Software Requirements Specification (SRS) and Functional Requirements Specification (FRS)

Survival Benefit Module for IMS 2.0

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# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the detailed **Software Requirements Specification (SRS)** and **Functional Requirements Specification (FRS)** for the **Survival Benefit module** in the upcoming **IMS 2.0** insurance management system.

## 1.2 Scope

The Survival Benefit module in IMS 2.0 will provide digitalized, automated, and integrated handling of all end-to-end survival benefit (SB) processes, including report generation, multi-channel communication, online claim submission, KYC integration, approval workflows, audit controls, sanction/disbursement, statutory compliance, and real-time analytics.

## **1.3 Current Survival Benefit Workflow (McCamish)**

### Stage 1: Report Generation

1. On the **first working day of each month**, the CPC generates the **HO‑level Detailed Maturity/Survival Benefit Due Report**.
2. This report lists all policies where Survival benefit is due in the **next two months**.
3. The report is generated manually and requires CPC staff intervention.

### **Stage 2: Intimation to Policyholder**

1. Based on the report, the system generates an **Intimation Letter** pre‑filled with policy details.
2. The letter is printed and sent to the insurant **by registered post**.
3. In some cases, SMS/email is also sent, but this is not mandatory or consistent.
4. The intimation letter is accompanied by a **blank Survival Benefit Claim Form**.

### Stage 3: Claim Submission

1. The insurant fills the claim form manually and attaches required documents (policy bond, ID proof, bank details, etc.).
2. The claim is submitted physically at the **Branch Office (BO), Sub Office (SO), or CPC**.
3. The receiving official (BPM/SPM/Postmaster) acknowledges receipt.

### **Stage 4: Initial Scrutiny**

1. The receiving official checks whether the claim form is filled correctly.
2. Attached documents are verified for completeness (policy bond, ID proof, bank details).
3. If documents are missing, the official requests them manually from the insurant.
4. The claim remains pending until missing documents are received.

### Stage 5: Indexing in McCamish

1. Once documents are complete, the claim is **indexed in McCamish** as a **Service Request**.
2. Indexing is done at the receiving office (BO/SO/CPC).
3. A Claim ID is generated for tracking.

### Stage 6: Document Scanning

1. At CPC, the indexed claim form and all enclosures are **scanned**.
2. Scanned images are uploaded into the system and linked to the Claim ID.

### Stage 7: Data Entry

1. CPC staff manually enter claim details into McCamish.
2. Multiple fields are keyed in (policy number, claimant details, bank details, etc.).
3. This **process is repetitive and requires multiple stages of entry**.

### Stage 8: Quality Check (QC)

1. A CPC supervisor performs **QC verification**.
2. The supervisor checks correctness of data entry and completeness of documents.
3. If errors are found, the claim is sent back for correction.

### Stage 9: Approval Workflow

1. The claim is routed to the **Postmaster/Approving Authority**.
2. The approver reviews all fields, supporting documents, and scanned images.
3. The approver either:

**Approves the claim,**

or

**Rejects** the claim (with reasons).

### Stage 10: Communication of Decision

1. If approved:

* A **Sanction Letter** (3 copies) is generated — for payment, record, and policyholder.
* The sanction letter is printed and dispatched by post.

1. If rejected:

* A **Rejection Letter** is generated.
* Sent to the insurant by registered post.

### Stage 11: Bank Verification

1. If bank details are provided, staff manually verify them using the **passbook copy** or cancelled cheque.
2. If details are unclear, the insurant is asked to resubmit.

### Stage 12: Disbursement

1. Payment is processed manually:

* **EFT/NEFT** (if bank details are valid), or
* **Cheque** (if EFT not possible).

1. Disbursement details are updated manually in McCamish.

### Stage 13: Voucher Submission

1. Payment vouchers are prepared manually.
2. Submitted to the **Accounts Section** for reconciliation and closure.

### Stage 14: End of Process

1. Claim is marked as **“Paid”** or **“Rejected”** in McCamish.
2. No structured feedback or monitoring is done at this stage.

