



**FINANCIAL SUPERVISORY AUTHORITY
THE BOARD**

REGULATION

**ON THE ELECTRONIC REGISTRY OF COMPULSORY MOTOR
INSURANCE CLAIMS**

Approved by Board Decision no. 36, dated 30.04.2009

Amended by Board Decision No.79 dated 29.06.2011

Amended by Board Decision no. 148, dated 23.11.2011

**Article 1
The object**

The object of this regulation is the determination of procedures for the electronic reporting of claims data of motor vehicle insurances, the definition of information, the necessary environment and the relevant obligations in order to design, carry out, maintain and changes of the claims registry.

**Article 2
Legal basis**

This regulation is approved on the basis and pursuant to Article 38 of Law No. 10076, date 12.02.2009 “On compulsory insurance in the transport sector” and Article 14 of Law No. 9572, dated 03.07.2006 “On the Financial Supervisory Authority”.

**Article 3
Scope of application**

The insurance company and the Bureau are obliged to supply the claims registry with all details of claims related to compulsory motor insurances.

Article 4

Definitions

1. For the purposes of this regulation, the following terms have these meanings:
 - a) “Authority” means the Financial Supervisory Authority;
 - b) “Bureau” means the Albanian Insurance Bureau;
 - c) “Insurance company” means an insurance company, which is licensed to perform activities in classes related to compulsory motor insurance;
 - ç) “Center” means the “Compulsory Insurance Information Center” established under Law No. 10076, dated 2.02.2009 “On compulsory insurance in the transport sector”;
 - d) “Claims Registry” means software that realizes an electronic registry of compulsory motor insurance claims installed on the servers of the Center.

Article 5

Obligation to provide information

1. The Insurance Company and the Bureau are responsible for providing all information to the Center for the Claims Registry, according to the form determined by this regulation.
2. The Insurance Company and the Bureau report to the Center, data according to Annex 1 of this Regulation, for any claims file opened by them within one business day from the receipt and registration of the request in their registries.
3. For any actions or changes of claims file information, the insurance company and the Bureau reports to the Center within one business day.
4. In the event of errors during the reporting made to the Center, the insurance company and the Bureau shall immediately correct them and make accurate reporting within one working day of the error finding.
5. The Insurance Company and the Bureau appoint an employee who is responsible for reporting claims data to the Center.
6. The file of a claim is sole irrespective of its history. In particular, the file that becomes part of a judicial process will be a continuation of the review of the existing claim file. “

Article 6

Method of reporting in specific cases

1. In cases where the cause of a claim is a vehicle made up of a towing vehicle (head) or a trailer and both of the latter are insured in different insurance companies, the reporting is made by the company where the claim file was opened, upon the submission of the claim by the injured party. The reporting provides all the data for both vehicles.
2. In cases when the person who caused the damage or the responsible insurance company is identified later, after it was first settled by the Bureau of the compensation fund, because the vehicle that caused the accident was unidentified,

with the transfer of the file to the company of the vehicle causing the damage, the latter must report it to the Center, making the corresponding note “Delivered from the Bureau”. Meanwhile, the Bureau shall make the unregistration from its database with the note: “Identified”.

3. I. In cases when a party has been injured by an uninsured or unidentified motor vehicle (case settled by the compensation fund) is presented directly to an insurance company, the latter after opening the claim practice, completed with all the required legal documentation, makes the reporting of such claim practice to the online electronic registry of claims, as for all other cases of compulsory motor insurance claims, by filling in all the data specified in annex 2 of the regulation.
- II. In cases of an uninsured vehicle, cases of claims settled by the compensation fund, the data on the insurance policy of the vehicle causing damage such as:
 1. The serial number of the insurance policy the person that caused the damage
 2. The AFSA code of the insurance policy the person that caused the damage shall be uncompleted.
- III. In cases of an unidentified vehicle, cases of claims settled by the compensation fund, data of the person that caused the accident and the insurance policy of the vehicle causing the damage shall be uncompleted.

When the practices of the claim subject to the Compensation Fund are submitted for approval to the Commission of Claims Settlement at the Bank of Albania, the company makes the unregistration of this practice by making the note “Delivered to the Bureau, Compensation Fund”.

Meanwhile, the Bureau must report these claim practices, compensation fund, delivered by companies, to the online electronic registry of claims, just like all other claim practices opened by the Bureau in cases when the injured party appears directly to the Bureau for claims covered by the Compensation Fund.

4. I. The green card claim practices will be registred by any company in the online electronic registry within 24 hours of the opening of a new file by the green card structure of the company after receipt of the insurance case by the correspondents or the Bureau of the location of the accident.
- II. The data that will be recorded in the cases of green card claim practices will be the same as those of the TPL claims, with the only difference that instead of the number of police report required in the case of TPL claims, it will noted the reference number set by the correspondent or the bureau of the place where the accident occurred and instead of the police station that is required in the case of TPL claims, the name of the correspondent or bureau of the country from which the security case notification has been delivered.
The status of these practices will be changed according to any changes that will occur during their settlement by the green card structure of the company.

