

How the 3rd Party Tab works?

Scenario 1

Go to 3rd Party Tab

The screenshot shows the 'ComfortDelGro Insurance' web application. The left sidebar contains a menu with options: Diary Listing, Claims Registration, Claims Payment, Claims Recovery, and Enquiry. The main content area displays a 'Third Party Entry' form. At the top, there are fields for IP No. (200300012.00), Claim No. (T14000009), Bus Service No. (94), Vehicle No. (SBF98768), Accident Date (02/05/2013 00:00:00), and Accident Time (06:12). Below these is the 'Organization' field (ST). A horizontal tab bar includes 'Accident', 'Claim', '3rd Party' (selected), 'Notes', 'Tasks', 'Finance', 'Transactions', 'Attachments', 'Diary', 'Reserve', and 'Payment'. The '3rd Party' tab is active, showing a 'Third Party Entry' section with a 'New Other Party' button. Below this is a table titled 'Other Parties' with columns: Other Party Type, Claimant Name, NRIC No., Vehicle Number, Loss Nature, Third Party Lawyer, Third Party Adjuster, Status, and Select. The table contains one entry: 'PD' for 'third party property'. A 'Select' button is next to the 'Status' column. A 'New Other Party' button is at the bottom left of the table.

Select add new 3rd Party Service Providers/Insurer

This screenshot shows the 'Add New Parties' section of the 'Third Party Entry' form. The 'Other Party Type' dropdown menu is open, showing options: '[Select...]', 'Property Damage', 'Bodily Injury', and 'Public Liability'. The 'Claimant Name' field is empty. A blue arrow points from a text box on the right to the dropdown menu. The text box contains the text: 'Input selection will include 3rd Party Service Providers/Insurer'.

System brings up a page where all the fields for 3rd party Surveyor, Lawyer, Insurer & Workshop.

When making payments or generating letters, the company information of 3rd party Surveyor, Lawyer, Insurer & Workshop will be retrieved from here.

TP Insurer

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



Expand/Collapse button. Default is collapsed. User will click expand button to enter data for the respective fields as required. If any data is entered in the expand/collapsed sections, the section default will be changed to expand instead of collapsed.

TP Workshop

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



TP Lawyer

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



TP Surveyor

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



Select add new 3rd TPPD or TPBI claim

System will bring up a page where all the fields for 3rd TPPD or TPBI claim to be entered.

New Claim Entry			
Claim Type	<input type="text"/>	Claim Date	<input type="text"/>
Final Settle Date	<input type="text"/>	Claim Status	<input type="radio"/> I <input type="radio"/> C <input type="radio"/> F
Case Category	<input type="text"/>	Case Status	<input type="text"/>
Our Surveyor Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Lawyer Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Adjustor Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Workshop/Depot	<input type="text"/>	Appointed Date	<input type="text"/>
Claims Officer	<input type="text"/>	Timebar Date	<input type="text"/>
Driver's Liability	<input type="text"/>	Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>

3rd Party Claimant			
Claimant Name:	<input type="text"/>		
Claimant's NRIC/PP No:	<input type="text"/>	Claimant's DOB:	<input type="text"/>
Claimant's Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
Claimant's Address:	<input type="text"/>		
Claimant's Email:	<input type="text"/>		
Claimant's Contact No:	<input type="text"/>	Vehicle Regn No:	<input type="text"/>
Vehicle Make:	<input type="text"/>	Vehicle Model:	<input type="text"/>
Is claimant an infant?	<input type="radio"/> Yes	<input type="radio"/> No	
Infant's Name:	<input type="text"/>		
Infant's NRIC:	<input type="text"/>	Infant's DOB:	<input type="text"/>
Infant's Gender:	<input type="radio"/> Male	<input type="radio"/> Female	

Initial Reserve			
Reserve:	<input type="text"/>	Ex Rate	<input type="text"/>
Amount (Local Curr)	<input type="text"/>		
Expense:	<input type="text"/>	Ex Rate	<input type="text"/>
Amount (Local Curr)	<input type="text"/>		
View Reserve History		Total Reserve (Local Curr)	<input type="text"/>

Insurer Matters			
Report sent to insurer	<input type="text"/>	Referred to Insurers	<input type="text"/>
Excess Recovered Date	<input type="text"/>	Informed Insurer of Settlement	<input type="text"/>

Severity			
Writ Issued	<input type="text"/>	Writ No.	<input type="text"/>
MP Letter	<input type="text"/>	Constituency	<input type="text"/>
Sensitive Case	<input type="text"/>	Reference No	<input type="text"/>

Record Creation			
Created by	<input type="text"/>	Created Date	<input type="text"/>
Reopened Date	<input type="text"/>	Late/Reopened	<input type="text"/>

Deletion of Record			
Record Deletion Date	<input type="text"/>	Record Deletion Reason	<input type="text"/>

Expand/Collapse button. Default is collapsed. User will click expand button to enter data for the respective fields as required. If any data is entered in the expand/collapsed sections, the section default will be changed to expand instead of collapsed.

