

**DETAIL RECORD SCHEMA PART 1: Claim Identification**

Detail 1 Record Schema							
Progressive Field no	Position		Length	Field description	Data Type	Format and Values	Notes
	From	To					
<b>Identification data for the record</b>							
1	1	1	1	Record Type	NU	Fixed Value "1"	Mandatory Field
<b>Identification data of the Claim</b>							
2	2	16	15	Incremental record Number	NU	Incremental record Number	Mandatory Field : it's a number we assign within this report to each single Claim and must be indicated in all records type "2" and type "3" referring to the same claim
3	17	46	30	Claim Number	AN	Unique XL/Genius Claim Reference Number	Mandatory Field: must be indicated in all records type "2" and type "3" referring to the same claim
<b>Control Prints</b>							
4	47	367	107	Filler	AN	Use just spaces	
5	368	368	1	Control Print	AN	Fixed Value "A"	Mandatory Field
6	369	370	2	End of Line Prints	AN	ASCII prints "CR" and "LF", hexadecimal values "0D" "0A"	Mandatory Field

**DETAIL RECORD SCHEMA PART 2: Payee Identification Data**

Detail 2 Record Schema							
Progressive Field no	Position		Length	Field description	Data Type	Format and Values	Notes
	From	To					
<b>Identification data for the record</b>							
1	1	1	1	Record Type	NU	Fixed Value "2"	Mandatory Field
<b>Identification data of the Claim</b>							
2	2	16	15	Incremental record Number	NU	Incremental record Number	Mandatory Field : it's a number we assign within this report to each single Claim and must be indicated in all records type "2" and type "3" referring to the same claim
3	17	46	30	Claim Number	AN	Unique XL/Genius Claim Reference Number	Mandatory Field: must be indicated in all records type "2" and type "3" referring to the same claim
<b>Fiscal Identification of Claim Payee</b>							
4	47	62	16	Fiscal Code/Vat Identification Number ( Partita IVA )	AN	<b>Must be Left Aligned if Numeric</b> ( Partita IVA is 11 digits, while fiscal code- for Individuals- is alphanumeric 16 prints )	Mandatory Field
<b>Data Related to Amounts Paid for Claim</b>							
5	63	71	9	Payment Amount	NU	<b>In Euro ( integer part )</b>	Mandatory Field
6	72	79	8	Date of Payment	NU	"ddmmyyy"	Mandatory Field
<b>Control Prints</b>							
7	80	367	288	Filler	AN	Use just spaces	
8	368	368	1	Control Print	AN	Fixed Value "A"	Mandatory Field
9	369	370	2	End of Line Prints	AN	ASCII prints "CR" and "LF", hexadecimal values "0D" "0A"	Mandatory Field