Article 7
The cost of the claim registry

1. The claim registry design is done by using the hardware infrastructure and software licensing created during the establishment of the sales registry of compulsory motor insurance policies as an integral part of the Center.
2. The costs of designing and realizing a computer program (software) for the electronic registry of claims are covered by the means of the Authority.
3. The cost of maintenance and changes are covered by the insurance company and the Bureau in equal parts.

Article 8
Technical specifications

1. The Claims Registry Software, the detailed schemes and the characteristics of the Claims Identification and Reporting Process are presented in Annex 1, attached to this regulation.
2. The Claims Registry Database shall have the characteristics listed in Annex 2, attached.

Article 9
Access to information

1. The Authority shall designate the authorized users of the insurance company and the Bureau who are granted access to the Claims Registry Interface to report or use the data in the claims registry in order to meet their needs, determining the level of information contained therein to which they may have access to and the form of such access.
2. The Authority may grant access to registry to authorized users under bilateral agreements which are made known to the insurance company and the Bureau.
3. Authorized Users are required to comply with the provisions of the Regulation “On confidentiality in the Financial Supervisory Authority” approved by the Board’s decision no.114, dated 11.09.2008, as amended.

Article 10
Responsibilities for maintenance of the Claims Registry

1. The Authority is responsible for the full operation of the Claim Registry in the capacity of the Center Administrator.
2. The Insurance Company and the Bureau are responsible for the necessary communication with and between the integral parts of the Claims Registry.
4. Physical and electronic storage of claim registry data is carried out by the authorized personnel of the Authority.

5. Technical support and maintenance of the programs is carried out by the personnel authorized from the Authority, assisted as needed by external specialists.
6. The claim registry of the compulsory motor insurance operates without interruption throughout the week and 24 hours of the day.
7. Support for claim registry users is provided during the official time of the Center Administrator.

Article 11 Sanctions

Cases of non-registration of claims data in the registry of claims constitute violations of the provisions of Law No. 10076, dated 2.02.2009 “On compulsory insurance in the transport sector”, Law “On the Financial Supervisory Authority”; and this regulation.

Article 12 Transitional provisions

1. The Insurance Company and the Bureau are responsible for supplying the Center with all the historical information of the claims files starting from January 1st 2006, according to the form determined by this regulation.
2. The Insurance Company and the Bureau shall report to the Center according to Annex 2, of this regulation, the information specified in Article 12.1 by the date of 01 August 2009.

Article 13 Entry into force

This Regulation shall enter into force on the date of its approval.

Elisabeta GJONI
Chairperson

Code:

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Registry of Compulsory Motor Insurance Claims

Annex 1

Description of the functional user interface

(DRAFT)

Version	Date	Changes from	Reason	Author
0.1.0	2009.03.11		Designing a Functional System Interface (Based on: 20080219_Project Description_Registry of Claims.doc)	Donald Papalilo
0.2.0	2009.04.26		Description of the Functional Interface of system users	Donald Papalilo

Code:

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Description

The purpose of this document is to describe the registration and usage procedure for the functional interface to the service of the users of “Registry of Compulsory Motor Insurance Claims” identified in the figure of Insurance Companies and the AIB.



Date: 2008.04.26

Version: 0.2.0

File: 20080421_Registry of Damages_Annex_1.doc

Code:

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1 Registration

The registration procedure is performed at the system administrator and its result is protocolled with security elements at the Authority and submitted to the authorized representative of the user.

Through this procedure, in addition to the ‘user’ and ‘initial password’, a secret and random-generated 11-digit character card is also provided.

It is advisable to change the ‘initial password’ from the user during the first access to the system.

In case the user wants to change the 11-digit card, he performs the procedure for the reissuance of the card at the system administrator. The result of the procedure is protocolled with security elements at the Authority and submitted to the authorized representative of the user.

2 Access

The user accesses the 'https' communication protocol on the page 'claims.amf.gov.al' or at '217.24.248.84'.

In addition to the 'user' and 'password' at the time of access from the Interface of Companies, a random form of 4 elements is required in the respective positions of the 11-digit card given during the registration procedure. This mechanism provides access with added security with data that differ from access to access (Token System Authentication and Authorization). This type of access is illustrated in Figure 1.

