



**RBF Offshore
Insurance**

OFFSHORE INSURANCE

USER MANUAL



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Public Portal

Note: This platform allows users to place insurance offshore/transfer currency to an institution or resident outside Fiji for Insurance Related Business.

Submit an Application

Submit an offshore
insurance application



View Application Status

Keep track of your current
offshore insurance applications



View User Manual

User Manual for submitting offshore applications
and viewing the application status

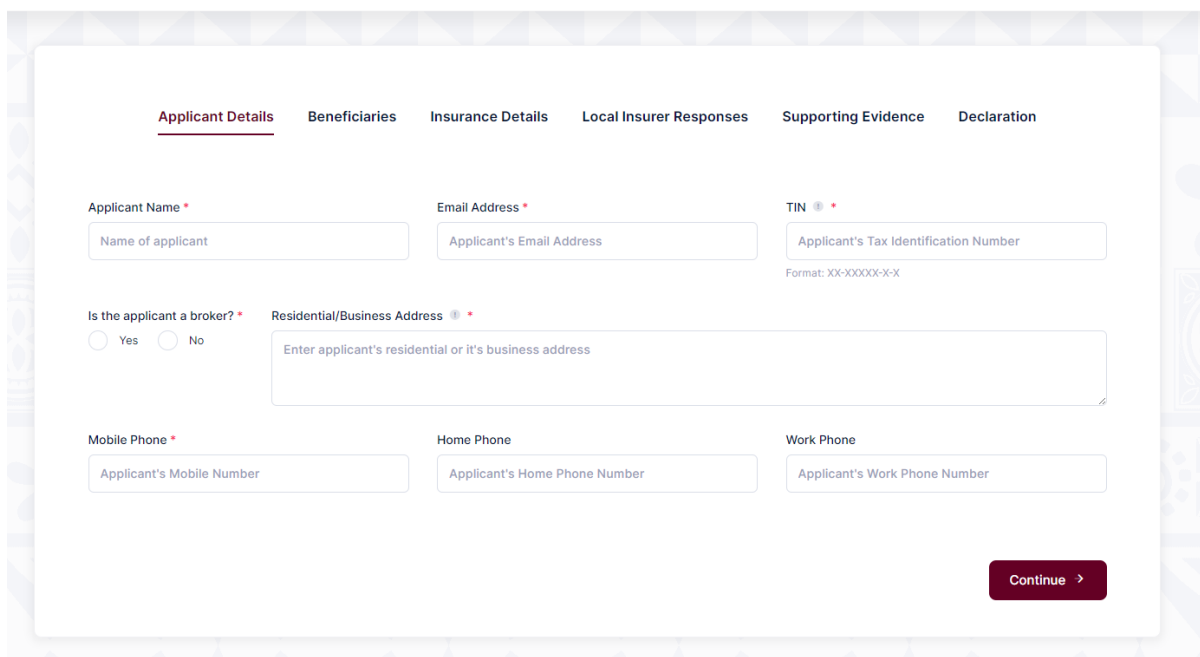


There are four components in the public portal.

1. Submit an Application
2. View Application Status
3. View User Manual



Submit An Application

Applicant Details Beneficiaries Insurance Details Local Insurer Responses Supporting Evidence Declaration

Applicant Name * **Email Address *** **TIN ***

Name of applicant Applicant's Email Address Applicant's Tax Identification Number

Format: XX-XXXXX-X-X

Is the applicant a broker? * **Residential/Business Address ***

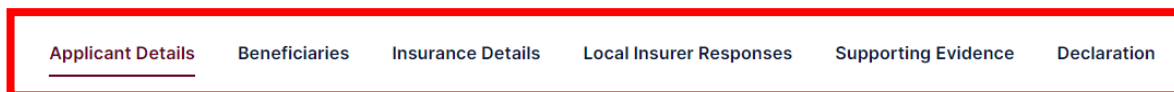
☐ Yes ☐ No Enter applicant's residential or it's business address

Mobile Phone * **Home Phone** **Work Phone**

Applicant's Mobile Number Applicant's Home Phone Number Applicant's Work Phone Number

Continue >

This is the first view of the application form. The form is divided into different steps and to proceed, the applicant must enter valid details in each of the steps. Below is the overview of the steps involved.

