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| **MANAPPURAM FINANCE LIMITED** |
| **APPLICATION SOFTWARE CHANGE REQUEST FORM** |
| **Submitted for Management Approval** |

Date: 09-November-2021

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| **Part 1.)GENERAL INFORMATION (To be filled by Change Owner Department)** | | | | | |
| **Project Name** | **Modification of Insurance Report Format in LOS-LMS Module** | | | | |
| **Technology Platform** | LOS-LMS Module | | | | |
| **Type of CR** | **Enhancement** | | New Module | | New Project |
| **Department Name** | Micro Home Finance | | | | |
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| **Brief Description of the Change** | We, the Micro Home Finance department intends to modify the Daily Insurance Report generated from the LOS-LMS Module.  There are more data which is required in the Report for us to submit to the Insurance Company on a daily basis, but the Report generated currently doesn’t have all the required data. So we have to add the missing/remaining fields in the tab named **Insurance Data** under the main tab named **LOS** which needs to be made available (entry) for our staff to enter the details.  The following changes shall be needed in the Insurance Report Format:   1. Under the **INSURANCE DATA** tab, we need couple of changes that needs to be incorporated: 2. Once the branch staff clicks on the **INSURANCE DATA** tab he should see the list of Loans that he’s already Disbursed till date. So when we select any one Loan ID the below mentioned details should appear. Already available fields are-Customer (change to **Primary Borrower**) Name, **Loan Amount**, **Loan Date**, **Interest Rate**, **Maturity Date**, **EMI Amount**, Tenure (change to **Tenure of Loan in Months**) & **Scheme**. In addition to it please add 3 more fields which shows the **Application ID, Loan ID & Primary Borrower PAN Card Number**. Remaining all fields needs to be removed and added as described below. 3. After that we need an option to add the **Insurance Person Details** through **Customer ID** which should consist of **Insured Person Name, Insured Person DOB, Insured Person Age, PAN Card No., Address** (Door No, Street Name, Post Office, District, State, Pin Code), **Mobile Number, Gender-Male/Female, Occupation**. 4. We need an option to enter the **Loan Sanction Date, Sum Assured (Insured Amount), Tenure of Insurance in Months, DOGH Signed Date**. 5. We need to extract the **Insurance Premium Amount, UTR No. & Insurance Premium Remittance Date** which is already available in the **REPORTS** tab under **LOAN REPORTS-Insurance Report** from the dropdown. 6. We need an option to select if the **Insured Person** is our **Borrower or Co-borrower**. If we are selecting **Co-borrower**, then we need a **text box** (box named as **“Reason for selecting Co-borrower as Insured Person”**) to enter the reason and if we select **Borrower** then the text box should reflect as **Not applicable**. 7. We need to have an option to select **Yes/No**, if the **Insured Person is a Healthcare worker**. If **Yes**, then we need to have an **option to upload** DOGH Form, Sanction Letter, COVID-19 Questionnaire & Healthcare Worker Form and if **No**, then he should **not** have an option to upload. We (**HO staff**) need to have an option to **view** the uploaded documents. 8. We need to have an option to select **Yes/No**, if the **Insured Person is already having an existing policy with ABSLI (Aditya Birla)**. If **Yes**, then we need to have a **text box** to enter the **Loan ID** (It should match with our Database). 9. We need to have an option to **upload** the **DOGH Form**. If the DOGH Form is **not uploaded,** then he/she shouldn’t be able to **confirm** the entry. We (**HO staff**) need to have an option to **view** the uploaded document. 10. We need to have an option to select **Yes/No**, if the **COVID-19 Questionnaire Form** is collected. If **No**, then the **Sum Assured Amount should be below Rs.10 Lakh** and if **Yes**, then the **Sum Assured amount should be above Rs.10 Lakh** and he/she should have an option to **upload** the **COVID-19 Questionnaire**. 11. We need to have an option to select **Yes/No** for the question **if there is any adverse answer in the COVID-19 Questionnaire**. 12. We need to extract the **Nominee Details** using the **Customer ID of the Nominee** & another **option** as well to enter the **Nominee Details manually** which should consist of **Nominee Name, Nominee DOB, PAN Card No.& ID Proof Name**. In addition, we should have a **text box** to enter the **Nominee relationship with the Insured Person**. If the **Nominee Age is below 18 years**, then **automatically** there should appear a **text box** to enter the **Appointee Name** & one more **text box** to enter the **Appointee relationship with the Insured Person**. 13. We need to have a **dropdown** for selecting the **Insurance Company Name (Aditya Birla Sun Life Insurance Company Ltd)**, by doing so the **Master Policy No (P0000000005144)** should appear **automatically**. 14. Once the user completes all the entries and confirms, that **Date** should be considered as the **MIS received Date**. 15. We need to extract the **Branch Name & Branch ID** from the **Loan Disbursement Database**. 16. Under the **Insurance Report** tab (within the **REPORTS** tab), there are couple of entries which are not required in the existing Report format. Hence the complete **Report** needs to be **re-prepared** based on the **1st** **section** of this CRF.   **Note:** Please insert a **Dropdown** option to select the **Department** as well while extracting the **Insurance Report (Path-REPORTS tab-Insurance Report tab)**.  The actual Report (prepared manually) which is currently submitted to the Insurance Company is attached for your reference.  MD & CEO may kindly approve the CRF. | | | | |
| **Reason for Change** | Compliance | New Business | | **Y-Internal Control/Reporting** | |
| **Business Justification for the Change** | To avoid manual reporting, avoid errors and save time. | | | | |
| **Priority** | Low | Medium **High** | | | |
| **If the proposed change impacts the functions of any other department, describe details** | No impact. | | | | |
| **Access Control details** (specify who will need access to the module/reports etc.) | **Branch Manager, Branch Operation Head & HO.** | | | | |
| **BRS Enclosed** | Yes | | | No | |
| **Change Requested by** | Ratheesh P M - GM - Micro Home Finance | | |  | |
| **Change needed on** (mm/dd/yyyy) | **16/11/2021** | | | | |

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| **Part 2.) TECHNICAL ANALYSIS** | | | | |
| **Brief Description of Technical Changes** | |  | | |
| **Change Category** | Major Change | | **Minor Change** | |
| **Risk Classification** |  | |  | |
| **Technical Risks involved** | | Normal release risk only | | |
| **Alternative Solution & Recommended Process Change (if applicable)** | |  | | |
| **Estimated Efforts (Man Hours)** | |  | | |
| **Estimated Cost (INR)** | |  | | |
| **Estimated Date of Completion** | |  | | |
| **Infrastructure Change Analysis** | No of New/Modification in Tables | | NA | |
| Additional Space Required for this release for 1 year | | NA | |
| Estimated Data Growth for 1 year | | NA | |
| Impact in server resource [CPU/Memory/Sessions] | |  | |
| If High/Medium Please Brief the Technical Reasons | | |
| **Change Authorization:  (Requestor Department’s Head)**  Ratheesh P M  GM – Micro Home Finance | **Change Authorization:** | | | |
| CISO | Technical Analyst | | IBM Recommendation | Business Analyst |

**Technical Recommendation**

**Business Recommendations**