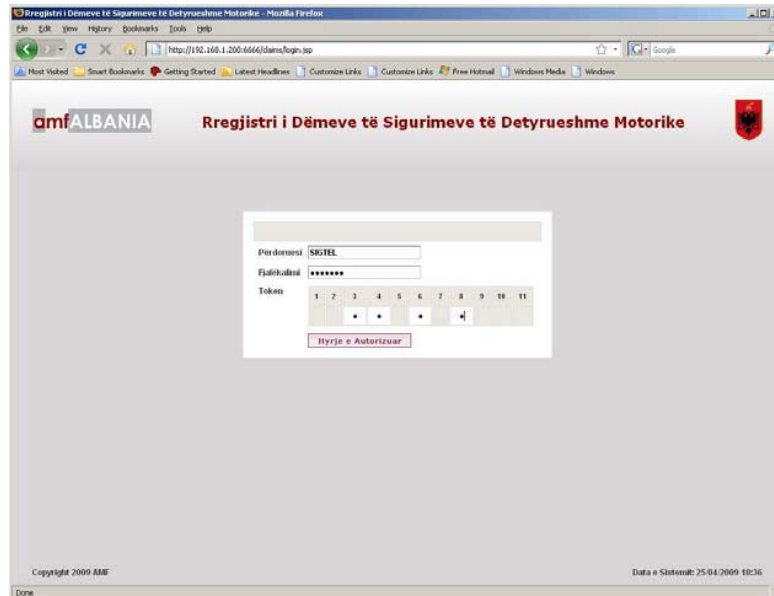


Fig. 1 User Registry Interface: Access



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3 General information

After successful access, for each menu item of the claim registry, by clicking on:

- The button labeled 'Help', information explaining the use of the relevant pages is displayed to the user. To return to the previous page, 'click' in the relevant indications or outside the help area.
- The 'Print' button, the possibility to print the relevant page is displayed to the user
- The 'Exit' button, exit from the system is performed

On each page of the registry, the bottom line shows 'Users' and 'System Date'.

4 Homepage

After successful access or by clicking on the menu item labeled 'HOMEPAGE', the boxes with the relevant information as in Figure 2 are displayed to users:

- General information:
Displays the company, the user, the date of last access to the system along with a summary report on the status of the reported claim files.

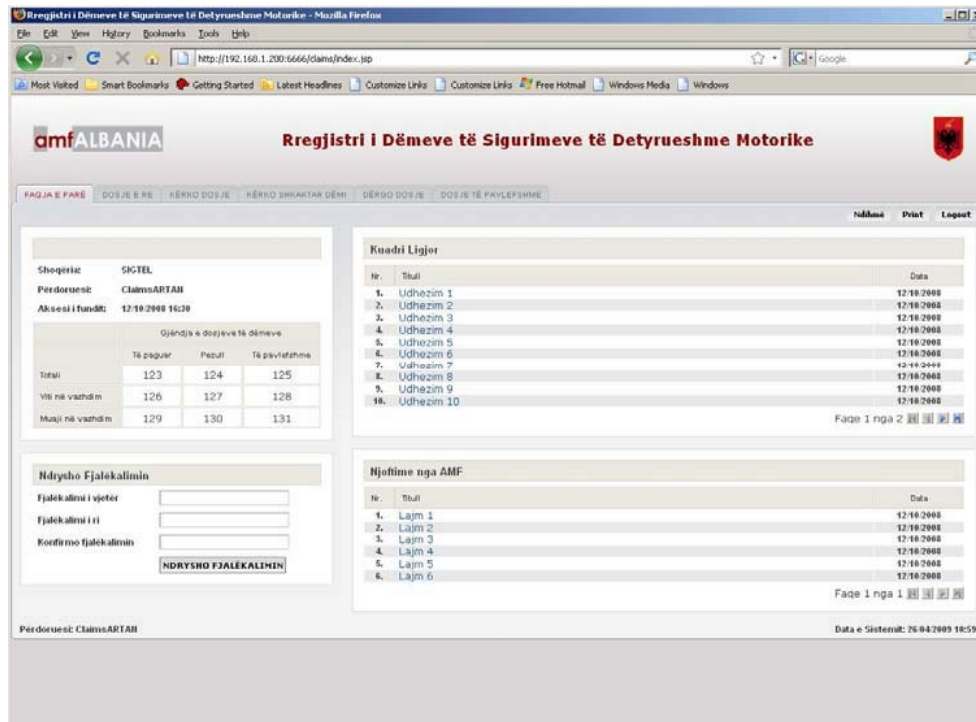


Fig. 2 User Registry Interface: Homepage



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- Change the password
Provides the possibility to change the user's password. Its use is advised during the first access in the system. The action is enabled by completing the following fields with the relevant data and by clicking on the 'Change Password' button:
 - 'Old password': the secret word received during the registration or during the password change procedure
 - 'New password': the secret word that will replace the existing one
 - 'Confirm password': repeat the above mentioned secret word

- Legal framework

Gives the title and opportunity to read the relevant legal act by clicking on it.

- Notifications from the AFSA

Gives the title and the opportunity to read the relevant announcement by clicking on it.