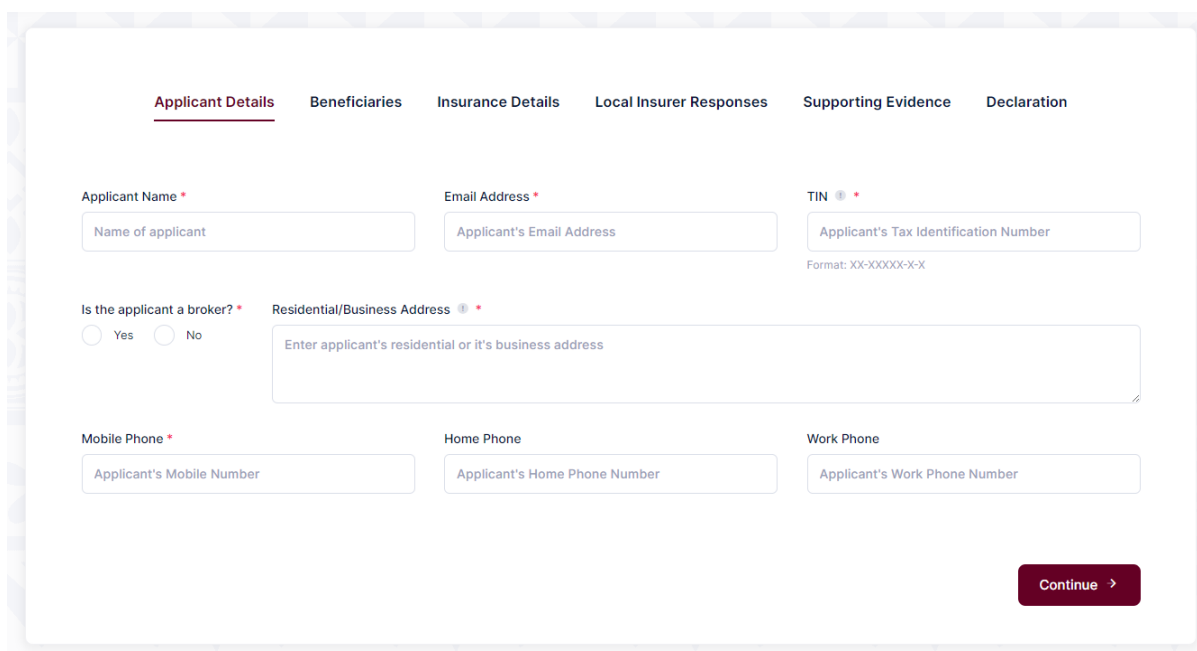


Applicant Details Beneficiaries Insurance Details Local Insurer Responses Supporting Evidence Declaration



Application Details

This section will provide step by step instructions on how to complete the **Application Details** step of this form.



The screenshot shows a web form titled 'Application Details' with a navigation bar at the top containing the following tabs: **Applicant Details** (active), Beneficiaries, Insurance Details, Local Insurer Responses, Supporting Evidence, and Declaration.

The form contains the following fields:

- Applicant Name ***: A text input field labeled 'Name of applicant'.
- Email Address ***: A text input field labeled 'Applicant's Email Address'.
- TIN ***: A text input field labeled 'Applicant's Tax Identification Number'. Below the field, it says 'Format: XX-XXXXX-X-X'.
- Is the applicant a broker? ***: Two radio buttons labeled 'Yes' and 'No'.
- Residential/Business Address ***: A large text input field labeled 'Enter applicant's residential or it's business address'.
- Mobile Phone ***: A text input field labeled 'Applicant's Mobile Number'.
- Home Phone**: A text input field labeled 'Applicant's Home Phone Number'.
- Work Phone**: A text input field labeled 'Applicant's Work Phone Number'.

A red 'Continue >' button is located at the bottom right of the form.

1. **Applicant Name:** Enter your full legal name.
2. **Email Address:** Provide a valid email address that you check regularly, as all correspondence will be sent here.
3. **TIN (Tax Identification Number):** Enter your valid TIN, follow the format displayed under the field.
4. **Individual or Broker:** Select either **Yes** or **No** to specify if you are a broker or an individual applying.
5. **Residential/Business Address:** Fill in your current residential or business address.
6. **Mobile Phone:** Enter your primary mobile number.
7. **Home Phone:** Provide your home landline number if available.
8. **Work Phone:** If you wish to provide a work contact number, enter it here.

