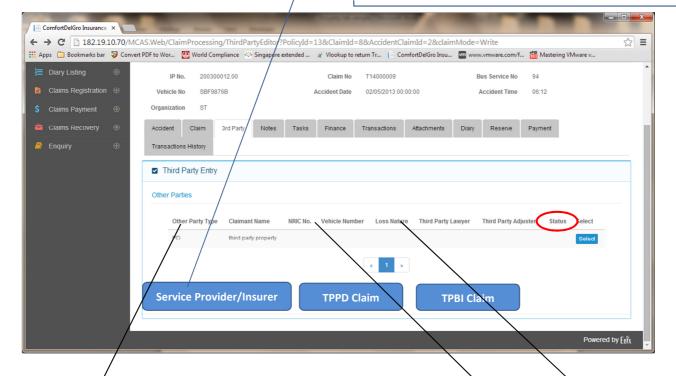
3rd Party Tab

Go to 3rd Party Tab

3 new buttons for users to select which type of claim they are making. I.e. if user needs to make a TPPD claim, user will click the "TPPD Claim" button. If new 3rd Party Service Provider is required, user will click "Service Provider/Insurer" button.



Select add new 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.

Change Other Party Type to 3rd Party type. Input will be as follows:

- 1) TPPD
- 2) TPBI
- 3) Service Provider/Insurer

Change Loss Nature to 3rd Party Workshop?

Add a 3rd Party Insurer header field for OD claim.

Move "Status" to between "NRIC No." and "Vehicle No."

TP Insurer		+ -
Company Name		<u> </u>
Address:		\
		\
Reference		\
1st Contact Person's Name		
Email Address		
Office No.	Fax No.	
	T UA NO.	
2nd Contact Person's Name		
Email Address		
Office No.	S. W.	
Office No.	Fax No.	
TP Workshop		± -
Company Name		١
Address:		
Reference		
1st Contact Person's Name		
Email Address		
Office No.	Eav No.	
	Fax No.	
2nd Contact Person's Name		
Email Address		
Office No.	Fax No.	
TP Lawyer		
Company Name		+-
		است
A dd		ات
Address:		ات
Address:		
Address:		
Reference 1st Contact		
Reference Ist Contact Person's Name		
Reference 1st Contact Person's Name Email Address		
Reference Ist Contact Person's Name	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address		
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address		
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No.		•••
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name		
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No.		
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Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact	Fax No.	
Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	

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.

