

PROJECT:

- **AUTOMATED SYSTEM FOR DISTRIBUTION OF CREDIT INSURANCE THROUGH LOCAL COMMERCIAL BANKS**

BACKGROUND:

- **Metropolitan Life (Mauritius) Ltd (MLM) has developed agreements with a number of local banks in order to distribute its Credit Insurance to clients applying for loans from the bank.**
- **The purpose of this insurance is to cover the borrower in case of death or disability where the insurer will repay the balance of the loan to the bank**
- **In most of the cases the agreement is not an exclusive arrangement and the banks may contract with other insurers as well.**

OUR REQUIREMENTS:

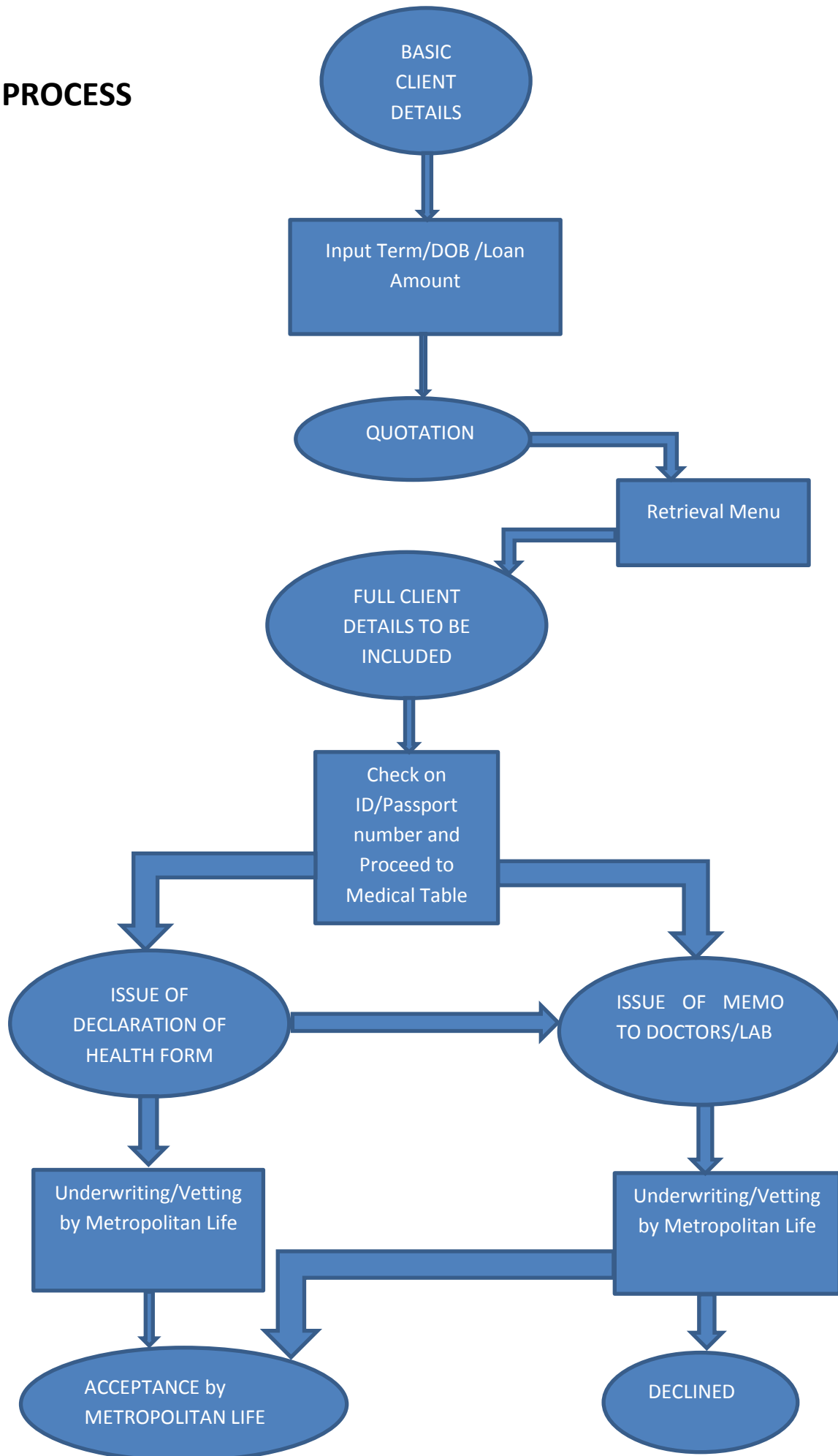
MLM is considering to develop an automated system to facilitate the process for the banks to:

- **Calculate premium payable for a client based on his age, loan amount, term of loan and rate of interest**
- **Issue quotation to client**
- **Assist client to choose a medical facility for medical tests (where applicable)**
- **Issue Memos to client for the medical tests**

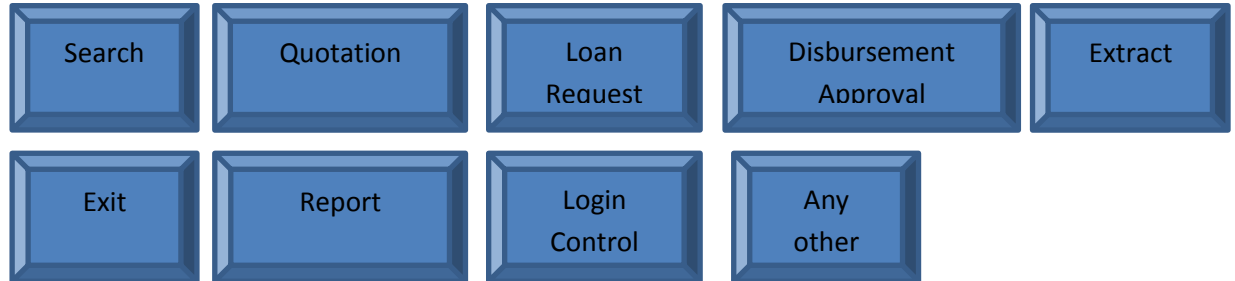
PROCESS FLOW:

The various processes are described below.

PROCESS



INTERFACE



BASIC CLIENT DETAILS

- DESIGN TO INCLUDE “METROPOLITAN LIFE “ AND LOGO
- TABS ON RIGHT TO BE CHANGED
- INPUT ONLY OF NAME, DOB, LOAN AMOUNT

Bank Name	<input type="text"/>	Reference Number	<input type="text"/>
Number of Lives	<input type="text"/>	Date of request	<input type="text"/>
Start Date of Cover	<input type="text"/>	Moratorium	<input type="text" value="Y/N"/>
Loan Amount	<input type="text"/>	Term of moratorium	<input type="text"/>
Term of Loan (including Moratorium)	<input type="text"/>		
Title	<input type="text"/>		
Surname	<input type="text"/>		
Forename	<input type="text"/>		
Date of Birth	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

QUOTATION FORM

- TO BE DESIGNED ON WORD
- CLIENT DETAILS WILL BE RETRIEVED
- PROVIDE PREMIUM BASED ON STANDARD LIFE

RETRIEVAL MENU

SEARCH TAB	
Reference No	
Name	
Date of Application	
Amount of Loan	
INTERFACE	OK

FULL CLIENT DETAILS TO BE PROVIDED

Bank Name		Reference Number	
Number of Lives		Date of request	
Start Date of Cover		Moratorium	Y/N
Loan Amount		Term of moratorium	
Term of Loan (including Moratorium)		NIC /Pass No	
Title		Occupation	
Surname		Email	
Forename		Tel Number	
Date of Birth			
Address			

ISSUE OF DECLARATION FORM /MEDICAL QUESTIONNAIRE

- FORM TO BE DESIGNED (SAMPLE BELOW)
- CLIENT TO FILL IN FORM AND SIGN
- FORM TO BE UPLOADED AND SENT TO METROPOLITAN

Non-Medical Ques.pdf - Adobe Acrobat Reader DC

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METROPOLITAN LIFE

NON-MEDICAL QUESTIONNAIRE

TO BE COMPLETED BY THE LIFE PROPOSED TO BE ASSURED

NOTE: It is important that all questions should be answered fully. Misstatement or non-disclosure of any material fact may invalidate the assurance on your life. All answers shall be treated in strict confidentiality.

