



Contact person: Help desk (contact centre) / Phone: 6259 100 / E-mail: klienditugi@stat.ee / Postal address: Vabaduse plats 2, 71020 Viljandi

Statistical activity code: 21302

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

Periodicity: Monthly

page 1/11

Statistics Estonia guarantees the full protection of data submitted.

Economic unit

Registry code:
Name:

E-mail:
Phone:

Postal address

County:
City / Rural municipality:
Village / Town / City district:
Secondary address unit:

Street:
Building:
Apartment:
Postal code:

Economic activity in the sample

Completed by

Personal ID code:
Firstname and surname:

E-mail:
Phone:

Completed on (date):

Signature:

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

														ns 1...12 of the same row
..pension insurance	140													sum of column ns 1...12 of the same row
....insurance with income tax incentive	141													sum of column ns 1...12 of the same row
..unit-linked life insurance	150													sum of column ns 1...12 of the same row
....insurance with income tax incentive	151													sum of column ns 1...12 of the same row
..supplementary insurance	160													sum of column ns 1...12 of the same row
..other life insurances	170													sum of column ns 1...12 of the same row

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

persons																		columns 1...12 of the same row
..other vehicles insurance	260																	sum of columns 1...12 of the same row
..goods in transit insurance	270																	sum of columns 1...12 of the same row
..property insurance, natural persons	280																	sum of columns 1...12 of the same row
..property insurance, legal persons	290																	sum of columns 1...12 of the same row
..vehicles liability insurance	300																	sum of columns 1...12 of the same row
..general liability insurance	310																	sum of columns 1...12 of the same

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

..insurance for pecuniary loss	320														row sum of columns 1...12 of the same row
--------------------------------	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	---

2. CLAIMS PAID, IN FULL EUROS, IN REFERENCE PERIOD

"Claims paid" covers only payments of claims paid during the period. Claims handling expenses, amounts recovered from salvage and subrogation and change in the provision for claims outstanding are excluded. In addition, in MTPL insurance and in case of claims of insurer of injured party (so called direct settlement or own insurer settlement) all amounts paid or received and/or fees for handling of these claims are excluded.

		January	February	March	April	May	June	July	August	September	October	November	December	Total
		1	2	3	4	5	6	7	8	9	10	11	12	13
LIFE INSURANCE	100	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of rows 110, 120, 130, 140, 150, 160, 170 of the same column	sum of columns 1...12 of the same row
..assurance for term and whole life	110													sum of columns 1...12 of the same row
..capital redemption operations	120													sum of columns 1...12 of the same row

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

															ns 1...12 of the same row
..other life insurances	170														sum of column ns 1...12 of the same row
NON-LIFE INSURANCE	200	sum of rows 210...320 of the same column	sum of rows 210...320 of the same column	sum of rows 210...3 20 of the same column	sum of rows 210...3 20 of the same column	sum of rows 210.. .320 of the sam e colu mn	sum of rows 210...3 20 of the same column	sum of rows 210...3 20 of the same column	sum of rows 210...32 0 of the same column	sum of rows 210...320 of the same column	sum of rows 210...320 of the same column	sum of rows 210...320 of the same column	sum of rows 210...320 of the same column	sum of rows 210...3 20 of the same column	sum of rows 210...3 20 of the same column
..motor third party liability insurance	210														sum of column ns 1...12 of the same row
..accident and sickness insurance	221														sum of column ns 1...12 of the same row
..sickness insurance	222														sum of column ns 1...12 of the same row
..travel insurance	230														sum of column ns 1...12 of the same row

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

															columns 1...12 of the same row
..general liability insurance	310														sum of columns 1...12 of the same row
..insurance for pecuniary loss	320														sum of columns 1...12 of the same row

Insurance (month)

Questionnaire code: 13562020

Submitted in: By the 15th date after the end of the reference month

Period:

3. TIME SPENT ON FILLING OUT THE QUESTIONNAIRE (only for April)

Please estimate how much time you spent on filling out the questionnaire (incl. time spent on reading the instructions, collecting and preparing data). Record the total time spent by all employees.

		Time spent
		1
Hours	1	
Minutes	2	

COMMENT