Mandatory Fields

Ensure all mandatory fields marked with an asterisk (*) are completed before proceeding.

Next Steps

Once all information has been entered correctly, click on the '**Continue**' button to move on to the next section of the application process.



Beneficiaries

This section will provide step by step instructions on how to complete the **Beneficiaries** step of this form.

Applicant Details
Beneficiaries
Insurance Details
Local Insurer Responses
Supporting Evidence
Declaration

Beneficiary Name *

Beneficiary's Name

Offshore Broker Name

Offshore Broker's Name

Percentage Coverage *

Percentage Coverage

Country *

Select a Country...

Address *

Beneficiary's Address

+ Add Beneficiary

< Back

Continue >

1. **Beneficiary Name:** Enter the legal name of the beneficiary.
2. **Offshore Broker Name:** Enter the name of the offshore broker.
3. **Percentage Coverage:** Specify the percentage of coverage allocated to the beneficiary.
4. **Country:** Select the country where the beneficiary resides
5. **Address:** Enter the valid address of the beneficiary

If you want to add another Beneficiary, click on the “**Add Beneficiary**” button. This will provide additional fields to add another beneficiary.

Applicant Details
Beneficiaries
Insurance Details
Local Insurer Responses
Supporting Evidence
Declaration

Beneficiary Name *
Offshore Broker Name
Percentage Coverage *
Country *

Address *

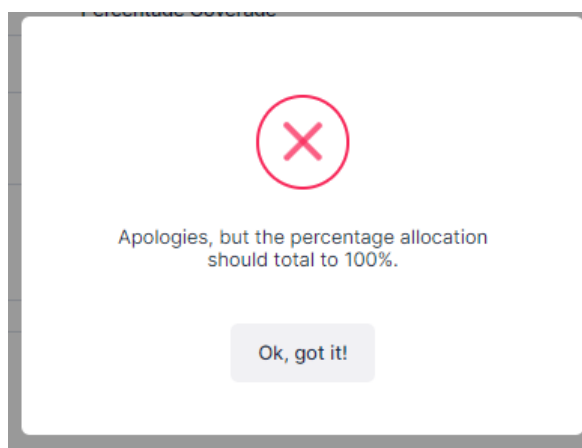
Beneficiary Name *
Offshore Broker Name
Percentage Coverage *
Country *

Address *

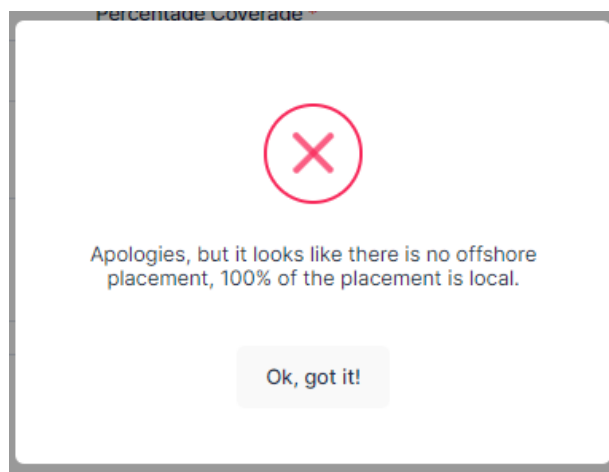
+ Add Beneficiary

< Back
Continue >

- If the percentage coverage, is less than **100%**, the following error message will be displayed. Ensure that the percentage coverage is 100%.



- Users can add multiple beneficiaries where the total percentage of coverage should add up to 100% and for which certain percentage is allocated offshore (outside Fiji).
- If the applicant allocates the full 100% to a beneficiary locally, then the following error will be displayed.



Mandatory Fields

Ensure all mandatory fields marked with an asterisk (*) are completed before proceeding.

Next Steps

Once all information has been entered correctly, click on the '**Continue**' button to move on to the next section of the application process or if you want to navigate to the previous step click on the '**Back**' button.