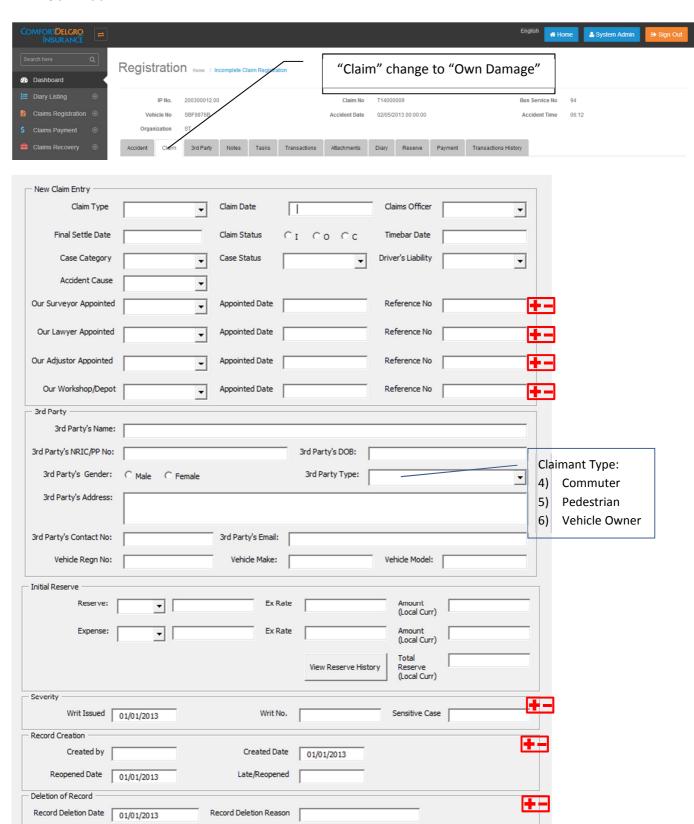
Select add new 3rd TPPD or TPBI claim

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

Claim Type	New Claim Entry	
Case Category Acodent Cause Our Surveyor Appointed Our Lawyer Appointed Our Workshoop Depot Appointed Date Appointed Date Reference No Our Workshoop Depot Appointed Date Reserve: Ex Rate Appointed Date Reserve: Ex Rate Appointed Date Reserve: Our Workshoop Depot Appointed Date Reserve: Clamant State Appointed Date Clamant State Appointed Date Clamant State Appointed Date Clamant State Appointed Date Clamant Type: Clamant State Clamant State	Claim Type Claim Date Claims Officer	•
Accident Cause Our Surveyor Appointed Our Lawyer Appointed Our Mayster Appointed Our Mayster Appointed Date Reference No Our Workshop Deposit Faila Reserve Ex Rate Cocal Curry Our Country See Price Comman's Notice Comman's Reference No Our Mayster Appointed Date Reference No Our Mayster Appointed Date Reference No Our Workshop Deposit Faila Reserve Ex Rate Cocal Curry Total Reserve Comman's Reference No Our Mayster Appointed Date Ex Rate Comman's Faila Our Mayster Appointed Date Ex Rate Comman's Faila Our Mayster Appointed Date Deponded Date Reference No Calimant Type: 1 Community 2 Pedestrian 3 Vehicle Owner Uniform Sellic Infant Section by default is collapsed until user select "Ves". Infant Section by default is collapsed until user select "Ves". Infant Section Dy default is collapsed until user select "Ves". Product Region for Notes on Deponded Date Deletion of Record Pressor Created by Created Date Output/2013 Late Responsed Deletion of Record Deletion of Record Deletion of Record	Final Settle Date Claim Status C I C O C C Timebar Date	Expand/Collapse button.
According Cause Our Surveyor Appointed Our Lawyer Appointed Appointed Date Appointed Date Appointed Date Reference No New Reserve History New	Case Category Case Status Driver's Liability	Y
Our Surveyor Appointed Our Lavyer Appointed Our Jack Party Clamant Our Workshop Depot Appointed Date Appointed Date Appointed Date Reference No Claimant Type: 1) Commuter 2) Pedestrian 3) Vehicle Owner 1) Infant Section by default is collapsed until user select No Appointed Date Reference No Infant Section Reference No Infant Section Reference No Infant Section Reference No Infant Section Reference No Appointed Date Reference No Infant Section Reference No Infant Sec	Accident Cause	
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Our Workshop/Depot Appointed Date Reference No Referenc	Our Lawyer Appointed Appointed Date Reference No	
Court Workshop/Depot	Our Adjustor Appointed Appointed Date Reference No	expand/collapsed
Reserve: Brate	Our Workshop/Depot Appointed Date Reference No	
Expense:		to expand instead of
View Reserve History Total Reserve Claimant Name: Claimant Name: Claimant Name: Claimant's Protect Claimant's Contact No: Claimant's Email: Vehicle Protect Claimant's Contact No: Claimant's Email: Vehicle Protect Claimant's Contact No: Vehicle Make: Vehicle Model: Infant's Section by default is collapsed until user select Vehicle Name: Infant's Name: Infant's Rame: Infant's Rame: Infant's Rame: Infant's Rame: Infant's Gender: Male Female Fema	Reserve: Ex Rate Amount	collapsed.
View Reserve History Reserve (local Curr)		
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Claimant's Contact No:		
Vehide Regn No: Is daimant an infant? Yes No Infant's Name: Infant's Name: Infant's NRIC: Infant's DOB: Infant's Gender: Male Female Informed Insurer Matters Report sent to Insurer to Insurer of Settlement Excess Recovered Date Severity Writ Issued 01/01/2013 Writ No. Sensitive Case Reference No Recovered Date 01/01/2013 Late/Reopened Date 01/01/2013		
Is daimant an infant? Yes No Infant's Name: Infant's NRIC: Infant's NRIC: Infant's Gender: Male Female Insurer Matters Report sent to Insurer of Settlement Excess Recovered Date Severity Writ Issued 01/01/2013	Claimant's Contact No: Claimant's Email:	
Infant's Name: Infant's NRIC: Infant's DOB: Infant's Gender: Male Female Informed Insurer Matters Report sent to Insurer of Settlement Excess Recovered Date Severity Writ Issued 01/01/2013 Writ No. Sensitive Case Reference No Reference No Reference No Record Created by Reopened Date 01/01/2013 Late/Reopened Deletion of Record	Vehicle Regn No: Vehicle Make: Vehicle Model:	, and the second
Infant's Name: Infant's NRIC: Infant's NRIC: Infant's OOB: Infant's Gender: ^ Male	Is daimant an infant? C Yes C No	
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Report sent to insurer Excess Recovered Date Severity Writ Issued 01/01/2013 Writ No. Sensitive Case MP Letter 01/01/2013 Constituency Reference No Record Creation Created by Created Date 01/01/2013 Deletion of Record Deletion of Record	Insurer Matters	
Excess Recovered Date Severity Writ Issued 01/01/2013 Writ No. Sensitive Case MP Letter 01/01/2013 Constituency Reference No Record Creation Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened	insurer to Insurers Insurer of	
Writ Issued 01/01/2013 Writ No. Sensitive Case MP Letter 01/01/2013 Constituency Reference No Record Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened Deletion of Record	Excess	
Writ Issued 01/01/2013 Writ No. Sensitive Case MP Letter 01/01/2013 Constituency Reference No Record Creation Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened Deletion of Record	Severity	
Record Creation Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened	Writ Issued 01/01/2013 Writ No. Sensitive Case	
Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened Date Deletion of Record	MP Letter 01/01/2013 Constituency Reference No	
Created by Created Date 01/01/2013 Reopened Date 01/01/2013 Late/Reopened Date Deletion of Record	Record Creation	
Deletion of Record	Created Date 01/01/2013	T-
	0.1/0.1/20.20	
		+ -