Name in full (Mr/Mrs/Miss) _____ SURNAME _____ OTHER NAMES _____

Residential Address: _____

Date of Birth: [] [] [] [] [] [] Age Next Birthday: [] []

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Maiden Name if married: _____

PERSONAL HISTORY

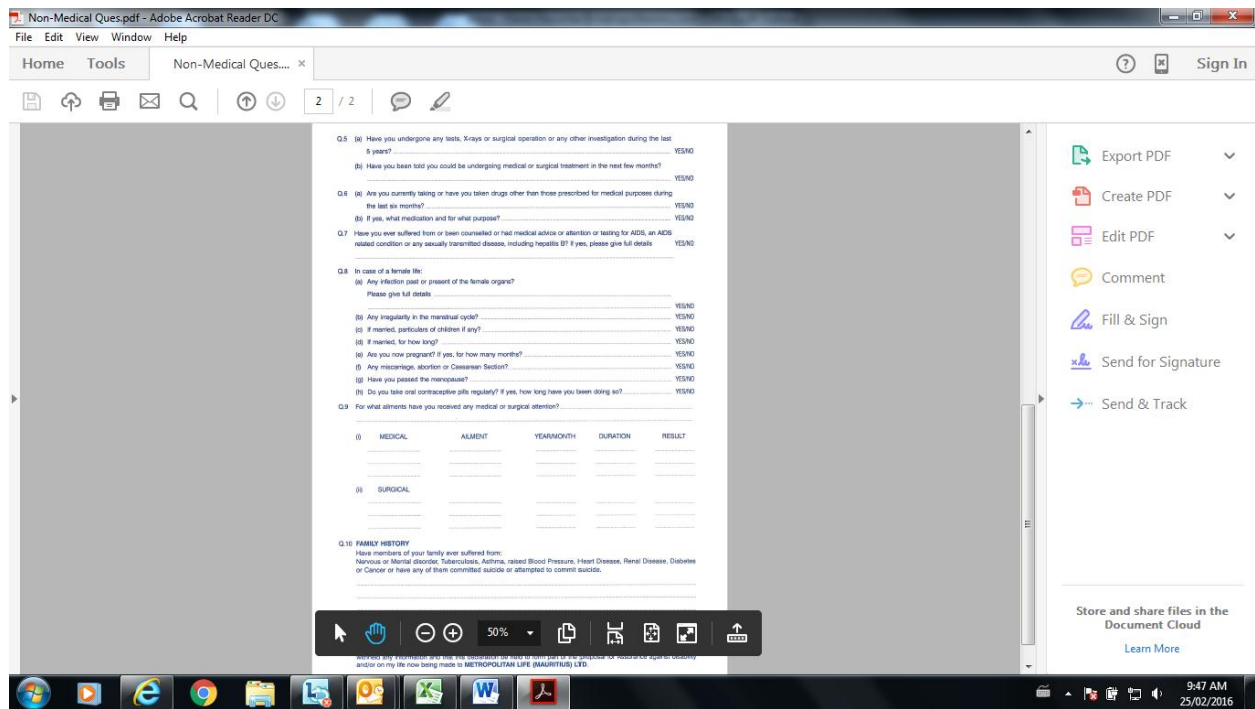
Q.1 Present occupation in detail _____
Full particulars of any change likely to take place in present occupation. If so, give details _____

Q.2 (a) What kind and quantity of alcohol beverage do you usually take? (Usually asked in terms of weekly consumption) _____
(b) If none, how long have you been a total abstainer? _____
(c) What quantity of tobacco do you smoke daily? If none, how long have you been a non-smoker? _____

Q.3 (a) Are you at present under medical care or receiving treatment? _____
(b) Name of your usual medical attendant: _____
(c) For how long have you been his/her patient? _____
(d) When did you last consult him? _____
(e) For what complaint? _____

Q.4 Have you ever suffered or are you currently suffering from or had symptoms of:
(NOTE: If answer is YES please give full particulars as to dates, duration, treatment)

