Reporting Standard GRS 440.0

Claims Development Table

Objective of this Reporting Standard

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

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 ending on or after 1 July 2023January 2027.

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 in respect of each financial year of the insurer.

Note: The annual information required from an insurer by paragraphs 4, 5 and 66, 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.

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 paragraph 66, 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 annual information, within three months after the end of the reporting period to which the information relates; or

(b) 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 paragraph 66 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 *Prudential Standard GPS 310 Audit and Related Matters*.

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 revoked by the determination that makes this Reporting Standard in respect of any reporting periods ending before~~in respect of a transitional reporting period. For these purposes:~~

~~17. ***old reporting standard*** means the reporting standard revoked in the determination making this Reporting Standard; and~~

~~18. ***transitional reporting period*** means a reporting period under the old reporting standard:~~

~~19. which ended before~~ 1 ~~July 2023~~January 2027~~; and~~

~~20. 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.~~

21.16. *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

22.17. In this Reporting Standard:

(a) unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard CGPS 001 Definitionsed terms* (GCPS 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 CGPS 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 paragraph 66 or, if applicable, paragraph 7.

23.18. 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 or existing from time to time.

Reporting Standard GRS 440.0

Claims Development Table

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.

A

Accident year	This refers to the financial year that the losses/claims associated with individual policies are incurred.
Accident year or underwriting year	This refers to whether the year associated is an ***accident year*** or ***underwriting year.***

C

Class of business	This refers to the direct or reinsurance ***classes of business*** in accordance with *Prudential Standard CGPS 001 Definitionsed terms* (CGPS 001). In respect of the 'Other' ***class of business*** as per CGPS 001 for ***direct business***, 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 *Prudential Standard GPS 115 Capital Adequacy: Insurance Risk Charge* (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 *Other direct - category A*, *Other direct - category B* or *Other direct - category C* line items are to follow this basis. For ***reinsurance business***, 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.

D

Direct business	This refers to insurance business written directly by the reporting insurer and is to be reported in accordance with the direct classes of business in CGPS 001.

G

Gross accrued premium	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. Accrued premium is defined as: Premiums received - A + B , where: A equals Premiums in advance at the end of the specified period minus Premiums in advance at the start of the specified period; and B equals Unpaid premiums at the end of the specified period minus Unpaid premiums at the start of the specified period. 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.
Gross claim payments (net of non-reinsurance recoveries)	This refers to gross claim payments, reported gross of any associated reinsurance recoveries, but net of any associated non-reinsurance recoveries.
Gross case estimates (net of non-reinsurance recoveries)	This refers to gross case estimates included in the *Prudential Standard GPS 340 Insurance Liability Valuation* (GPS 340) outstanding claims liabilities (OCL).
Gross IBNR / IBNER (net of non-reinsurance recoveries)	This refers to gross incurred but not reported (IBNR) / incurred but not enough reported (IBNER) included in the GPS 340 OCL.
Gross written premium	This is the amount charged in relation to accepting risk from the insured 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.

	This includes business sourced through insurance intermediaries such as co-insurance, underwriting pools or joint ventures, or portfolio transfers.

N

Net accrued premium	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. The definition of accrued premium is outlined in ***gross accrued premium***. 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.
Net case estimates (net of reinsurance and non-reinsurance recoveries)	This refers to net case estimates included in the GPS 340 OCL.
Net claim payments (net of reinsurance and non-reinsurance recoveries)	This refers to insurance claims payments, reported net of any associated reinsurance and non-reinsurance recoveries. This includes reinsurance and non-reinsurance recoveries that have been received or are expected to be received only in relation to claims already paid.
Net IBNR / IBNER (net of reinsurance and non-reinsurance recoveries)	This refers to the net IBNR / IBNER included in the GPS 340 OCL.
Net written premium	This is the amount charged in relation to accepting risk from the insured over the reporting period. This item includes any fire service levy or 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. This includes business sourced through insurance intermediaries such as co-insurance, underwriting pools or joint ventures, or portfolio transfers.
Number of claims reported	This is the accumulated number of insurance claims reported, as at the relevant date.