5 New file

After successful access and by clicking on the menu item labeled 'NEW FILE', the boxes with the relevant information as in Figure 3 are displayed to the users:

- The File:
 - 'Company': the reporting society
 - 'AFSA Claim Code': code generated by the program
 - 'Company Claim Code': the identification code of the reporting company
 - 'Claim's Status' the status of the claim in value:
 - 'PENDING: UNDER EVALUATION'
 - 'PENDING: JUDICIAL PROCESS'
 - 'PENDING: TO BE PAID'
 - 'PENDING: REJECTED'
 - 'PAID'
 - 'Reporting Date': the claim reporting in the company
 - 'Last change': the date of the last change (for the new file matches the date of the file opening).
- The Accident:
 - 'Accident's date' means the date of the occurrence of the damage
 - 'District': the district of the occurrence of the damage
 - 'No. of police report': identification code of police report
 - 'Police station': the police station responsible for the report
- The Claim:
 - 'Currency' means the type of currency to which the monetary value of the claim refers
 - 'Claim Value': the monetary value of the claim (totals are calculated automatically)
 - 'Caused by'

-
- 'Name', 'Fatherhood', 'Surname', 'Gender', 'Year of Birth': Identifying data of the cause of the person who caused damage
 - 'ID': identification code of the identity card of the person who caused damage

- ‘Driving Ability Certificate: the identification code of the driving ability certificate of the person who caused damage
- ‘Year of the Driving Ability Certificate: the year of the first issuance of the driving license of the person who caused damage
- ‘Policyholder’: the selection activates the following table with the identification data of the policy covering the claim

Fig. 3 User Registry Interface: New File

- ‘Company’ means the policy-issuing insurance company covering the claim
- ‘Firm’: the selection activates the field for reporting the TIN of a company in the case of a vehicle owned by a company
- ‘Policy’: identification data of the insurance policy covering the claim
 - ‘Policy serial number’: the serial number of the insurance policy covering the damage
 - ‘AFSA Policy Code’: Unique code issued by AFSA for the insurance policy covering the claim
- ‘Damaging vehicle’: Identification data on the damaged vehicle
 - ‘Plate number’: the plate number of the damaged vehicle

- ‘Out of use’: the selection identifies the decommissioning of the damaged
- Beneficiary(ies):
 - ‘Name’, ‘Fatherhood’, ‘Surname’, ‘Gender’: identification data of the beneficiary
 - ‘ID’: identification code of the beneficiary’s identity card
 - ‘Plate number’: the plate number of the damaged vehicle
 - ‘Out of Use’: the selection identifies the out-of-use status of the damaged vehicle
- ‘Add Beneficiary’ button
 - Adds a beneficiary to the current file
- ‘Save Data’ button
 - Saves the file in the current state. If after the entered data, the user is mistakenly moved to another file, the interface requires the confirmation of the action.

6 Search File

After successful access or by clicking on the menu item labeled ‘SEARCH FILE’, the interface shown in Figure 4 is displayed to the user. Through this interface, users may search for a file of a related claim in order to display or make changes to it.

- The ‘Search’ box performs the search for a claim file related to the following parameters:
 - (or) ‘AFSA Claim Code’: a unique code issued by AFSA to identify the claim in the Claim Registry
 - (or) ‘Company Claim Code’: the unique code used by the Company to identify the claim in its system



Fig. 4 User Registry Interface: Search File

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- The button: **‘Search claim file’**: performs the search with the parameters set by the user and displaying the search result in the ‘File History’ box.
- The ‘File History’ box in case of successful search shows the history of file change with display options for all the steps of its change through the ‘Display’ button and the option to change only for the latest update through the **‘Change’** button.

After successful search by clicking on the button labeled ‘Edit’, the interface shown in Figure 5 is displayed to the user.

Demi	Vera e përllogaritur	Mera e rishituar	Mera nga procesi gjyqësor
Fasoror	1	2	3
Material	4	5	6
Udhëuesor	7	8	9
Moral	10	11	12
Totali	22	20	30

Fig. 5 User Registry Interface: Change File

7 Search for the person who caused damage

After successful access or by clicking on the menu item labeled ‘SEARCH for the person who caused damage’, the interface shown in Figure 6 is displayed to the user.

Through this interface, the user may search for the history of a ‘potential person who caused damage’ regardless of the Company which settled the relevant file.

The data make a summary report of the claims history of the person identified by the data by means of which the search is performed while maintaining the anonymity of particular events.

Search with parameters that may contain inaccuracies, is performed intelligently by predicting unintentional errors in providing information such as: substitutions “e-ë”, “i-j”, nouns with or without articles, spaces, etc. In any case, the search result contains all the possible results, leaving further specification of the search results to the user of the company.

- The ‘Search’ box performs actions through the following parameters:
 - (or) ‘Name’, ‘Fatherhood’, ‘Surname’ as identifying data of the person who potentially caused the damage
 - (or) ‘ID’: Identifying code of the identity card of the person who potentially caused the damage
 - (or) ‘Driving License’: Identifying code of the driving license of the person who potentially caused the damage
 - ‘Year of Birth’ is an optional parameter that serves to specify the search. It can be left without value.
 - ‘Search Period’ means the number of years from the search date on which it is made the search of the data on the respective claims.
- The button: ‘**Search for the Cause of damage**’: performs the search with the parameters set by the user and displays in the ‘Search Results’ box the search result as in the figure below.

The screenshot shows a web browser window with the URL http://192.168.1.200:6666/dams/client_lookup.jsp. The page title is "Rregjistri i Dëmeve të Sigurimeve të Detyrueshme Motorike". The search form on the left is titled "KËRKO SHKAKTAR DËMI" and contains the following fields:

- Emër: ARTA
- Atësi: PËRPARIM
- Mbiemër: GURI
- ID: [empty]
- Viti i Lindjes: [dropdown menu]
- Dëshmia e aftësisë: [empty]
- Periudha e kërkimit: 3 VJECARE

Below the search form, there is a note: "Për kërkim mund të përdoret Emër [Atësi] Mbiemër ose ID ose Dëshmia e aftësisë. Viti i lindjes është jo i detyrueshëm".