Insurance Details



Applicant Details
Beneficiaries
Insurance Details
Local Insurer Responses
Supporting Evidence
Declaration

Application Type *

Select an Application Type

Insurance Class *

Select an Insurance Class

Policy Holder *

Name of the policy holder

Previous Permit Number

If you have a previous permit number, please enter the latest permit number

Starts with: IN-XXXXXXX

Period of Cover Start Date *

Pick a date when the cover period starts

Period of Cover End Date *

Pick a date when the cover period ends

Sum Insured *

Amount Currency

Gross Premium *

Amount Currency

Non Resident Withholding Tax

3.75% of Gross Premium

Amount to be Remitted / Net Premium ⓘ

Purpose *

State the purpose for Offshore Placement/Remittance

Additional Comments

Provide any additional comments here...

Back

Continue

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1. **Application Type:** Select the application type from the dropdown menu.
2. **Insurance Class:** Select the insurance class from the dropdown menu.
 - When Other Classes of Insurance is selected: Specify the other insurance class by entering the class name in the field.

Insurance Class *

Other

Other Insurance Class *

Please specify the other insurance cl

- When Material Damage/Business Interruption is selected: Then **Fire Service Levy** section will be displayed.
3. **Policy Holder:** Enter the correct name for the Policy Holder
 4. **Period of Cover Start Date and Period of Cover End Date**

Period of Cover Start Date *

03/08/2024

The start date must be earlier than the end date

Period of Cover End Date *

30/06/2024

The end date must be later than the start date

- The start date must be earlier than the end date.
- The end date must be later than the start date.
- The application is considered late if the period of cover start date is earlier than 10 days from the date the application is applied. This it is a late application; applicants are required to provide a reason.

Period of Cover Start Date *

31/07/2024

Period of Cover End Date *

14/11/2024

Reason for late application *

State the reason for late application, an application is considered late if start of the period cover is earlier than at least 10 days from now

5. **Sum Insured:** Enter the Sum Insured for this application and select the currency.
6. **Gross Premium:** Enter the Gross Premium and select the currency.
7. **Brokerage Commission:** Enter the broker commission.

Sum Insured *

Amount Currency

Gross Premium *

Amount Currency

Brokerage Commission *

Brokerage Commission Amount

- Brokerage Commission field is only visible if the applicant is a broker and selected 'Yes', in the Application Details step.
8. **Non-Resident Withholding Tax and Amount to be Remitted/Net Premium:** The values for these will be automatically calculated depending on the amount of Gross Premium

Sum Insured * <div> <div>Amount</div> <div>Currency ▾</div> </div>	Gross Premium * <div> <div>Amount</div> <div>Currency ▾</div> </div>
Non Resident Withholding Tax <div> <div>3.75% of Gross Premium</div> </div>	Amount to be Remitted / Net Premium ⓘ * <div></div>

9. Instalments:

Non Resident Withholding Tax * <div> <div>3.75% of Gross Premium</div> </div>	Amount to be Remitted / Net Premium ⓘ * <div> <div>Minimum 2 installments and Maximum 5 installments is allowed</div> </div>
Do you want the gross premium to be remitted in installments? ⓘ * <div> <input type="radio"/> Yes <input type="radio"/> No </div>	

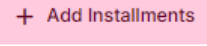
- If 'Yes' is selected, then the instalment component will be displayed.

Do you want the gross premium to be remitted in installments? ⓘ *

☒ Yes ☐ No

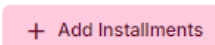
Installation No.	Due Date *	Amount *	
<div>1</div>	<div> Due Date</div>	<div>Amount</div>	<div></div>
<div>+ Add Installments</div>			

Applicants can provide the instalment due date and the amount in the respective fields.

Click on the  to add more instalments.

Note:

- **Minimum 2 and Maximum 5 instalments are allowed.**
- **The instalment due dates should be between the period of cover start and end date.**



10. Fire Service Levy:

Fire Service Levy? *

☐ Yes ☐ No

- **Fire Service Levy applied:** When 'Yes' is selected for Fire Service Levy, then the applicant is required to provide the **Percentage of Sum Insured Covered**. The **National Fire Service Levy** will be calculated automatically based on the Sum Insured, Percentage of Sum Insured Covered and the Fire Service Levy Rate.