(a) Ear, nose or throat disease: _____ YES/NO
(b) Eye trouble: _____ YES/NO
(c) Respiratory disorder such as pneumonia, tuberculosis, asthma, pleurisy or spitting of blood, bronchitis or prolonged cough? _____ YES/NO
(d) Shortness of breath or chest pain? _____ YES/NO
(e) Heart trouble, palpitation or heart attack, raised blood pressure or rheumatic fever or varicose veins? _____ YES/NO
(f) Gout, rheumatism or rheumatic fever? (Please indicate which joints and if heart affected) _____ YES/NO
(g) Recurrent indigestion, gastric ulcer, tetanus or haemorrhoids? _____ YES/NO
(h) Recurrent or chronic diarrhoea, jaundice, hepatitis? _____ YES/NO
(i) Any other infection of the liver, gall bladder, intestine or stomach? _____ YES/NO
(j) Infection of the kidneys, bladder, prostate, testis? _____ YES/NO
(k) Any other disease in the genito-urinary system or venereal disease? _____ YES/NO
(l) Diabetes mellitus, sugar in urine? _____ YES/NO
(m) Fits of any kind, mental or nervous disease, or fainting? _____ YES/NO
(n) Skin disorder? _____ YES/NO
(o) Bone disease? _____ YES/NO
(p) Cancer, growth or tumour of any kind? _____ YES/NO
(q) Any other ailment not mentioned above? _____ YES/NO
(r) Tropical or venereal disease? _____ YES/NO
(s) Any blood disorder? _____ YES/NO



ISSUE OF MEMO TO DOCTORS/LAB

<u>MEDICAL GRID</u>				
Sum Assured/Present Age	Up to 35	36 to 50	51-60	60+
0 to 2,500,000	A	A	A	A+B
2,500,001 to 5,000,000	A+B	A+B+C	A+B+C	A+B+C+D
5m-10m	A+B+C	A+B+C+D	A+B+C+D	A+B+C+D
Above 10m	A+B+C+D+E	A+B+C+D+E	A+B+C+D+E	A+B+C+D+E

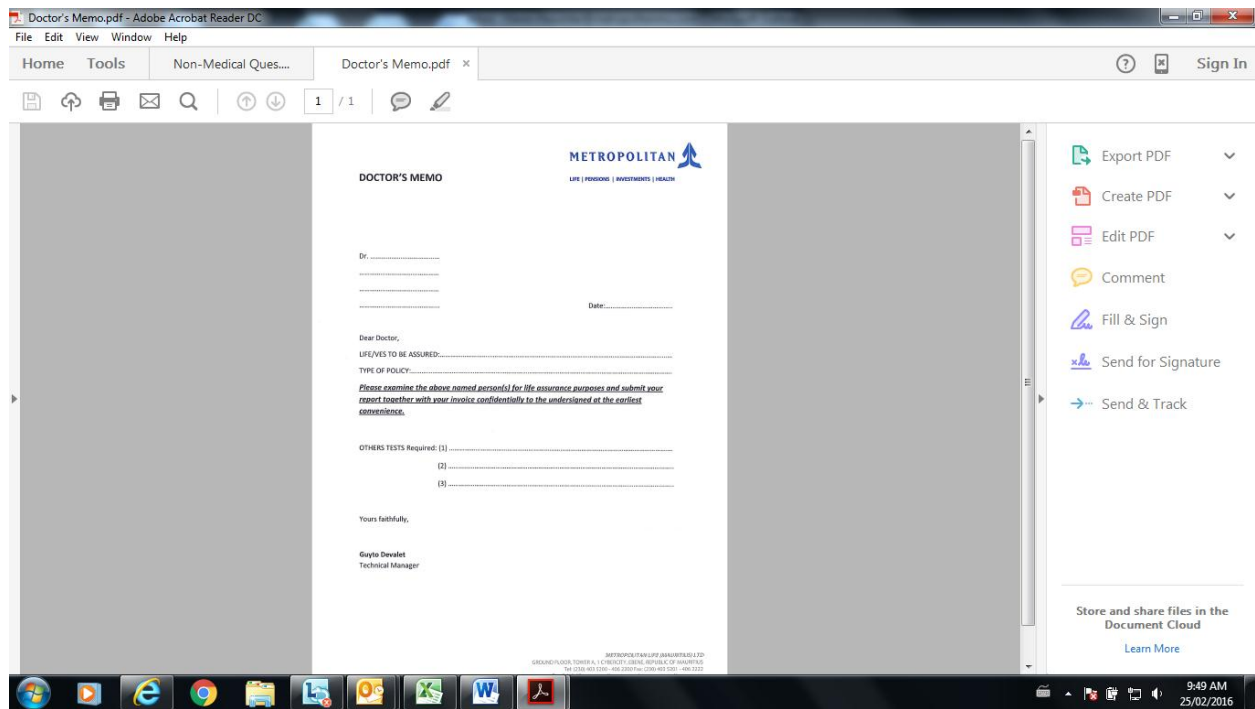
A: Medical Questionnaire

B: Medical Examination

C: Glucose, Triglycerides, Cholesterol, GGT, Urinalysis

D: Stress Test (Rest & Effort ECG)