The search results on the right are titled "Rezultati i kërkimit" and show two entries:

Emër	Atësi	Mbiemër	ID
ARTAI	PËRPARIM	GURI	ID123456
Dëshmia e aftësisë: PATZY563UUS Viti i lindjes: 1982			
Periudha: 17/10/2005 - 17/10/2008		Dëme pezull: 0 Vlera: 0	Dëme të paguar: 1 Vlera: 1000000

Emër	Atësi	Mbiemër	ID
ARTAI	PËRPARIM	GURI	ID123457
Dëshmia e aftësisë: PATZY563UUD Viti i lindjes: 1974			
Periudha: 17/10/2005 - 17/10/2008		Dëme pezull: 1 Vlera: 150000	Dëme të paguar: 0 Vlera: 0

At the bottom of the results, it says "Data: 26/04/2009 11:05".

Fig. 6 User Registry Interface: Search for the Person who caused the damage

The search result contains all the possible results leaving further specification of the search results to the user of the company. For each possible result, the following are displayed:

- ‘Name’, ‘Fatherhood’, ‘Surname’, ‘Year of Birth’: Identification data of the identified cause
- ‘ID’: identification code of the identity card of the identified person who caused the damage
- ‘Driving License’: Identifying Code of the driving license of the person who caused the damage
- ‘Period’: the time period over which the search results are calculated
- ‘Pending claims’:
 - The number of pending claims of the identified person who caused the damage
 - ‘Value’ means the sum of the ‘pending claims’ amount of the identified person who caused the damage
- ‘Paid claim’:
 - The number of the paid claim of the identified person who caused the damage
 - ‘Value’ means the sum of ‘paid claims’ of the identified person who caused the damage

The above values enable a risk assessment of the insurance of the identified person and ensure anonymity of the data, regardless of the reporting Security Company.

8 Send claim file

After successful access or by clicking on the menu item labeled “SEND A CLAIM FILE”, the interface as shown in Figure 7 is displayed to the user. Through this interface, users can automatically send one or more claim file. This procedure helps users both in the phase of historical data entry and in continuation in order to record new claim files in the registry.

The file data is required in the ‘downloadable’ format by clicking in the ‘**Download file template**’ button.

The steps for sending files in automated way:

- The user exports from the company’s program the data on claims in the format required by the ‘downloadable’ template by clicking on the ‘**Download file template**’ button.
- The ‘**Browse**’ button allows you to get a file from your local computer and upload it to the registry of claims.

- After clicking on ‘Submit New Claim Files’ button, the delivery result is displayed in the relevant box containing the following:
 - Identification data of sent files
 - ‘AFSA Code’:
 - in case of successful data receipt, displays the unique code issued by the AFSA to identify the claim in the claims registry
 - in case of errors it gives clearer data on their typology



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- The status of each file:
 - ‘Valid’: Sent data is stored correctly in the registry
 - ‘With errors’: Sent data is stored with errors in the registry
- Actions that can be performed with the relevant file:
 - ‘Display’: Displays the relevant file
 - ‘Change’: Allows you to change the relevant file if it contains errors
 - ‘Delete’: Allows you to delete a file with errors

