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, casuality

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

Field 26 - TYPE OF INDENTIFICATION
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