E: HIV Test



VIEW ON SCREEN

- PROVIDING SUMMARY OF TEST(S) TO BE CARRIED OUT

Premium & Medical Tests			
Monthly Rate		Single Premium(Rs)	
		Annual Premium(Rs)	
		Monthly Premium(Rs)	
Summary of tests to be carried out			

Standard Medical	Blood Tests	Stress Test
Mode of payment		Yearly/Monthly/Single
Confirm	Change	

MEDICAL EXAMINATION

- LETTER FOR CONTACTING DOCTOR TO BE DESIGNED BY METROPOLITAN AND BUILT IN
- BANK OFFICER TO CHOOSE DOCTOR BY REGION
- LETTER TO BE PRINTED AND HANDED TO CLIENT

VIEW ON SCREEN

- PROVIDING SUMMARY OF TEST(S) TO BE CARRIED OUT

Premium & Medical Tests	
Monthly Rate	<input type="text"/>
Single Premium(Rs)	<input type="text"/>
Annual Premium(Rs)	<input type="text"/>
Monthly Premium(Rs)	<input type="text"/>

Standard Medical	
Region	<input type="text"/>
Doctor	<input type="text"/>

Mode of payment	Yearly/Monthly/Single
Confirm	Change

BLOOD TEST

- LETTER FOR CONTACTING LAB TO BE DESIGNED BY METROPOLITAN AND BUILT IN
- BANK OFFICER TO CHOOSE LAB BY REGION
- LETTER TO BE PRINTED AND HANDED TO CLIENT

Premium & Medical Tests	
Monthly Rate	<input type="text"/>
Single Premium(Rs)	<input type="text"/>
Annual Premium(Rs)	<input type="text"/>
Monthly Premium(Rs)	<input type="text"/>

Blood Test	
Region	<input type="text"/>
Lab	<input type="text"/>

Mode of payment	Yearly/Monthly/Single
Confirm	Change

STRESS TEST

- LETTER FOR CONTACTING DOCTOR TO BE DESIGNED BY METROPOLITAN AND BUILT IN
- BANK OFFICER TO CHOOSE DOCTOR BY REGION
- LETTER TO BE PRINTED AND HANDED TO CLIENT
- PROVIDING SUMMARY OF TEST(S) TO BE CARRIED OUT

Premium & Medical Tests	
Monthly Rate	<input type="text"/>
Single Premium(Rs)	<input type="text"/>
Annual Premium(Rs)	<input type="text"/>
Monthly Premium(Rs)	<input type="text"/>

Stress Test	
Region	<input type="text"/>
Doctor	<input type="text"/>

Mode of payment	Yearly/Monthly/Single
Confirm	Change

BLACK BOX ON EXCEL TO BE PROVIDED BY METROPOLITAN

BANK	XXXXXXX			
Start Date of Cover	9	Mar	2015	
Single/Joint	J			
Amount of previous loan	1,000,000			
Moratorium	Y			
 <u>First Life</u>				
Name	CHUNG FA			
	<i>Day</i>	<i>Month</i>	<i>Year</i>	
Date of Birth	1	Jul	1980	
Age next Birthday	35		-	
			-	
			-	
			-	
			-	
Loan Amount (Rs)	10,000,000			
Interest rate of Loan (Percentage)	13.00%			
Duration of Moratorium	84			
Term of loan including any Moratorium (Months)	91			
STANDARD PREMIUM PAYABLE				
		First Life	Second Life	Total
	Rate	0.2246171	0.22461705	0.4492341
	Monthly Premium	2,246	2,246	4,492
	Yearly Premium	25,671	25,671	51,341

TABS ON RIGHT

Bank Name		Reference Number		New
Number of Lives		Date of request		Quotation
Start Date of Cover		Moratorium	Y/N	Loan Request
Loan Amount		Term of moratorium		Save
Term of Loan (including Moratorium)				Medical Questionnaire
Title				Printing of Labs /Docs letters
Surname				Approval/ Disbursement
Forename				Standing Order
Date of Birth				Exit
Address				

