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| *Laporan Program Reasuransi Otomatis ini berdasarkan ketentuan Pasal 31 dalam P POJK 14/POJK.05/2015 dan SEOJK 31/2015, dengan batas waktu penyampaian 15 Januari atau 15 (lima belas) hari sejak tanggal perjanjian dukungan reasuransi/retrosesi otomatis berlaku* |

**LAPORAN PROGRAM REASURANSI OTOMATIS**

(diisi nama dan alamat perusahaan)

, 20xx

Direktur

(Cap Perusahaan)

N a m a J e l a s

Jabatan

1. Semua Lini Usaha Asuransi Jiwa dan Anuitas.

Nama Perusahaan

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| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
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|  | | | |

1. Lini Usaha Asuransi: Ekawarsa

Nama Perusahaan

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| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
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1. Lini Usaha Asuransi: Kematian Berjangka Selain Ekawarsa

Nama Perusahaan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
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1. Lini Usaha Asuransi: Dwiguna

Nama Perusahaan

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| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
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1. Lini Usaha Asuransi: Dwiguna Kombinasi

Nama Perusahaan

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| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
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1. Lini Usaha Asuransi: Seumur Hidup Kombinasi

Nama Perusahaan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
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1. Lini Usaha Asuransi: Anuitas Umum

Nama Perusahaan

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| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
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1. Lini Usaha Asuransi: Anuitas Dana Pensiun

Nama Perusahaan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
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|  | | | |

1. Lini Usaha Asuransi: Non-Tradisional

Nama Perusahaan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | U r a i a n | Bentuk Reasuransi | | |
| Yearly Renewable Term (YRT) | Koasuransi | Modifikasi Koasuransi |
| (1) | (2) | (3) | (4) | (5) |
| I II |  | | | |
| Retensi sendiri |  |  |  |
|  | | | |
| Reasuradur Dukungan |  |  |  |
| A. Dalam Negeri | | | |
| 1. ...........................  2. ..................... dst. |  |  |  |
|  |  |  |
| 1. Luar Negeri    1. A S E A N | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
| 2. NON ASEAN | | | |
| a. ...........................  b. ...........................  c. ..................... dst. |  |  |  |
|  |  |  |
|  |  |  |
|  | | | |

1. Lini Usaha Asuransi : Kesehatan

Nama Perusahaan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Keterangan | | | | Q.S. (a) | S.I (b) | S.II | ....................... (c) |
| (1) | (2) | | | | (3) | (4) | (5) | (6) |
| I II |  | | | | | | |  |
| Retensi Sendiri | (d) | | |  |  |  |  |
|  | | | | | | | |
| Reasuradur Dukungan | | | |  |  |  |  |
| A. Dalam Negeri | | | | | | | |
| 1. ............... (Rp / %)  2. ........ dst. | | | (e) |  |  |  |  |
|  |  |  |  |
| 1. Luar Negeri    1. A S E A N | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 2. NON ASEAN | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | | | | |

1. Lini Usaha Asuransi : Kecelakaan Diri

Nama Perusahaan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Keterangan | | | | Q.S. (a) | S.I (b) | S.II | ....................... (c) |
| (1) | (2) | | | | (3) | (4) | (5) | (6) |
| I II |  | | | | | | |  |
| Retensi Sendiri | (d) | | |  |  |  |  |
|  | | | | | | | |
| Reasuradur Dukungan | | | |  |  |  |  |
| A. Dalam Negeri | | | | | | | |
| 1. ............... (Rp / %)  2. ........ dst. | | | (e) |  |  |  |  |
|  |  |  |  |
| 1. Luar Negeri    1. A S E A N | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 2. NON ASEAN | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | | | | |

1. Lini Usaha Asuransi : Kecelakaan Diri.

Nama Perusahaan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Keterangan | | | | Q.S. (a) | S.I (b) | S.II | ....................... (c) |
| (1) | (2) | | | | (3) | (4) | (5) | (6) |
| I II |  | | | | | | |  |
| Retensi Sendiri | (d) | | |  |  |  |  |
|  | | | | | | | |
| Reasuradur Dukungan | | | |  |  |  |  |
| A. Dalam Negeri | | | | | | | |
| 1. ............... (Rp / %)  2. ........ dst. | | | (e) |  |  |  |  |
|  |  |  |  |
| 1. Luar Negeri    1. A S E A N | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 2. NON ASEAN | | | | | | | |
| a. ......  b. ......  c. ...... dst. | | (Rp / %) | (e) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | | | | |

Keterangan

(a). Q.S. = Quota Share Treaty Reinsurance.

(b). S = Surplus Treaty Reinsurance.

(c). Diisi sesuai dengan kebutuhan.

(d). Retensi Sendiri = termasuk dukungan reasuransi X/L jika ada.

(e). Coret yang tidak perlu.

1. Lini Usaha Asuransi : Kecelakaan Diri.

Nama Perusahaan

| No. | Keterangan | | X/L 1 (a) | X/L 2 | ....................... (b) |
| --- | --- | --- | --- | --- | --- |
| (1) | (2) | | (3) | (4) | (5) |
| I II |  | |  | | |
| Retensi Sendiri | (c) |  |  |  |
|  | |  | | |
| Reasuradur Dukungan | |  |  |  |
| A. Dalam Negeri | |  | | |
| 1. ............... (Rp / %) | | (d) |  |  |
| 2. ........ dst. | |  |  |  |
| B. Luar Negeri | |  | | |
| 1. A S E A N | |
| a. ...... (Rp / %) | | (d) |  |  |
| b. ...... | |  |  |  |
| c. ...... dst. | |  |  |  |
| 2. NON ASEAN | |  | | |
| a. ...... (Rp / %) | | (d) |  |  |
| b. ...... | |  |  |  |
| c. ...... dst. | |  |  |  |
|  | | |

Keterangan :

(a). X/L = Excess of Loss Treaty Reinsurance.

(b). Diisi sesuai dengan kebutuhan.

(c). R.S. = Tidak termasuk dukungan reasuransi X/L.

(d). Coret yang tidak perlu.

1. Lini Usaha Asuransi : Kesehatan.

Nama Perusahaan

| No. | Keterangan | | X/L 1 (a) | X/L 2 | ....................... (b) |
| --- | --- | --- | --- | --- | --- |
| (1) | (2) | | (3) | (4) | (5) |
| I II |  | |  | | |
| Retensi Sendiri | (c) |  |  |  |
|  | |  | | |
| Reasuradur Dukungan | |  |  |  |
| A. Dalam Negeri | |  | | |
| 1. ............... (Rp / %) | | (d) |  |  |
| 2. ........ dst. | |  |  |  |
| B. Luar Negeri | |  | | |
| 1. A S E A N | |
| a. ...... (Rp / %) | | (d) |  |  |
| b. ...... | |  |  |  |
| c. ...... dst. | |  |  |  |
| 2. NON ASEAN | |  | | |
| a. ...... (Rp / %) | | (d) |  |  |
| b. ...... | |  |  |  |
| c. ...... dst. | |  |  |  |
|  | | |

Keterangan :

(a). X/L = Excess of Loss Treaty Reinsurance.

(b). Diisi sesuai dengan kebutuhan.

(c). R.S. = Tidak termasuk dukungan reasuransi X/L.

(d). Coret yang tidak perlu.