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| **LONDON**  **CLAIM**  **COLLECTION** FORM | | | | | Bureau/Claim Office Use Only  **CASH** | | | | | | | | | | | | | | | | | | | | | | | |
| A  Reserved for | | | | B  Lloyd's Future Use | | | | | C | | | D | | | | E | | | F Catastrophe Code | | | G | |
| 1 CLM/REF/REC | | | | 2 Bureau | | | | | 3 Broker | | | | | | | | 4 Broker Contact | | | | | | | 5 Special Settlement  State 'Yes' and Authorise | | | | |
| CLM | | | | LPSO | | | | | Number  6137 | | | Pseudonym  BPR | | | | | PREPOPULATED | | | | | | |  | | | | |
| 6 Orig Signing Number/ date  «${doc.project.osnd}» | | | | | | | | | 7 Bureau Original Claim Ref.  «${doc.project.lsm}» | | | | | | | | 8 Broker Reference 1  Primary Section reference OR Primary Facility reference | | | | | 9 Broker Reference 2  Which BDX field is this from? | | | | 10 Pool Scheme | | 11 Attachment |
| 12 Ccy Code of Claim  Settlement Currency | | | 13 100% Order Amount  Paid this Time | | | | | | | | | 14 Rate of Exchange | | | | | 15 100% Settlement Amount  Paid this Time | | | | | | | | | 16 Bureau Total Line  Which BDX field is this from? | | 17 No of Lines |
| 18 Sett Ccy  Settlement Currency | | | 19 Bureau Settlement Amount  Which BDX field is this from? | | | | | | | | | 20 100% VAT Amount | | | | | 21 100% Imported Services Amount | | | | | | | | | 22 Imported Services Narrative | | |
| 23 Lloyd's Only | | | | | | | | | | | | | | | | | 24 If Subject to LIRMA SCA State 'Yes' | | Slip Leader | | | | | | | 25 Date of Loss | | |
| DTI | Audit M  N/A | | Audit NM  N/A | | Audit AV  N/A | | Risk Code | | | | US Tax Code | | Year of Account | | | | From | | To  If applicable |
| 26 100% Order Highest Estimate Amount | | | | | | 27 100% Order Prev Settled Amount | | | | | | | | | | 28 100% Order O/S Claim Amount  Outstanding Position | | | | | | | | | | 29 Date of Loss Narrative | | |
| 30  **CASH**  Insured  Reinsured  Interest  Perils/Conditions  Location/Voyage/Period  Insured Value of Interest  100% S/I/Limits  100% Excess Point  Vessels/Aircraft  Nature of Claim  Nature and Date of Accident  Poss. Recovery from  Total Claim Details | | | | | | | Narrative Details  Claimant  Loss Location Country  Loss Location State  CAT code | | | | | | | | | | | | | | | | | | | | | |
| 31 LIRMA Claim Authority | | | | | | | | | | | | | | | | | | 32 Passed by/LIRMA SCA | | | | | | | | | | |
| WARRANTED THAT WE HAVE OBTAINED THE AGREEMENT OF  ALL PARTICIPATING LIRMA COMPANIES TO THE SETTLEMENT  EXCEPT AS MAY BE VARIED BY THE TERMS OF ANY PRIVATE  AGREEMENT OR SLIP CONDITION. | | | | | | | | | | | | | | | | | | Only if Applicable | | | | | | | | | | |
| LONDON **CLAIM**  **COLLECTION**  **FORM** | | | | | Bureau/Claim Office Use Only | | | | | | | | | | | | | | | | | | | | | | | |
| 33 For Identification Purposes Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker | | | | | | | | Broker Reference 1 | | | | | | | Broker Reference 2 | | | | | Bureau Original Signing Reference | | | | | Bureau Original Claim Ref | | | |
| Number | | | | Pseudonym | | | |  | | | | | | |  | | | | |  | | | | |  | | | |
| 34 % Signed Line | | 35 Company Name | | | | | | | | 36 Company/ Syndicate Code No. | | | | | 37 Reference | | | | | | | | 38 Initial | 39 Date | | 40 LIRMA Company Agreement | | |
|  | |  | | | | | | | | 5361 | | | | | Primary Section reference or Primary Facility reference | | | | | | | |  |  | |  | | |
|  | |  | | | | | | | | 5311 | | | | | Primary Section reference or Primary Facility reference | | | | | | | |  |  | |
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