

Claim Number Generation Requirement Specification

**Version 1.1**

|  |  |
| --- | --- |
| ***Corporate Office & Development Center*** | ***Offshore Development Center*** |
| *5 Concourse Parkway*  *Suite 3200, Atlanta, Georgia 30328*  *Tel 678.281.2014*  *Fax: 678.281.2019* | *Plot # 122 & 123, N.S.E.Z, Phase -2*  *NOIDA, UP 201 305*  *India*  *Tel: 91.11.91.2510483* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Author** | | | | |
| **Name** | **Role** | **Date of Preparation** | **Signature** | |
| Varun Gupta | Business Analyst | 26-Dec-2014 | varun | |
| **Reviewer(s)** | | | | |
| **Name** | **Role** | **Date of Review** | **Signature** | |
| Pravesh Kumar | Manager Projects |  |  | |
|  |  |  |  | |
| **Approver** | | | | |
| **Name** | **Role** | **Date of Approval** | **Signature** | |
| ChengChoon Yip | VP Ebix Exchange  Asia |  |  | |
| **Document Path** | **Version Number** | **Date of Release** | | |
|  | 1.0 | 26-Dec-2014 | | |
| **Revision History** | | | | |
| **Version Number** | **Date of Release** | **Section/ Page # Changed** | | **Details of Changes** |
| 1.0 |  |  | | New Document |
| 1.1 |  | Updated pages 2-6 | | Updated with new specification discussed in the meeting on 8 Jan 2015 |

|  |  |  |
| --- | --- | --- |
| **References** | | |
| **Document** | **Date Received** | **Author** |
|  |  |  |

Contents

[1. Overview 4](#_Toc408558318)

[1.1 Specification 5](#_Toc408558319)

[a. Module 5](#_Toc408558320)

[b. Development Type 5](#_Toc408558321)

[1.2 Claim number digit information 5](#_Toc408558322)

[1.2.1 Parent Claim Number 5](#_Toc408558323)

[1.2.2 Claimant Record Number 6](#_Toc408558324)

[1.2.3 Name with Claimant Record Number 6](#_Toc408558325)

# Overview

The objective of this document is providing information for “Claim Number Generation” of Claim registration module.

Business scenario:

1. On Accident screen, Parent Claim Number will be generated based on Business Units.

Ex:

* First Claim: CLM/BU/ 2015-1
* Second Claim: CLM/BU/ 2015-2
* Tenth Claim: CLM/BU/ 2015-10

**Business Units:**

* BU – Bus
* TR – Train
* PC – Private Car
* PB – Private Bus
* RV – Rental Vehicle
* CV – Commercial Vehicle
* TA – Taxi

1. On claim tab as per the claim file received, different type of claim will be entered by user and a Claimant Record Number will be generated as per claim type.

Example:

* OD First Claim: OD-1
* OD Tenth Claim: OD-10
* BI First Claim: BI-1
* BI Tenth Claim: BI-10
* PD First Claim: PD-1
* PD Tenth Claim: PD-10

1. All Created Claims will be linked to Parent Claim Number which will be created under Accident screen.

## Specification

|  |  |  |  |
| --- | --- | --- | --- |
| ☒ | New | ☐ | Change Request |

* 1. Module

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | Diary | ☐ | System Admin Module | ☒ | Claim Registration |
| ☐ | Claim Payment | ☐ | Claim Recovery | ☐ | Claim Enquiry |
| ☐ | Upload | ☐ | Reports |  |  |

* 1. Development Type

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☒ | Functionality | ☐ | Integration | ☐ | Rule |
| ☐ | Report | ☐ | Field | ☐ | Screen |

## Claim number digit information

### Parent Claim Number

**Format:** Main / Business Unit / Year – Running Number >>

**Main:**

CLM – Claim

P – Payment

**Business Units:**

* + - BU – Bus
    - TR – Train
    - PC – Private Car
    - PB – Private Bus
    - RV – Rental Vehicle
    - CV – Commercial Vehicle
    - TA – Taxi

**Year:** Four Digits

**Running Number:** Running unique number starting from 1

Example:

* + - First Claim: CLM/BU/ 2015-1
    - Second Claim: CLM/BU/ 2015-2
    - Tenth Claim: CLM/BU/ 2015-10

.

### Claimant Record Number

**Format:** Type – Running Number >>

**Type:**

OD – Own Damage

PD – Property Damage

BI – Bodily Injury

**Running Number:** Running unique number starting from 1

Example:

* + - OD First Claim: OD-1
    - OD Tenth Claim: OD-10
    - BI First Claim: BI-1
    - BI Tenth Claim: BI-10
    - PD First Claim: PD-1
    - PD Tenth Claim: PD-10

### Name with Claimant Record Number

Format: Claimant Name (max 50 characters) – Claimant Record Number

**Claimant Name:** No spaces, maximum 50 characters (Ex. JohnTanAhDoe)

**Claimant Record Number:** Type – Running Number>>

**Example:**

* OD: JohnTanAhDoe-OD-1
* BI: SusanLeeAhDoe-BI-1
* PD: JasonOhAhDoe-PD-1