

SAMPLE OF ANNUAL REVIEW REPORT

Perbadanan Insurans Deposit Malaysia
[Address]

Date

Dear Sirs,

REVIEW ON THE COMPLIANCE OF [NAME OF INSURER MEMBER] WITH GUIDELINES ON PROVISION OF INFORMATION ON TAKAFUL AND INSURANCE BENEFITS PROTECTION

1. We have conducted the review on the compliance of [name of insurer member] with the requirements in the Guidelines on Provision of Information on Takaful and Insurance Benefits Protection.
2. Attach herewith is the review report for current assessment year covering a 12-month period from 1 January to 31 December of the preceding year.¹

.....
(Name of Head of Internal Audit or any person of equivalent position / External Auditor)

Date:

¹ At minimum, cover a 12-month period from 1 January to 31 December of the preceding year. An insurer member may include incidents of non-compliance and deficiencies identified after 31 December.

[NAME OF INSURER MEMBER]
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Table 1: Overview of the review undertaken

<i>Free flow text, e.g.</i>	
(i)	<i>brief description of the manner in which the review was conducted (refer to paragraphs 13.4 and 13.5 of Guidelines on Provision of Information on Takaful and Insurance Benefits Protection); and</i>
(ii)	<i>the overall results of the review (e.g. no incident of non-compliance to report or incidents of non-compliance and deficiencies are reported in Table 2).</i>

Table 2: Incidents of non-compliances and deficiencies identified ²

	Policy areas in the Guidelines on Provision of Information on Takaful and Insurance Protection	Summary of incidents of non-compliance and deficiency identified	Financial and non-financial impact on the insurer members arising from these incidents	Corrective actions to rectify these incidents	Completed (Yes / No)	Adequacy and effectiveness of corrective actions
1.						
2.						
3.						
...	Insert additional row, if necessary				[If “No”, please also complete Table 3]	

²For incidents of non-compliances and deficiencies reported in last year’s review report:

- that have yet to be rectified : include those incidents in Table 2 and Table 3, and state the progress of the corrective actions and assessment of the adequacy and effectiveness of corrective actions; and
- that identified after 31 December and have been rectified : include the incidents in the table OR make reference to the last year’s review report (e.g. please refer to page XX of the review report submitted for assessment year 202X).

[NAME OF INSURER MEMBER]
SAMPLE ACTION PLAN REPORT

Table 3: Action plans for incidents that have yet to be rectified

No	Summary of incidents of non-compliance and deficiency identified	Corrective actions to rectify these incidents	Timeline to complete action plans
1.			
2.			
3.			
...	Insert additional row, if necessary		