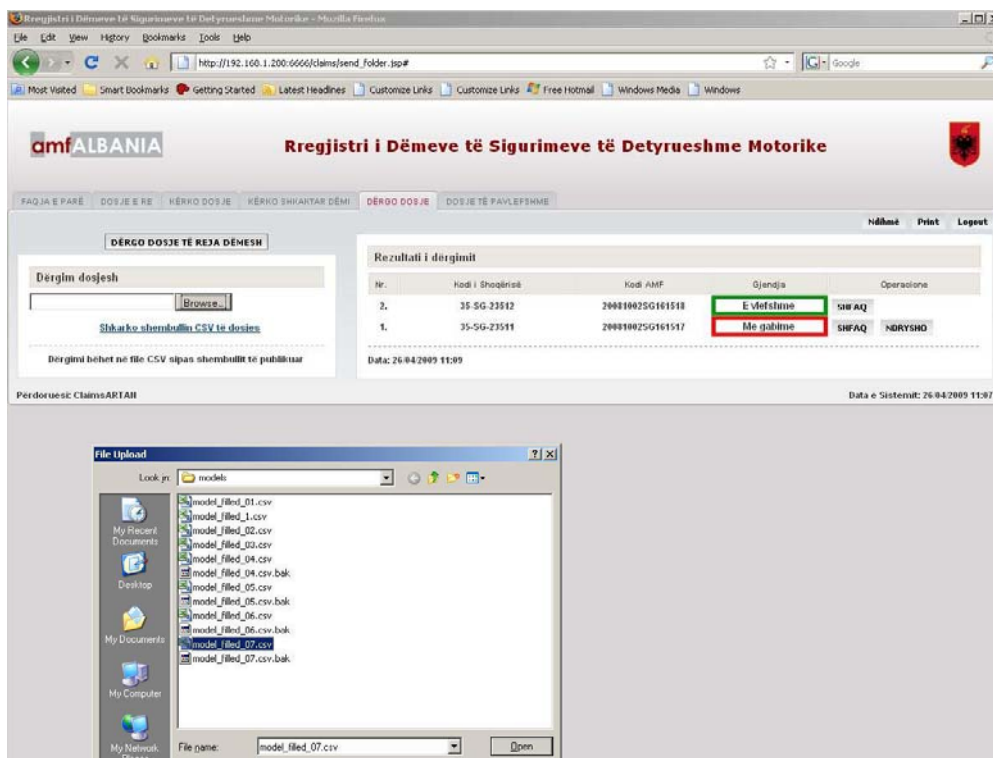



Fig. 7 User Registry Interface: Send New File

9 File for review

After successful access or by clicking on the menu item labeled ‘FILE FOR REVIEW’, the interface in Figure 8 is displayed to the user. Through such interface, the user may act on the files of claims that have a special status.

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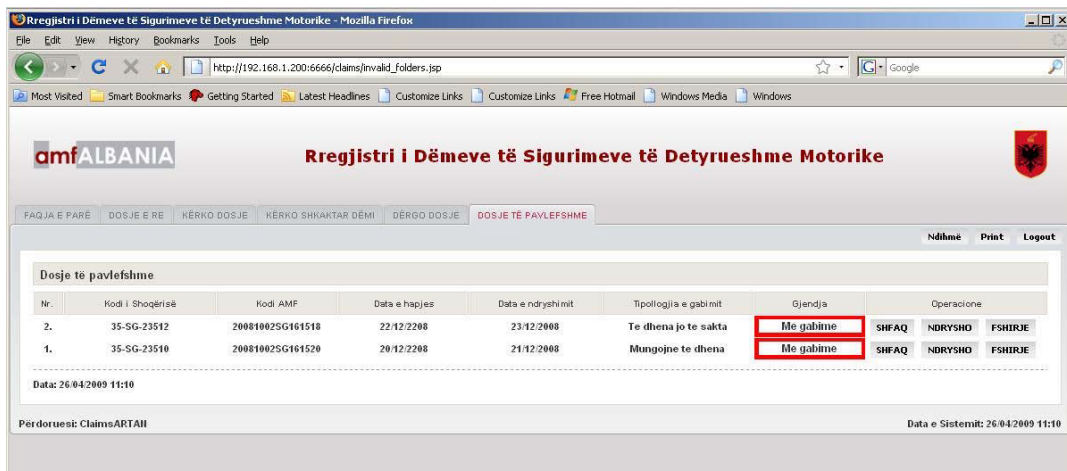
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Special status will mean files that require further review by the user of the company as in the case of files ‘with errors’ or in cases when the system identifies ‘possibilities of abuse’.

With possibilities of abuse the registry identifies the cases of vehicles or persons reported as ‘injured’ in several different files of claims or other cases that can be verified through anonymous crossing of the claim data.

The box ‘File for review’ contains:

- ‘AFSA Code’: a unique code issued by the AFSA to identify claim in the Claim Registry
- ‘Code of the Company’: the unique code used by the Company to identify the claim in its system
- ‘Typology of review’: a descriptive statement of the cause for which the file is cataloged ‘for review’ by the registry
- The status of each file:
 - ‘Valid’: Sent data is stored correctly in the registry
 - ‘With errors’: Sent data is stored with errors in the registry
- Actions that can be performed with the relevant file:
 - ‘**Display**’: Displays the relevant file
 - ‘**Change**’: Allows you to change the relevant file if it contains errors
 - ‘**Delete**’: Allows you to delete a file with errors



Nr.	Kodi i Shoqërisë	Kodi AMF	Data e hapjes	Data e ndryshimit	Tipologjia e gabimit	Gjendja	Operacione
2.	35-SG-23512	20081002SG161518	22/12/2208	23/12/2008	Te dhëna jo te sakta	Me gabime	SHFAQ NDRYSHO FSHIRJE
1.	35-SG-23510	20081002SG161520	20/12/2208	21/12/2008	Mungojne te dhëna	Me gabime	SHFAQ NDRYSHO FSHIRJE

Fig. 8 User Registry Interface: Invalid Files

Code:

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Registry of Compulsory Motor Insurance Claims

Annex 2 Database Description

(DRAFT)

Version	Date	Changes from	Reason	Author
0.1.0	2009.03.11		Designing a Functional System Interface (Based on: 20080219 Project Description Claim Registry.doc)	Donald Papalilo
0.2.0	2009.04.26		Description of the system database	Donald Papalilo

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Description

The purpose of this document is to provide the database description of the “Registry of Compulsory Motor Insurance Claims”.