<p>Fire Service Levy? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Percentage of Sum Insured Covered *</p> <div>Percentage Coverage</div> <p><small>Percentage of Sum Insured that is applicable to Fire Service Levy</small></p>	<p>National Fire Service Levy</p> <table border="1"> <tr> <td>0.06% of Sum Insured</td> <td>0.00</td> </tr> </table> <p><small>Applicable only to Material Damage and Business Interruption covers only</small></p>	0.06% of Sum Insured	0.00
0.06% of Sum Insured	0.00			

- **Fire Service Levy is not applied:** When 'No', is select for Fire Service Levy, then the applicant should provide Reason for why it is not applied in the reason field.

<p>Fire Service Levy? *</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Reason for No Fire Service Levy *</p> <div>State the reason for why no fire service levy is applicable</div>
--	---

11. Purpose: Provide the purpose for Offshore Placement/ Remittance

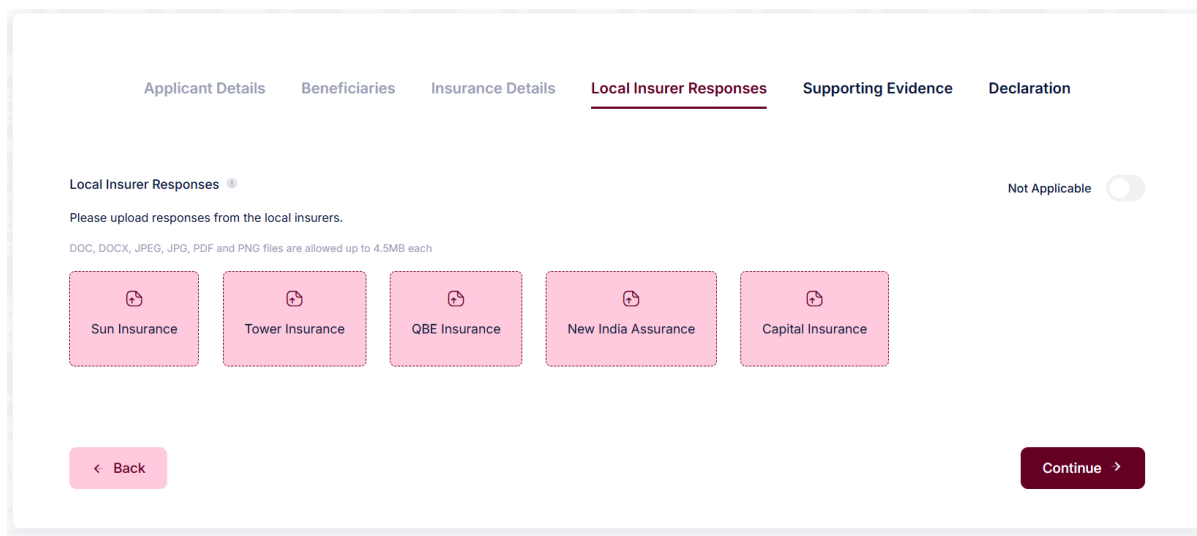
12. Additional Comments: Provide any additional comments here.

Mandatory Fields

Ensure all mandatory fields marked with an asterisk (*) are completed before proceeding.

Local Insurer Responses

This section will provide step by step guide on how to complete the **Local Insurer Responses** section of the application.

