**Annex II**

**S.19.01. - Non-life Insurance Claims Information**

This Annex contains additional instructions in relation to the templates included in Annex I of this Regulation. The first column of the next table identifies the items to be disclosed by identifying the columns and lines as showed in the template in Annex I.

This annex relates to annual disclosure of information for individual entities.

Claims development triangles show the insurer’s estimate of the cost of claims (claims paid and claims provisions under Solvency II valuation principle) and how this estimate develops over time.

Undertakings are required to disclose data on an accident year or underwriting year basis, in accordance with any requirements of the National Supervisory Authority. If the National Supervisory Authority has not stipulated which to use then the undertaking may use accident or underwriting year according to how they manage each line of business, provided that they use the same year consistently, year on year.

This template shall be disclosed for the total for non-life business but split by underwriting year and accident year if different bases are used by the undertaking.

The default length of run-off triangle is 10+1 years but the disclosure requirement is based on the undertakings’ claims development (if length of the claims settlement cycle is shorter than 10 years, undertakings are required to disclose according to the internal shorter development).

Historical data, starting from the first time application of Solvency II, are required for claims paid (i.e. the complete set shall be disclosed,) but not for Best Estimate of Claims Provision. For the compilation of the historical data for claims paid the same approach concerning the length of triangle for the on-going disclosure will be applied (i.e. the shorter between 10+1 years and the undertakings’ claims settlement cycle).

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|  | **ITEM** | **INSTRUCTIONS** |
| Z0020 | Accident year or Underwriting year | Disclose the standard used by the undertakings for disclosing of claims development. One of the options from the following closed list shall be used:  1 – Accident year  2 – Underwriting year |
| C0010 to C0110/ R0100 to R0250 | Gross Claims Paid (non-cumulative) –Triangle | The Gross Claims Paid, net of salvage and subrogation, excluding expenses, in a triangle showing the developments of the gross claims payment already made: for each of the accident/underwriting years from N-9 (and prior) and all previous reporting periods to – including - N (last reporting year) report the payments already made corresponding at each development year (which is the delay between the accident/underwriting date and the payment date).  The data are in absolute amount, non-cumulative and undiscounted. |
| C0170/ R0100 to R0260 | Gross Claims Paid (non-cumulative) – In current year | Total “Current year” reflects the last diagonal (all data referred to last reporting year from R0160 to R0250.  R0260 is the total of R0160 to R0250 |
| C0180/ R0100 to R0260 | Gross Claims Paid – Sum of years (cumulative) | Total “Sum of years” contains the sum of all data in rows (sum of all payments referred to the accident/underwriting year), including total. |
| C0200 to C0300/ R0100 to R0250 | Gross undiscounted Best Estimate Claims Provisions – Triangle | Triangles of undiscounted best estimate of claims provisions, gross of reinsurance for each of the accident/underwriting years from N-9 (and prior) and all previous reporting periods to – including - N (last reporting year). The best estimate for claims provision relates to claims events occurred before or at the valuation date, whether the claims arising from these events have been reported or not. The data are in absolute amount, non-cumulative and undiscounted. |
| C0360/ R0100 to R0260 | Gross Best Estimate Claims Provisions – Year end (discounted data) | Total “Year end” reflects the last diagonal but on a discounted basis(all data referred to last reporting year) from R0160 to R0250.  R0260 is the total of R0160 to R0250 |