



OFFLINE CLAIMS PAYMENT FORM

CLAIM NO	POLICY NO	W/N	DATE OF LOSS	DATE REPORTED	POL YEAR	CAUSE CODE	CAT CODE
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	INITIAL/CURRENT RESERVE	PAYMENT	
CLAIM *			
FEE *			
OTHER *			
RECOVERY			
SALVAGE			
NET TOTAL			

NAME OF INSURED

DESCRIPTION: _____

NOTES: _____

TRANSACTION CODE DESCRIPTION
LOP • ADVICE
LRV • INCREASE / DECREASE RESERVE
LRVO • CLOSE CLAIM
CPO • CLAIM PAYMENT OUT (LOSS)
CFO • CLAIM PAYMENT OUT (EXPENSE)
CRO • RECOVERY OUT (EG. REFUND) OF EXCESS)
CRI • RECOVERY IN (SALV/SUBROG/EXCESS)
CPI • REVERSE LOSS PAYMENT
CFI • REVERSE EXPENSE PAYMENT

CODE	PAYMENT / RESERVE		
	AMOUNT		
141			AIG OD
142			TPPD
143			TPPI
144			FIRE
145			THEFT
151			AA OD
152			TPPD
153			TPPI
154			FIRE
155			THEFT
641			ABC BURGLARY
642			FIRE
643			ALL RISKS
644			PL GLASS
645			MONEY
646			WCA
647			PL
648			PI

REINSURANCE ALLOCATION					
R/ CODE	%AGE				

REMARKS / CREDIT NOTE TEXT

NAME OF PAYEE

HANDLER		APPROVED BY		SIGNED BY	
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