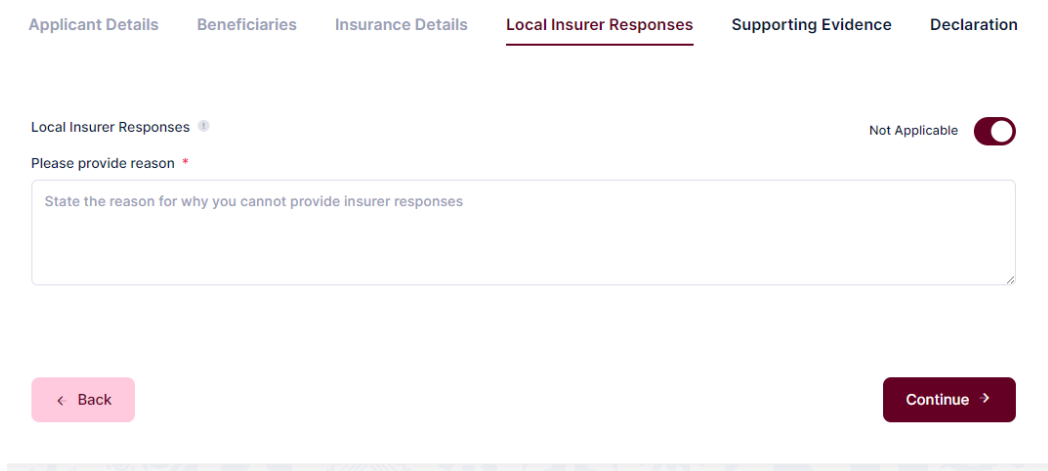


The screenshot shows the 'Local Insurer Responses' section of the application. At the top, there is a navigation bar with tabs: 'Applicant Details', 'Beneficiaries', 'Insurance Details', 'Local Insurer Responses' (which is underlined and highlighted), 'Supporting Evidence', and 'Declaration'. Below the navigation bar, the section is titled 'Local Insurer Responses' with a help icon. To the right, there is a toggle switch labeled 'Not Applicable' which is currently turned off. Below this, a message says 'Please upload responses from the local insurers.' followed by a note: 'DOC, DOCX, JPEG, JPG, PDF and PNG files are allowed up to 4.5MB each'. There are five pink rectangular boxes, each with a document icon and a label: 'Sun Insurance', 'Tower Insurance', 'QBE Insurance', 'New India Assurance', and 'Capital Insurance'. At the bottom left is a pink button labeled '< Back' and at the bottom right is a dark red button labeled 'Continue >'.

Above image is an example of the Local Insurer Responses section. Depending on the **Application Type** and **Insurance Class**, the required insurer response will change. Only insurers providing coverage for the selected application type and insurance class will be required.

Users can drag and drop any Doc, Docx, JPEG, JPG, PDF and PNG file in the drop box.

If Local Insurer Response step is not applicable to the applicant, they can select the **Not Applicable** button on the top.

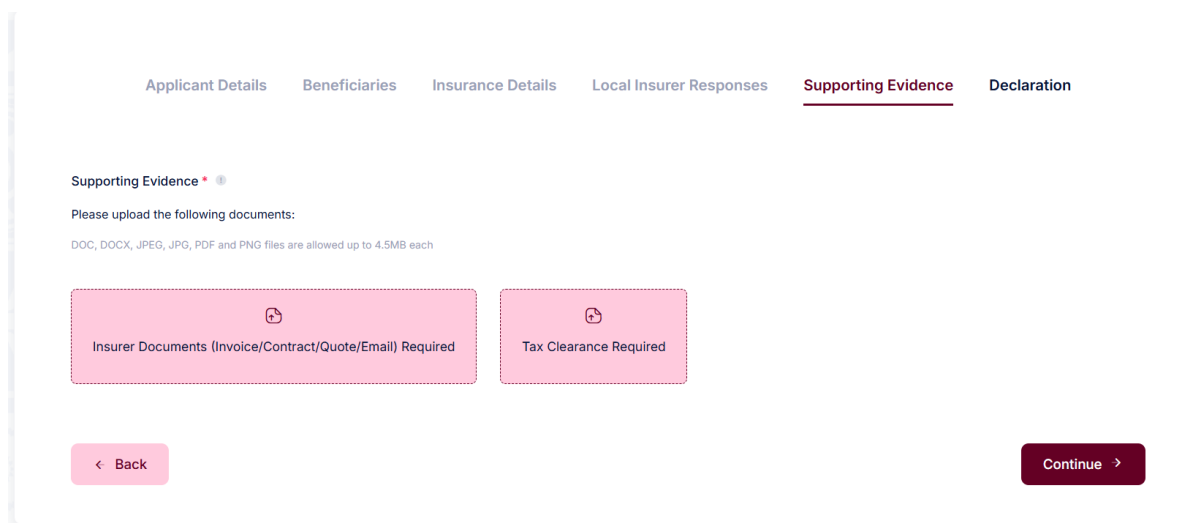


The screenshot shows the 'Local Insurer Responses' section when it is not applicable. The navigation bar is the same as in the previous screenshot. The 'Not Applicable' toggle switch is now turned on. Below the toggle, there is a red asterisk and the text 'Please provide reason *'. A text input field is provided with the placeholder text 'State the reason for why you cannot provide insurer responses'. At the bottom left is a pink button labeled '< Back' and at the bottom right is a dark red button labeled 'Continue >'.

