"> <li>• Householders</li> <li>• Commercial Motor</li> <li>• Domestic Motor</li> <li>• Other Direct - Category A</li> <li>• Travel</li> <li>• Fire and ISR</li> <li>• Marine</li> <li>• Aviation</li> <li>• Consumer Credit</li> <li>• Other Accident</li> <li>• Other Direct - Category B</li> <li>• Mortgage</li> <li>• CTP</li> <li>• Public and Product Liability</li> <li>• Professional Indemnity</li> <li>• Employers Liability</li> <li>• Cyber</li> <li>• Directors and Officers</li> <li>• Other Direct - Category C</li> </ul>	Report <i>class of business</i> .

	Name	Valid values	Description
		Reinsurance classes of business: <ul style="list-style-type: none"> <li>• Proportional - Category A</li> <li>• Proportional - Category B</li> <li>• Proportional - Category C</li> <li>• Non-proportional - Category A</li> <li>• Non-proportional - Category B</li> <li>• Non-proportional - Category C</li> </ul>	
2	Gross Written Premium	Whole dollars	Report the <i>gross written premium</i> amount.
3	Gross Written Premium Relating To Unclosed Business	Whole dollars	Report the <i>gross written premium relating to unclosed business</i> amount.
4	Fire Service Levy And Other Levies Imposed By State And Territory Governments	Whole dollars	Report the <i>fire service levy and other levies imposed by state and territory governments</i> amount.
5	Gross Accrued Premium	Whole dollars	Report the <i>gross accrued premium</i> amount.
6	Net Accrued Premium	Whole dollars	Report the <i>net accrued premium</i> amount.
7	Gross Claims Incurred	Whole dollars	Report the <i>gross claims incurred</i> amount.
8	Reinsurance Recoveries Incurred	Whole dollars	Report the <i>reinsurance recoveries incurred</i> amount.

	Name	Valid values	Description
9	Non-reinsurance Recoveries Incurred	Whole dollars	Report the <i>non-reinsurance recoveries incurred</i> amount.
10	Net Claims Incurred	Whole dollars	Report the <i>net claims incurred</i> amount.
11	Gross Premium Received	Whole dollars	Report the <i>gross premium received</i> amount.
12	Net Premiums Received	Whole dollars	Report the <i>net premiums received</i> amount
13	Gross Claims Paid	Whole dollars	Report the <i>gross claims paid</i> amount.
14	Reinsurance Recoveries Received	Whole dollars	Report the <i>reinsurance recoveries received</i> amount.
15	Non-reinsurance Recoveries Received	Whole dollars	Report the <i>non-reinsurance recoveries received</i> amount.
16	Net Claims Paid	Whole dollars	Report the <i>net claims paid</i> amount.
17	Number Of Risks Written	Whole number	Report the <i>number of risks written</i> . Report for <i>direct business</i> only.

**Table 2: Premium and Claims by Related Party Type****Reporting basis**

Where a relevant period is noted, report the figures from the start of the current financial year to the end of the reporting period unless otherwise specified.

Table 2 collects similar information to Table 1, but by related parties. In particular:

- Parent entity: Report the amounts that are with/from the parent entity of the reporting insurer.
- Controlled entities / controlled entities of the parent: Report the amounts that are with/from a controlled entity of the reporting insurer, or another branch of the parent entity for a category C insurer.
- Associate / joint venture: Report the amounts that are with / from an associate or joint venture of the reporting insurer.
- Other related parties: Report the amounts that are with/from a related entity of the reporting insurer that is not the parent entity, a subsidiary, an associate or a joint venture of the reporting insurer.

	Name	Valid values	Description
1	Related Party Type	<ul style="list-style-type: none"> <li>• Parent entity</li> <li>• Controlled entities / controlled entities of the parent</li> <li>• Associate / joint venture</li> <li>• Other related party</li> </ul>	Report the related party type.
2	Gross Written Premium	Whole dollars	Report the <i>gross written premium</i> amount.
3	Gross Written Premium Relating To Unclosed Business	Whole dollars	Report the <i>gross written premium relating to unclosed business</i> amount.

	Name	Valid values	Description
4	Fire Service Levy And Other Levies Imposed By State And Territory Governments	Whole dollars	Report the <i>fire service levy and other levies imposed by state and territory governments</i> amount.
5	Gross Accrued Premium	Whole dollars	Report the <i>gross accrued premium</i> amount.
6	Net Accrued Premium	Whole dollars	Report the <i>net accrued premium</i> amount.
7	Gross Claims Incurred	Whole dollars	Report the <i>gross claims incurred</i> amount.
8	Reinsurance Recoveries Incurred	Whole dollars	Report the <i>reinsurance recoveries incurred</i> amount.
9	Non-reinsurance Recoveries Incurred	Whole dollars	Report the <i>non-reinsurance recoveries incurred</i> amount.
10	Net Claims Incurred	Whole dollars	Report the <i>net claims incurred</i> amount.