Number of claims outstanding	This is the number of outstanding claims, including the actuarial gross central estimate of the number of insurance claims outstanding, as at the relevant date.

R

Reinsurance business	This refers to the ***reinsurance business*** written by the reporting insurer, reported in accordance with the reinsurance classes of business in CGPS 001 and GPS 115. For ***reinsurance business***, the classes of business are to be aggregated by the category and reinsurance type as per Table 2 of Attachment A in GPS 115.

T

Total gross ultimate cost (IUD)	This refers to the total gross ultimate cost (inflated & undiscounted) of claims, as at the relevant date. It is calculated as the sum of: • ***gross claim payments;*** • ***gross case estimates; and*** • ***gross IBNR / IBNER.***
Total net ultimate cost (IUD)	This refers to the total net ultimate cost (inflated & undiscounted) of claims, as at the relevant date. It is calculated as the sum of: • ***net claim payments;*** • ***net case estimates; and*** • ***net IBNR / IBNER.***

U

Underwriting year	This refers to the financial year of the insurer in which the policy incepts, regardless of when the premiums and claims are actually reported, booked or paid.

Y

Years	This refers to the relevant ***accident year*** or ***underwriting year*** to be reported. Individual years from *current year* to *10 years previous* are required to be reported. *More than 10 years previous* are to be combined and reported.

Specific instructions

Table 1: Claims Development Table – Direct business

Reporting basis

Report direct classes of business only. In relation to the reporting basis:

- Data underlying direct classes of business (other than lenders mortgage insurance) must be based on ***accident year***.
- Data underlying lenders mortgage insurance business must be based on ***underwriting year***.
- Notwithstanding above, if an insurer has been providing data based on a basis different to the approach outlined above, continue on that basis and notify APRA.

Units of measurement

Report values in whole Australian dollars.

	Name	**Valid values**	**Description**
1	Accident Year or Underwriting Year	• ***Accident year*** • ***Underwriting year***	Report ***accident year*** or ***underwriting year***.
2	Years	• Current year • 1 year previous • 2 years previous • 3 years previous • 4 years previous • 5 years previous • 6 years previous	Report ***years*** applicable. Individual years from *current year* to *10 years previous* are required to be reported. *More than 10 years previous* are to be combined and reported.

	Name	Valid values	Description
		• 7 years previous • 8 years previous • 9 years previous • 10 years previous • More than 10 years previous	Should an insurer be unable to provide the *more than 10 years previous* grouping due to the data being impractical to obtain, the insurer can commence grouping at the earliest year possible.
3	Class of Business	• Householders • Commercial Motor • Domestic Motor • Other Direct - Category A • Travel • Fire and ISR • Marine • Aviation • Consumer Credit • Other Accident • Other Direct - Category B • Mortgage • CTP • Public and Product Liability • Professional Indemnity • Employers Liability • Cyber • Directors and Officers • Other Direct - Category C	Report ***class of business***.
4	Number of Claims Reported	Whole numbers	Report the cumulative ***number of claims reported*** for the reporting period.

	Name	Valid values	Description
			Report for ***direct business*** only.
5	Number of Claims Outstanding	Whole numbers	Report the ***number of outstanding claims*** as at the close of business on the last day of the reporting period. Report for ***direct business*** only.
6	Gross Claim Payments (Net of Non-Reinsurance recoveries)	Whole dollars	Report the cumulative value of ***gross claim payments (net of non-reinsurance recoveries)*** for the reporting period.
7	Net Claim Payments (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Report the cumulative value of ***net claim payments (net of reinsurance and non-reinsurance recoveries)*** for the reporting period.
8	Gross Case Estimates (Net of Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***gross case estimates (net of non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • gross of reinsurance recoveries; • net of non-reinsurance recoveries; and • excluding claims IBNR / IBNER, claims handling expenses and risk margins.