Date: 2008.04.22

Version: 0.2.0

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Code:

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1 Data structure

In the database of the Claim Registry, the following data will be registryed for any damage:

- Reference Code AFSA
 - Generated by the Registry for any claim uniquely during the opening of the claim file
 - String
 - Invariable
- Reporting Insurance Company
 - Generated by the Registry for any claims during the opening of the file according to the user of the Company that is logged in the system.
 - String
 - Invariable
- Reference Code of the Company
 - Completed according to the practice followed by each company during the opening of the claim file
 - String

- Invariable after opening the claim file
- Compulsory
- Reporting Date in the Company
 - Compulsory
- Claim status
 - Pending: Under evaluation
 - Pending: Judicial process
 - Pending: To be paid
 - Pending: Rejected
 - Paid
- Last update of the claim file
 - Automatic



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- Number of the police report
 - String
 - Optional
- The police station that has reviewed it
 - String
 - Optional
- Date of the accident
 - Compulsory
- District of the accident location
 - Values configured in the system
 - Compulsory
- Claim
 - Type of the Material/Pecuniary/Health/Moral Claim
 - For any kind of claim:
 - Estimated value
 - Natural number (without dot or comma)
 - Compulsory

- Reassessed value
 - Natural number (without dot or comma)
 - Compulsory
 - Default '0'
- Value determined by the judicial process
 - Natural number (without dot or comma)
 - Compulsory
 - Default '0'
- Currency:
 - Values configured in the system: "ALL", "Euro"
 - Default 'Lek'
- Total for each value type and current total amount
 - Natural number (without dot or comma)
 - Compulsory



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- Default '0'
- Caused by:
 - Name
 - Surname
 - Fatherhood
 - Policyholder or not
 - Id
 - Driving Ability Code
 - Year of the driving license issuance
 - Male/Female (M/F)
 - Year of birth
 - Company or not
 - Company Identifier (TIN)
- The serial number of the insurance policy of the damaging vehicle
- The AFSA Code of the Insurance Policy of the damaging vehicle

- Plate number of the damaging vehicle
 - String
 - Values: only letters and numbers
 - Optional
- The damaging vehicle has been out of service due to the accident
 - Values: “Yes”, “No”
 - Default ‘No’
- Beneficiary(ies)
 - Identification
 - Name
 - Surname
 - Fatherhood
 - Male/Female (M/F)
 - Id
 - The AFSA code of the insurance policy of the damaged vehicle
 - The damaged vehicle has been out of service due to the accident

- Values: “Yes”, “No”
- Default “No”
- Plate number of the damaged vehicle
 - String
 - Values: only letters and numbers
 - Mandatory

2 Database Project

Based on the data entry specifications in the Registry of Claims, it is programmed the database structure as given in the following figure:

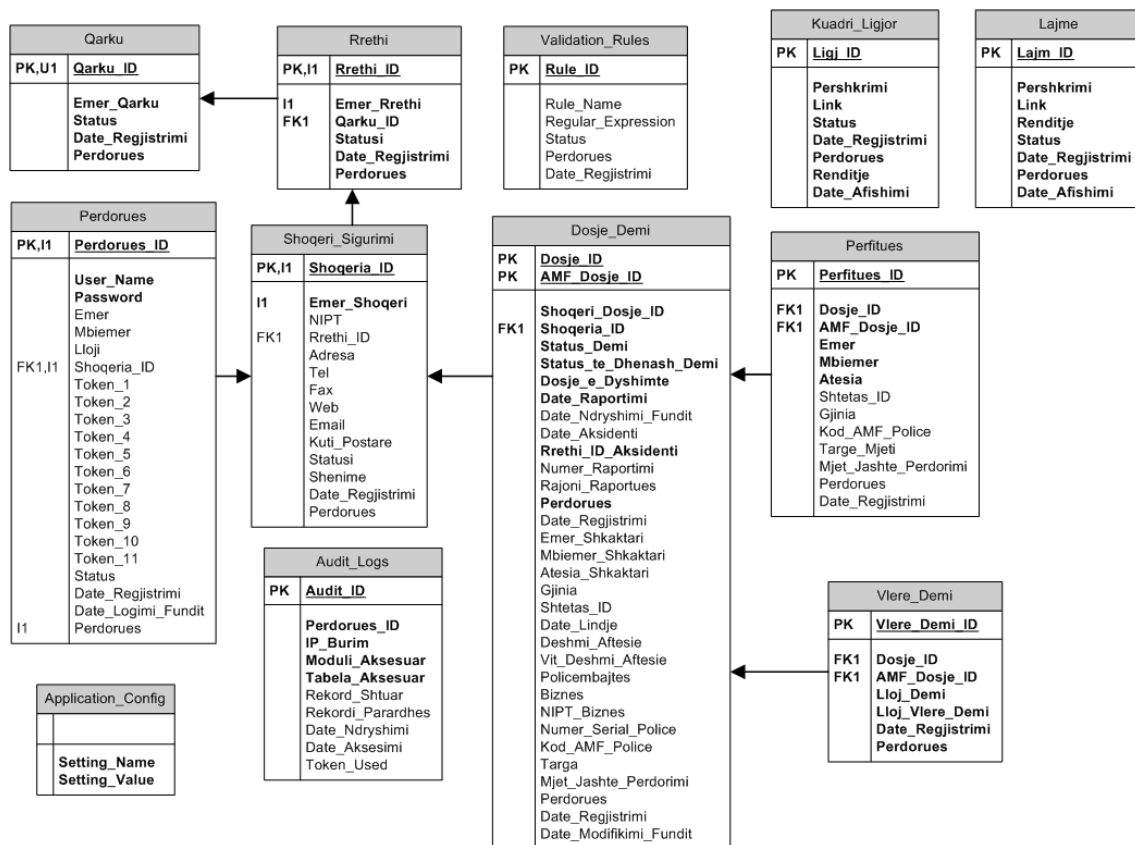


Figure 1: The database scheme of the Claims Registry



Date: 2008.04.22

Version: 0.2.0

File: 20080421_Registry of Damages_Annex_2.doc

Code:

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3 CSV File Template

The Claim Registry Interface anticipates the facilitation of updating historical files or new claim files by uploading the files with data formatted as follows:

- Each file line is only one claim file: ‘File Line’
- ‘The File Line’ contains the following integral parts:
 - Claim Code Company, Claim Status, Reporting Date
 - Date of accident, District, no. of the Police Report, the Police Station
 - Currency
 - Estimated claim of the pecuniary, material, health, moral claim respectively
 - Reassessed value of the pecuniary, material, health, moral claim
 - Value from the judicial process of the pecuniary, material, health, moral claim
 - Caused by:
 - Name, Fatherhood, Surname, Gender (M/F), Year of Birth, ID

- Driving Ability Certificate, Year of the Driving License
 - The policy issuing company, the serial number of the policy, the AFSA policy code
 - TIN
 - Damaging vehicle: Plate Number, Out of use (YES / NO)
 - Beneficiary (ies)
 - Name, Fatherhood, Surname, Gender (M/F), ID
 - Damaged vehicle: Plate Number, Out of use, AFSA policy code
 - Claim Value: Paid (YES/NO), Value, Currency
- In the absence of the respective data, the value is left 'blank'
- Beneficiaries may be in a greater or equal number with one unit

Example of a "File Line":

35-SG-111,I PAGUAR,15/10/2008,12/10/2008,DURRES,123,RajoniNr.1,
 EURO,1,2,3,4,5,6,7,8,9,10,11,12,ARBEN,SKENDER,GURAJ,M,1982,ID123456ARB,PATENTA
 123,2001, NIPTARBEN, SIGTEL,1234567,KODIAMF, DR1234A,JO,ARBEN,SKENDER,
 VELIU,M,ID123456A,DR1234A,JO,AMFCODE1234,PO,100,EURO,DRITAN,IDRIZ,NOJA,M,I
 D123456B,DR1234B,JO,AMFCODE1235,PO,200,EURO

Example of the above "File Line", divided logically into integral parts:

- Claim Code Company, Claim Status, Reporting Date respectively:
 - 35-SG-111, PAID, 15/10/2008
- Date of accident, District, no. of the Police Report, the Police Station respectively:
 - 12/10/2008, DURRES, 123, StationNo.1
- Currency
 - EURO
- Estimated claim of the pecuniary, material, health, moral claim, respectively:
 - 1,2,3,4



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- Reassessed value of the pecuniary, material, health, moral claim, respectively:
 - 5,6,7,8
- Value from the judicial process of the pecuniary, material, health, moral claim, respectively:
 - 9,10,11,12
- Caused by:
 - Name, Fatherhood, Surname, Gender (M/F), Year of Birth, ID, respectively:
 - ARBEN, SKENDER, GURAJ, M, 1982, ID123456ARB
 - Driving Ability Certificate, Year of the Driving Ability Certificate respectively:
 - PATENTA123, 2001 (DRIVING LICENSE 123, 2001)
 - TIN respectively:
 - TINARBEN

- The policy issuing company, the serial number of the policy, the AFSA policy code respectively:
 - SIGTEL, 1234567, AFSACODE
- Damaging vehicle: Plate Number, Out of use (YES / NO) respectively:
 - DR1234A, NO
- Beneficiary 1:
 - Name, Fatherhood, Surname, Gender (M/F), ID, respectively:
 - ARBEN,SKENDER,VELIU,M,ID123456A
 - Damaged vehicle: Plate Number, Out of use, AFSA policy code respectively:
 - DR1234A, NO,AMFCODE1234 DR1234A, NO,AMFCODE1234
 - Claim Value: Paid (YES / NO), Value, Currency respectively:
 - YES,100,EURO
- Beneficiary 2:
 - Name, Fatherhood, Surname, Gender (M/F), ID, respectively:
 - DRITAN,IDRIZ,NOJA,M,ID123456B
 - Damaged vehicle: Plate Number, Out of use, AFSA policy code respectively:
 - DR1234B, NO,AMFCODE1235
 - Claim Value: Paid (YES / NO), Value, Currency respectively:
 - YESO,200,EURO