## 1.5 Table on Gap Identification

|  |  |  |
| --- | --- | --- |
| Process Area | Current Practice (McCamish) | Gap Identified |
| SB Due Report Generation | Manually triggered on 1st working day of month; only monthly report | No automation, no real-time visibility |
| Customer Intimation | Intimation letter generated and sent by registered post; SMS/email optional | Limited channels; mobile/email not mandatory |
| Claim Form Dispatch | Blank claim form sent only by post | No digital option |
| Claim Submission | Manual submission at BO/SO/CPC with physical documents | No online submission |
| Initial Scrutiny | Manual check by BPM/SPM/Postmaster | Human error chances |
| Missing Document Handling | Staff manually follow up with insurant | Time-consuming, |
| Indexing in McCamish | Manual indexing at receiving office | Error-prone, time-consuming |
| Document Scanning | Done at CPC after receipt | Delayed digitization |
| Data Entry | Multiple manual entry stages | Duplication, errors |
| QC Verification | Manual QC by CPC supervisor | Dependent on individual diligence |
| Approval Workflow | Postmaster reviews manually | No SLA enforcement |
| Sanction/Rejection Letters | Printed and sent by post | Slow, costly, no digital record |
| Bank Verification | Manual passbook/cancelled cheque check | Error-prone, slow |
| Disbursement | Manual entry for EFT/cheque | Delays, reconciliation issues |
| Voucher Submission | Manual preparation and submission | Paper dependency |
| Customer Tracking | Must visit PO for status | No online visibility |
| Monitoring by Admin Office | No real-time dashboard |  |
| Escalation of Pending Cases | No auto alert for delays | SLA breaches go unnoticed |
| Customer Feedback | Not collected | No service quality loop |
| Integration with Other Systems | McCamish standalone | No API links |
|  |  |  |

## 1.6 Revised Survival Benefit Workflow – IMS 2.0

|  |  |  |
| --- | --- | --- |
| FRS ID | Functional Requirement Description | Detailed Specification |
| FRS-SB-01 | Auto-Generation of Survival Benefit Due Report | The system SHALL automatically generate the HO-level SB due report daily/weekly. The system SHALL provide a dashboard view of this report, accessible by the CPC/Admin Office. |
| FRS-SB-02 | Multi-Channel Intimation to Policyholder | The system SHALL automatically send the intimation notice via SMS, Email, and WhatsApp. The system SHALL use Registered Post as a fallback channel. The system SHALL include a secure link within digital intimations for the insurant to submit the claim  online. |
| FRS-SB-03 | Online Claim Submission by  Insurant | The system SHALL allow the insurant to upload the claim form and required documents via the Customer Portal and the Mobile App. The system SHALL integrate with DigiLocker for fetching the policy document. The system SHALL generate an Auto-acknowledgment with a unique Claim ID upon successful submission. |
| FRS-SB-04 | Initial Scrutiny at  CPC (Digital) | The system SHALL instantly flag any missing documents upon submission. The system SHALL send auto-reminders (SMS/email/WhatsApp) to the customer for outstanding documents. CPC staff SHALL verify the completeness of the claim digitally via the system interface. |
| FRS-SB-05 | Indexing in IMS 2.0  (Automatic) | The system SHALL automatically index the claim as a Service Request upon final submission of documents. The system SHALL link the Service Request to the policy and the Claim ID. |
| FRS-SB-06 | Document Scanning  & Upload | The system SHALL support documents being scanned at the source (BO/SO) or uploaded by the customer. The system SHALL auto-tag documents and store them in the ECMS (Electronic Content Management System). |
| FRS-SB-07 | Data Entry & QC  Verification  (Automated) | The system SHALL auto-populate claim data fields from uploaded documents (using OCR/data extraction). The CPC supervisor SHALL perform QC digitally via the dashboard to verify the accuracy of  auto-populated data. |
| FRS-SB-08 | Approval Workflow | The Postmaster/Approving Authority SHALL review the claim via a dedicated dashboard. The Approver SHALL be able to Approve or Reject the claim using a digital signature. The system SHALL enforce a Service Level Agreement (SLA of 7 days) for approval. |
| FRS-SB-09 | Sanction/Rejection  Letter Generation | The system SHALL auto-generate the Sanction or Rejection letter with a timestamp (date/time/second). The system SHALL send the letter via email, WhatsApp, and the Customer Portal. If rejected, the letter SHALL include the reason and a link for appeal. |
| FRS-SB-10 | Bank Account  Verification | The system SHALL use API-based validation for verifying the policyholder's bank account details. If validation fails, the system SHALL prompt the user/staff for correction. |
| FRS-SB-11 | Disbursement | The system SHALL be Integrated with Core Banking or other necessary systems. The system SHALL process payment using Auto NEFT/IMPS. The disbursement status SHALL be updated in IMS 2.0 automatically. |
| FRS-SB-12 | Voucher  Submission | The system SHALL auto-generate the payment voucher. The voucher SHALL be submitted digitally to the Accounts section and linked to the disbursement record. |
| FRS-SB-13 | Customer Feedback  Collection | The system SHALL send an auto-message to the customer post-claim settlement to collect feedback. The feedback SHALL be stored for service quality monitoring. |
| FRS-SB-14 | Monitoring &  Escalation | The system SHALL provide a real-time dashboard for the Admin Office. The system SHALL display SLA countdown and color-coded alerts for pending cases. The system SHALL trigger auto-escalation  if a claim is pending beyond the set threshold. |
| FRS-SB-15 | Customer Claim  Tracker | The system SHALL provide online/mobile access for the customer to track their claim status. The tracker SHALL provide updates at each major stage: submission, scrutiny, approval, and payment. |

