

## FINAL CLAIM REQUEST

Date: 2026-02-19  
Name: AMRIT SINGH SOKHI

File No.: 7664/3456

CLIENT: StaffClaim  
MODEL: Test Model A

NET CONSOLIDATED COMM: 133,263.00

NOTE: By downloading this claim form you acknowledge that the estimated claim amount is correct and that there is nothing pending. You will generate an E-TIMS invoice based on this amount. Kindly ensure that you provide the generated invoice number and the E-TIMS invoice in PDF format for further processing.

Sales Person Signature: \_\_\_\_\_