Applicant must provide a reason for why they are unable to provide the insurer response.

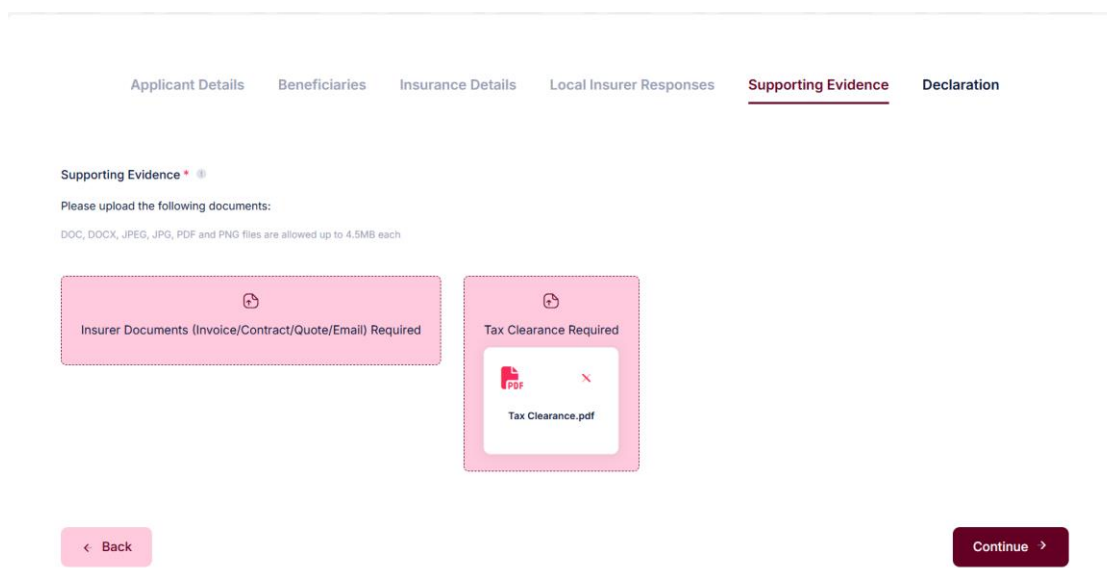
Supporting Evidence

This section will provide step by step guide on how to complete the Supporting Evidence section of the application.



Depending on the **Application Type** and **Insurance Class**, the required supporting evidence document will change. The required documents must be uploaded to proceed.

Users can drag and drop any Doc, Docx, JPEG, JPG, PDF and PNG file in the drop box or click on the drop zone to upload the attachments.



Follow the same steps to upload all the documents and click on the **Continue** button.



Declaration

Provide declaration in this section and click on the **'Submit'** button to submit the application.

Applicant Details
Beneficiaries
Insurance Details
Local Insurer Responses
Supporting Evidence
Declaration

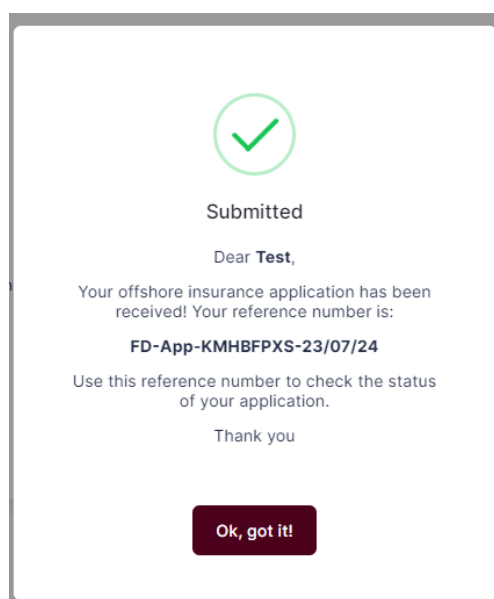
Declaration *

☐ I agree that all the information provided in this application is correct and in line with the **Insurance Brokers Guideline No: 1**.