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.

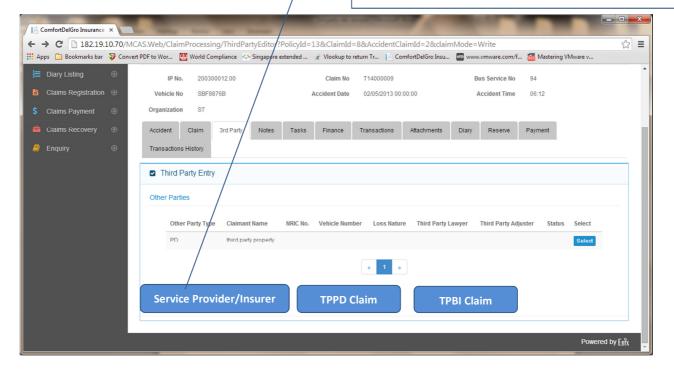
Claim Tab



3rd Party Insurer

Select add new 3rd Party Service Providers/Insurer

3 new buttons for users to select which type of claim they are making. I.e. if user needs to make a TPPD claim, user will click the "TPPD Claim" button. If new 3rd Party Service Provider is required, user will click "Service Provider/Insurer" button.



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		+-
Address:		\ [
Reference		/
1st Contact Person's Name		
Email Address		
Office No.	Fax No.	
2nd Contact		
Person's Name Email Address		
Office No.	Fax No.	
Office No.	Fax NO.	
TP Workshop		-
Company Name		+-
Address:		
Reference		
1st Contact Person's Name		
Email Address		
Office No.	Fax No.	
2nd Contact		
Person's Name		
Email Address		
Office No.	Fax No.	
TP Lawyer		+ -
TP Lawyer — Company Name		+-
		+-
Company Name Address:		+-
Company Name Address: Reference		#-
Company Name Address:		#-
Company Name Address: Reference 1st Contact		# -
Company Name Address: Reference 1st Contact Person's Name	Fax No.	#-
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact	Fax No.	#-
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	#-
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address		#-
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	#-
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No.		#
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No.		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No.		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address:		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name		
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Office No. 2nd Contact	Fax No.	
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address	Fax No.	
Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name Email Address Office No. TP Surveyor Company Name Address: Reference 1st Contact Person's Name Email Address Office No. 2nd Contact Person's Name	Fax No.	

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.