**DETAIL RECORD SCHEMA PART 2: 3rd party Service Provider Identification Data**

Detail 3 Record Schema							
Progressive Field no	Position		Length	Field description	Data Type	Format and Values	Notes
	From	To					
<b>Identification data for the report</b>							
1	1	1	1	Record Type	NU	Fixed Value "3"	Mandatory Field
<b>Identification data of the Claim</b>							
2	2	16	15	Incremental record Number	NU	Incremental record Number	Mandatory Field : it's a number we assign within this report to each single Claim and must be indicated in all records type "2" and type "3" referring to the same claim
3	17	46	30	Claim Number	AN	Unique XL/Genius Claim Reference Number	Mandatory Field: must be indicated in all records type "2" and type "3" referring to the same claim
<b>Fiscal Identification of Claim related Third Party Service Provider ( if Individual )</b>							
4	47	62	16	Fiscal Code/Vat Identification Number ( Partita IVA )	AN	<b>Must be Left Aligned if Numeric</b> ( Partita IVA is 11 digits, while fiscal code- for Individuals- is alphanumeric 16 prints )	NOT Mandatory Field: PLEASE SEE DETAIL INSTRUCTIONS BELOW IN THIS COLUMN
<b>Identification data of Claim related Third Party Service Provider ( if Individual )</b>							
5	63	88	26	Surname	AN	Surname of the 3rd party service provider	Those fields are mandatory only in case the 3rd party service provider is an Individual and the Fiscal Code cannot be provided (see field 2 )
6	89	113	25	Name	AN	Name of the 3rd party service provider	
7	114	114	1	Gender	AN	Gender of the 3rd party service provider ( <b>M</b> for Male, <b>F</b> for Female )	
8	115	122	8	Date of Birth	NU	Date of Birth of the 3rd party service provider (format DDMMYYYY)	
7	123	162	40	City of Birth	AN	City Of Birth of the 3rd party service provider	
8	163	164	2	County Code of Birth	AN	County Code of Birth the 3rd party service provider ( If born in a foreign Nation - not Italy- insert value "EE"	
<b>Identification data of Claim related Third Party Service Provider ( if Company )</b>							
9	165	224	60	Company Legal Name	AN	Legal Name of the 3rd party service provider Company	Those fields are mandatory only in case the 3rd party service provider is a Company and the VAT ID Number ( Partita IVA ) cannot be provided (see field 2 )
10	225	264	40	Company Legal Office City	AN	City Legal Office of the 3rd party service provider Company	
11	265	266	2	Company Legal Office County code	AN	County Code of the Legal Office of the 3rd party service provider Company	
<b>Data related to the Service Provided</b>							
14	267	267	1	Type Of Service	AN	Admitted Values are : <b>1</b> ( professional services ), <b>2</b> ( Repair Services ), <b>3</b> ( other services )	Mandatory Field
15	268	276	9	Amount Paid	NU	<b>Total amount paid to the 3rd Party Service Provider in Euro ( Integer part ) VAT excluded</b>	Mandatory Field
<b>Control Prints</b>							
16	277	367	91	Filler	AN	Use just spaces	
17	368	368	1	Control Print	AN	Fixed Value "A"	Mandatory Field
18	369	370	2	End of Line Prints	AN	ASCII prints "CR" and "LF", hexadecimal values "0D" "0A"	Mandatory Field

Record Schema for the End Record ( Last Line )							
Progressive Field no	Position		Length	Field description	Data Type	Format and Values	Notes
	From	To					
<b>Identification data for the report</b>							
1	1	1	1	Record Type	NU	Fixed Value "9"	Mandatory Field
2	2	6	5	Identification Code for the report	AN	Fixed Value "SINIS"	Mandatory Field
3	7	8	2	Numeric Code of the report	NU	Fixed Value "32"	Mandatory Field
<b>Fiscal Identification of the Required Subject ( Company/Insurance Operator )</b>							
4	9	24	16	12525420159	AN	Must be Left Aligned if Numeric	Mandatory Field
<b>Identification data of the Required Subject ( to be compiled only in case of Individuals )</b>							
5	25	50	26	Surname	AN		Those fields should be compiled only in case the Required Subject is an Individual. So they're not to be compiled in case the Required Subject is a Company ( OUR CASE )
6	51	75	25	Name	AN		
7	76	76	1	Gender	AN		
8	77	84	8	Date of Birth	NU		
9	85	124	40	City of Birth	AN		
10	125	126	2	County of Birth	AN		
<b>Identification data of the Required Subject ( to be compiled only for companies )</b>							
11	127	186	60	XL Insurance Company Limited	AN	Legal Name of the Company	Those fields should be compiled only in case the Required Subject is a Company. So they're not to be compiled in case the Required Subject is an Individual.
12	187	226	40	Milano	AN	City Legal Office of the Company	
13	227	228	2	MI	AN	County Code of the Legal Office of the Company	
<b>Report Identification Specs</b>							
14	229	232	4	Referring Year	NU	"yyyy"	Mandatory Field
<b>Control Prints</b>							
15	233	367	135	Filler	AN	Use just spaces	
16	368	368	1	Control Print	AN	Fixed Value "A"	Mandatory Field
17	369	370	2	End of Line Prints	AN	ASCII prints "CR" and "LF", hexadecimal values "0D" "0A"	Mandatory Field