< Back

Submit >

Once submitted, a confirmation message will popup, with the Reference Number. Use this reference number to check the status of the application.



An email notification is also sent to the applicant which contains the reference number.




View Status



Note: This platform allows users to place insurance offshore/transfer currency to an institution or resident outside Fiji for Insurance Related Business.


Submit an Application

Submit an offshore insurance application




View Application Status

Keep track of your current offshore insurance applications



View User Manual

User Manual for submitting offshore applications and viewing the application status



The view status portal will open.

Search

Note: Search for your application using the **Reference Number** you received via email when you lodged your application and **TIN** or search using the **Permit Number** you received via email after your application was approved.

Reference Number *

Tax Identification Number *

Format: XX-XXXXX-X-X

Permit Number *

Clear

Search

Enter the **Reference Number** and **TIN** to search for your application.

Alternatively, once your application is approved you will obtain a **Permit Number**. This Permit Number can also be used to view the status of your application.

All the application detail will be displayed, and applicants can view the application status.

Search

Reference Number *

FD-App-97C4KAPJ-03/03/25

Tax Identification Number *

11-11111-1-1

Format: XX-XXXXX-X-X

Permit Number *

XXXX

Clear

Search

Awaiting Assessment

Awaiting Assessment

3/03/2025 10:41:01 AM

Applicant Details

Customer	Sheila Harrington
TIN	11-11111-1-1
Email	priya@rbf.gov.fj
Phone	Mobile: +1 (102) 973-7851, Home: +1 (626) 524-4286, Work: +1 (753) 377-1694
Residential Address	Cum nulla consequat



Requires Reupload

Applicants will be notified via email if their application requires them to reupload certain documents.


If reupload is required, follow the same steps and navigate to **View Status > Search using Reference Number and TIN**

Clear Search

Additional Required Documents

Required Document Type: Client acknowledgement Form

Assessor Comments: please reupload this document



Drop file here or click to upload.

DOC, DOCX, JPEG, JPG, PDF and PNG files are allowed up to 4.5MB

A drop box will be provided to upload the required documents.



Revalidation

Applicants can apply for Revalidation through the View Status portal. Only applications with the expired validity period can apply for Revalidation.

Navigate to **View Status**. Enter the Reference Number and TIN.

Permit Details

Expired

Re-validate

Permit Number:	IN-GF5UN9WG-33/0824/7
Validity Period:	05/04/2024 - 05/07/2024
Remittance:	776,000.00 FJD
Total Transacted:	0.00 FJD
Balance Available:	776,000.00 FJD

Click on **Re-validate**, provide your comments, and submit to apply for Revalidation.

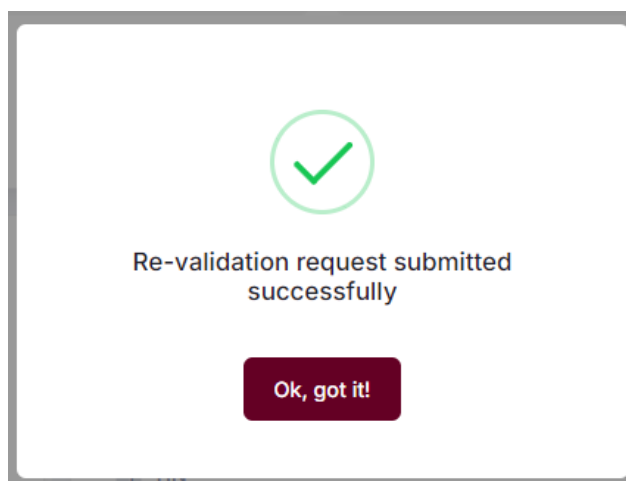
Re-validate Application

Comments:

Please provide your comments...

Cancel

Submit



Permit Details Expired		Re-validation requested
Permit Number:	IN-GF5UN9WG-33/0824/7	
Validity Period:	05/04/2024 - 05/07/2024	
Remittance:	776,000.00 FJD	
Total Transacted:	0.00 FJD	
Balance Available:	776,000.00 FJD	

Application has been submitted for Revalidation.