## 1.7 Process Flow Diagram



## 1.8 Rejection Reason Master

#### A. Policy-Related

|  |  |
| --- | --- |
| Code | Rejection Reason |
| RJ-P-01 | Policy number invalid or not found |
| RJ-P-02 | Policy inactive on Survival Benefit due date |
| RJ-P-03 | Survival Benefit already paid |

#### B. Claimant & Eligibility

|  |  |
| --- | --- |
| Code | Rejection Reason |
| RJ-E-01 | Claimant details mismatch with policy |
| RJ-E-02 | Policyholder identity mismatch |

#### C. Document-Related

|  |  |
| --- | --- |
| Code | Rejection Reason |
| RJ-D-01 | Mandatory documents not submitted |
| RJ-D-02 | Suspected forged or fraudulent documents |
| RJ-D-03 | Mismatch between physical and digital records |

## 1.9 Survival Benefit Screens

#### HO Level Detailed Survival Benefit Due Report

A screenshot of a computer

AI-generated content may be incorrect.

#### Intimation Letter

A letter of a post

AI-generated content may be incorrect.

#### Indexing/ Service Request Screen

A screenshot of a computer

AI-generated content may be incorrect.

#### Data Entry Screen A screenshot of a computer AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.

#### Approval Letter

A letter of approval to a health insurance policy

AI-generated content may be incorrect.

#### Disbursement Update



A screenshot of a computer

AI-generated content may be incorrect.

## 1.10 Test Cases

Indicative Test Scenarios for Survival Benefit is as follows:

#### POSITIVE TEST SCENARIOS (User Perspective)

P-01: Successful receipt of Survival Benefit intimation

* User receives SB due intimation via SMS / Email / WhatsApp.
* Message contains correct policy details and a secure claim submission link.

P-02: Secure claim link opens correctly

* User clicks the link and lands on the official Customer Portal / Mobile App.
* Policy details are auto-fetched and visible.

P-03: Successful online claim submission

* User fills claim form correctly.
* All required documents are uploaded.
* Claim is submitted successfully.

P-04: Auto-acknowledgement generation

* System generates a unique Claim ID.
* Acknowledgement is shown on screen and sent to user digitally.

P-05: DigiLocker integration works

* User fetches policy document from DigiLocker successfully.
* Document appears correctly in uploaded document list.

P-06: Auto reminders received for pending documents

* If any document is pending, user receives reminder notifications.
* Reminder clearly mentions missing documents.

P-07: Claim status tracking works

* User tracks claim online.
* Status updates are visible at each stage (submitted, under scrutiny, approved, paid).

P-08: Sanction letter received after approval

* User receives sanction letter via Email / WhatsApp / Portal.
* Letter contains correct claim details and timestamp.

P-09: Payment credited successfully

* Claim amount is credited to user’s bank account through NEFT/IMPS.
* Payment status is updated in the tracker.

P-10: Feedback submission after settlement

* User receives feedback request after claim completion.
* Feedback can be submitted successfully.

#### NEGATIVE TEST SCENARIOS (User Perspective)

N-01: Secure link does not open

* User clicks the link but it fails due to invalid/expired link.

N-02: Missing mandatory document

* User tries to submit claim without required documents.

N-03: Invalid document upload

* User uploads unsupported file type or corrupt file.
* System can’t upload file due to size.

N-04: DigiLocker access failure

* DigiLocker fetch fails due to consent denial or technical issue.
* System allows manual document upload instead.

N-05: Incorrect bank details entered

* User enters wrong account number / IFSC.
* Bank verification fails and correction is requested.

N-06: Claim rejection by authority

* Claim is rejected due to discrepancy or ineligibility.

N-07: Tracker not accessible / Delayed Status update

* User tries to track claim but portal/app is unavailable.
* Claim is processed internally but tracker still shows old status.

N-08: Payment failure

* Disbursement attempt fails due to banking/technical error.
* User is informed that payment is pending or failed.

N-09: Feedback link not opening

* User clicks feedback link but page does not load.

## 1.11 Attachments

The Following Attachments can be referred.





