

3<sup>rd</sup> Party Tab

Go to 3<sup>rd</sup> 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 3<sup>rd</sup> Party Service Provider is required, user will click "Service Provider/Insurer" button.

IP No. 200300012.00 Claim No. T14000009 Bus Service No. 94  
Vehicle No. SBF9876B Accident Date 02/05/2013 00:00:00 Accident Time 06:12  
Organization ST

Accident Claim 3rd Party Notes Tasks Finance Transactions Attachments Diary Reserve Payment  
Transactions History

☒ Third Party Entry

Other Parties

Other Party Type	Claimant Name	NRIC No.	Vehicle Number	Loss Nature	Third Party Lawyer	Third Party Adjuster	Status	Select
TP	third party property							Select

1

Service Provider/Insurer TPPD Claim TPBI Claim

Powered by Edix

Select add new 3<sup>rd</sup> Party Service Providers/Insurer

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

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

Change Other Party Type to 3<sup>rd</sup> Party type.  
Input will be as follows:

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

Change Loss Nature to 3<sup>rd</sup> Party Workshop?  
Add a 3<sup>rd</sup> Party Insurer header field for OD claim.

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

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 3<sup>rd</sup> TPPD or TPBI claim

System will bring up a page where all the fields for 3<sup>rd</sup> 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"/> O <input type="radio"/> C
Case Category	<input type="text"/>	Case Status	<input type="text"/>
Accident Cause	<input type="text"/>	Driver's Liability	<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"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>
		Reference No	<input type="text"/>
Initial Reserve			
Reserve:	<input type="text"/>	Ex Rate	<input type="text"/>
Expense:	<input type="text"/>	Ex Rate	<input type="text"/>
		Amount (Local Curr)	<input type="text"/>
		Amount (Local Curr)	<input type="text"/>
		Total Reserve (Local Curr)	<input type="text"/>
<input type="button" value="View Reserve History"/>			
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 Type:	<input type="text"/>
Claimant's Address:	<input type="text"/>		
Claimant's Contact No:	<input type="text"/>	Claimant's Email:	<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		
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.

Claimant Type:  
1) Commuter  
2) Pedestrian  
3) Vehicle Owner

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

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

## Claim Tab



The screenshot shows the 'Registration' page in the ComfortDelGro Insurance system. The page has a header with the logo, language selection (English), and user roles (Home, System Admin, Sign Out). A left sidebar contains navigation links: Dashboard, Diary Listing, Claims Registration, Claims Payment, and Claims Recovery. The main content area is titled 'Registration' and includes a breadcrumb trail 'Home / Incomplete Claim Registration'. Below this, there is a form with fields for IP No., Vehicle No., Organization, Claim No., Accident Date, Bus Service No., and Accident Time. A red box highlights the 'Claim' tab in the sub-navigation bar, and a red arrow points from it to the 'Claim' tab in the sub-navigation bar. Another red box highlights the 'Claim' tab in the sub-navigation bar.

Registration [Home](#) / [Incomplete Claim Registration](#)

IP No. 200300012.00 Claim No. T14000009 Bus Service No. 94

Vehicle No. SBF98765 Accident Date 02/05/2013 00:00:00 Accident Time 06:12

Organization ST

Accident Claim 3rd Party Notes Tasks Transactions Attachments Diary Reserve Payment Transactions History

New Claim Entry

Claim Type

Claim Date

Claims Officer

Final Settle Date

Claim Status

☐ I
☐ O
☐ C

Timebar Date

Case Category

Case Status

Driver's Liability

Accident Cause

Our Surveyor Appointed

Appointed Date

Reference No

Our Lawyer Appointed

Appointed Date

Reference No

Our Adjustor Appointed

Appointed Date

Reference No

Our Workshop/Depot

Appointed Date

Reference No

3rd Party

3rd Party's Name:

3rd Party's NRIC/PP No:

3rd Party's DOB:

3rd Party's Gender:

☐ Male
☐ Female

3rd Party Type:

3rd Party's Address:

3rd Party's Contact No:

3rd Party's Email:

Vehicle Regn No:

Vehicle Make:

Vehicle Model:

Claimant Type:

4) Commuter

5) Pedestrian

6) Vehicle Owner

Initial Reserve

Reserve:

Ex Rate

Amount (Local Curr)

Expense:

Ex Rate

Amount (Local Curr)

View Reserve History

Total Reserve (Local Curr)

Severity

Writ Issued

01/01/2013

Writ No.

Sensitive Case

Record Creation

Created by

Created Date

01/01/2013

Reopened Date

01/01/2013

Late/Reopened

Deletion of Record

Record Deletion Date

01/01/2013

Record Deletion Reason

3<sup>rd</sup> Party Insurer

Select add new 3<sup>rd</sup> 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 3<sup>rd</sup> Party Service Provider is required, user will click "Service Provider/Insurer" button.

The screenshot displays the 'Third Party Entry' form in the ComfortDelGro Insurance system. The form is titled 'Third Party Entry' and includes a section for 'Other Parties'. The 'Other Parties' section contains a table with columns: Other Party Type, Claimant Name, NRIC No., Vehicle Number, Loss Nature, Third Party Lawyer, Third Party Adjuster, Status, and Select. A single entry is visible: 'PD' for 'third party property'. Below the table is a pagination control showing '1'. At the bottom of the form, there are three buttons: 'Service Provider/Insurer', 'TPPD Claim', and 'TPBI Claim'. A blue line points from the '3<sup>rd</sup> Party Insurer' text to the 'Service Provider/Insurer' button. The browser address bar shows the URL: '182.19.10.70/MCAS.Web/ClaimProcessing/ThirdPartyEditor?PolicyId=13&ClaimId=8&AccidentClaimId=2&claimMode=Write'. The browser tabs include 'ComfortDelGro Insurance', 'Convert PDF to Wor...', 'World Compliance', 'Singapore extended ...', 'Vlookup to return Tr...', 'www.vmware.com/f...', and 'Mastering VMware v...'. The footer of the application says 'Powered by E&S'.

Other Party Type	Claimant Name	NRIC No.	Vehicle Number	Loss Nature	Third Party Lawyer	Third Party Adjuster	Status	Select
PD	third party property							<button>Selected</button>

< 1 >

Service Provider/Insurer TPPD Claim TPBI Claim

Powered by E&S

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

When making payments or generating letters, the company information of 3<sup>rd</sup> 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"/>

