

**FORM NL-5 - CLAIMS SCHEDULE**

**Name of Insurer: AXA France VIE- India Reinsurance Branch**

**Registration Number: FRB/009**

**Date of registration: 28.07.2017**



**CLAIMS INCURRED [NET]**

**Rs in '000**

S. No.	Particulars	For the period ended March 31, 2018					For the year ended March 31, 2017
		Fire	Marine	Miscellaneous	life	Total	
				Health			
	<b>Claims paid</b>						
1	Claims paid on direct business written	-	-	-	-	-	-
2	Add: Claims paid on reinsurance accepted	-	-	-	-	-	-
3	Less : Claims paid on reinsurance ceded	-	-	-	-	-	-
	<b>Net Claims paid</b>	-	-	-	-	-	-
	Claim Outstanding (including IBNR and IBNER)						
4	Add : Claims Outstanding at the end of the period	-	-	4,799,187	-	4,799,187	-
5	Less: Claims Outstanding at the beginning of the period	-	-	-	-	-	-
	<b>Total Claims Incurred</b>	-	-	<b>4,799,187</b>	-	<b>4,799,187</b>	-