	Name	Valid values	Description
9	Net Case Estimates (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***net case estimates (net of reinsurance and non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • net of reinsurance and non-reinsurance recoveries; and • excluding IBNR / IBNER, claims handling expenses and risk margins.
10	Gross IBNR / IBNER (Net of Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***gross IBNR / IBNER (net of non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • inflated and undiscounted; • gross of reinsurance recoveries; • net of non-reinsurance recoveries; • excluding claims handling expenses; and • as the central estimate only (i.e. do not include a risk margin).
11	Net IBNR / IBNER (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Repot the value of ***net IBNR / IBNER (net of reinsurance and non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date;

	Name	Valid values	Description
			• inflated and undiscounted; • net of reinsurance recoveries; • net of non-reinsurance recoveries; • excluding claims handling expenses; and • as the central estimate only (i.e. do not include a risk margin).
12	Gross Accrued Premium	Whole dollars	Repot the value of ***gross accrued premium.***
13	Net Accrued Premium	Whole dollars	Repot the value of ***net accrued premium.***

Table 2: Claims Development Table - Reinsurance Business

Reporting basis

Insurers writing ***reinsurance business*** must complete this table based on ***underwriting year***. Notwithstanding this, if an insurer has been reporting information to APRA on a different reporting basis, continue on that basis and notify APRA.

For ***reinsurance business***, aggregate the classes of business in GPS 115 by the Category and Reinsurance Type for reporting on this Reporting Standard.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Accident Year or Underwriting Year	• ***Accident year*** • ***Underwriting year***	Report ***accident year or underwriting year***.
2	Years	• Current year • 1 year previous • 2 years previous • 3 years previous • 4 years previous • 5 years previous • 6 years previous • 7 years previous • 8 years previous • 9 years previous • 10 years previous • More than 10 years previous2021	Report ***years*** applicable. Individual years from *current year* the current year to *2011* *10 years previous* are required to be reported. *More than 10 years previous2010* and prior are to be combined and reported. In future years, individual years are still to be reported going back to 2011 and the *2010 and prior* grouping will remain. Should an insurer be unable to provide the *more than 10 years previous2010 and prior* grouping due to the

	Name	Valid values	Description
		~~2020~~ ~~2019~~ ~~2018~~ ~~2017~~ ~~2016~~ ~~2015~~ ~~2014~~ ~~2013~~ ~~2012~~ ~~2011~~ ~~2010 and prior~~	data being impractical to obtain, they can commence grouping at the earliest year possible ~~after 2010~~.
3	Class of Business	• Proportional - Category A • Proportional - Category B • Proportional - Category C • Non-proportional - Category A • Non-proportional - Category B • Non-proportional - Category C	Report ***class of business***.
4	Gross Claim Payments (Net of Non-Reinsurance recoveries)	Whole dollars	Report the cumulative value of ***gross claim payments (net of non-reinsurance recoveries)*** for the reporting period.
5	Net Claim Payments (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Report the cumulative value of ***net claim payments (net of reinsurance and non-reinsurance recoveries)*** for the reporting period.

	Name	Valid values	Description
6	Gross Case Estimates (Net of Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***gross case estimates (net of non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • gross of reinsurance recoveries; • net of non-reinsurance recoveries; and • excluding claims IBNR / IBNER, claims handling expenses and risk margins.
7	Net Case Estimates (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***net case estimates (net of reinsurance and non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • net of reinsurance and non-reinsurance recoveries; and • excluding IBNR / IBNER, claims handling expenses and risk margins.
8	Gross IBNR / IBNER (Net of Non-Reinsurance Recoveries)	Whole dollars	Report the value of ***gross IBNR / IBNER (net of non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • inflated and undiscounted; • gross of reinsurance recoveries;

	Name	Valid values	Description
			• net of non-reinsurance recoveries; • excluding claims handling expenses; and • as the central estimate only (i.e. do not include a risk margin).
9	Net IBNR / IBNER (Net of Reinsurance And Non-Reinsurance Recoveries)	Whole dollars	Repot the value of ***net IBNR / IBNER (net of reinsurance and non-reinsurance recoveries)***. Insurers must report this item: • as the balance outstanding at the relevant date; • inflated and undiscounted; • net of reinsurance recoveries; • net of non-reinsurance recoveries; • excluding claims handling expenses; and • as the central estimate only (i.e. do not include a risk margin).
10	Gross Written Premium	Whole dollars	Repot the value of ***gross written premium.***
11	Net Written Premium	Whole dollars	Repot the value of ***net written premium***