Infant Section by default is collapsed until user select "Yes".

Severity and Deletion of Record by default is collapsed.

As OD's 3rd Service Providers/Insurer is also entered here, system must be able to differentiate whether the 3rd Service Providers/Insurer is meant for OD, TPPD or TPBI. Scenario 1 will go in line with OD 3rd party service providers/Insurer entered in 3rd Party tab.

Scenario 2

Go to 3rd Party Tab

Select add new 3rd TPPD or TPBI claim. System will bring up a page where all the fields for 3rd TPPD or TPBI claim to be entered.

New Claim Entry			
Claim Type	<input type="text"/>	Claim Date	<input type="text"/>
Final Settle Date	<input type="text"/>	Claim Status	<input type="radio"/> I <input type="radio"/> C <input type="radio"/> F
Case Category	<input type="text"/>	Case Status	<input type="text"/>
Our Surveyor Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Lawyer Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Adjustor Appointed	<input type="text"/>	Appointed Date	<input type="text"/>
Our Workshop/Depot	<input type="text"/>	Appointed Date	<input type="text"/>
Claims Officer	<input type="text"/>	Timebar Date	<input type="text"/>
Driver's Liability	<input type="text"/>	Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>

3rd Party Claimant			
Claimant Name:	<input type="text"/>		
Claimant's NRIC/PP No:	<input type="text"/>	Claimant's DOB:	<input type="text"/>
Claimant's Gender:	<input type="radio"/> Male <input type="radio"/> Female		
Claimant's Address:	<input type="text"/>		
Claimant's Email:	<input type="text"/>		
Claimant's Contact No:	<input type="text"/>	Vehicle Regn No:	<input type="text"/>
Vehicle Make:	<input type="text"/>	Vehicle Model:	<input type="text"/>
Is claimant an infant?	<input type="radio"/> Yes <input type="radio"/> No		
Infant's Name:	<input type="text"/>		
Infant's NRIC:	<input type="text"/>	Infant's DOB:	<input type="text"/>
Infant's Gender:	<input type="radio"/> Male <input type="radio"/> Female		

Initial Reserve			
Reserve:	<input type="text"/>	Ex Rate	<input type="text"/>
Amount (Local Curr)	<input type="text"/>		
Expense:	<input type="text"/>	Ex Rate	<input type="text"/>
Amount (Local Curr)	<input type="text"/>		
View Reserve History			Total Reserve (Local Curr)
<input type="text"/>			

Insurer Matters			
Report sent to insurer	<input type="text"/>	Referred to Insurers	<input type="text"/>
Informed Insurer of Settlement	<input type="text"/>		
Excess Recovered Date	<input type="text"/>		

Severity			
Writ Issued	<input type="text"/>	Writ No.	<input type="text"/>
Sensitive Case	<input type="text"/>		
MP Letter	<input type="text"/>	Constituency	<input type="text"/>
Reference No	<input type="text"/>		

Record Creation			
Created by	<input type="text"/>	Created Date	<input type="text"/>
Reopened Date	<input type="text"/>	Late/Reopened	<input type="text"/>

Deletion of Record			
Record Deletion Date	<input type="text"/>	Record Deletion Reason	<input type="text"/>

Expand/Collapse button. Default is collapsed. User will click expand button to enter data for the respective fields as required. If any data is entered in the expand/collapsed sections, the section default will be changed to expand instead of collapsed.

Infant Section by default is collapsed until user select "Yes".

Severity and Deletion of Record by default is collapsed.

TP Insurer

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



Expand/Collapse button. Default is collapsed. User will click expand button to enter data for the respective fields as required. If any data is entered in the expand/collapsed sections, the section default will be changed to expand instead of collapsed.

TP Workshop

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



TP Lawyer

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



TP Surveyor

Company Name	<input type="text"/>	
Address:	<input type="text"/>	
Reference	<input type="text"/>	
1st Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>
2nd Contact Person's Name	<input type="text"/>	
Email Address	<input type="text"/>	
Office No.	<input type="text"/>	Fax No. <input type="text"/>



Scenario 2 will not make use of the 3rd Party Service Providers/Insurer option. All 3rd Party Service Providers/Insurer information will be entered within the TPPD or TPBI claim.