1.0 Situation Overview

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1.2 Application Proposal

1.2.1 Functional Requirements

1.2.2 Non-Functional and Performance Requirements

1.2.3 Technical Requirements

1.2.4 Usability Requirements

1.3 Overview of the System Architecture

1.4 Strategic IT Value

1.4.1 Economical Perspective

1.4.2 Technical Perspective

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1.5 Aim

1.6 Objectives

2.0 Research Methodology

2.1 Research Design

2.2 Primary Data Spotlight and Actors

2.3 Data Collection Protocols

2.3.1 Questionnaires

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3.0 Logistic and Tools – Required Resources

4.0 Project Plan

In normal vehicle insurance claiming process or in ‘on the spot’ vehicle insurance claiming process, there is an important common feature that in both cases when there is an accident, the respective vehicle claiming staff member will visit the location of the accident to do an assessment. On the scene of an accident, an insurance agent does a preliminary assessment of the damage to the vehicle. This preliminary assessment depends solely on the discretion of the insurance agent. He uses his experience and knowledge to assess the damage. There are no prescribed criteria or template on which the assessment is based.

In a nut shell what happens is insurance agent calculates cost of the damage based on different factors such as damages, insured value of the vehicle and the market value of the vehicle. The staff member will just pay for the damage by considering an average price of a damaged vehicle component without referring to the actual market price. It should be also considered that the same component of different vehicle brands has different market values and such prices are always varying in an economy such as Sri Lanka. So it is difficult as to keep in touch with market value variations manually. This will affect the customer and the company in different adverse ways.

Lack of access to the relevant information at the accident location in the preliminary assessment can lead to two main failures. If the insurance company pays less amount to the customer than the actual price, then the customer will fall in to a trouble by not being able to purchase the damaged vehicle component for the received amount. It will also create a bad reputation to the insurance company and result in breaking the faith the customer has on the company. On the other hand if staff member pays a higher amount than the actual damage to the customer, then it will create a loss to the company.

Another loophole that can be seen in the traditional way of doing a preliminary assessment is, verifying the documents and photographs in the scene of accident and the process of approving the claim and reprocessing the documents in the branch/head office to settle the claim causes hefty delays in the manual procedure. Insurance agent does not have any interactions with the company database while on the field which will also delay the updating of necessary data to issue the claim. Figure 1.0 graphically demonstrate the normal claim settlement procedure.

It is also reported that there had been incidents where vehicle owners and claiming officers teaming up to fabricate accidents and gain through over calculated claims. There is no room for such mischief if the exact values are gains from an updated database.

Above mentioned are some of the common problems identified by the researcher in the traditional claim settlement procure in motor vehicle industry. These problems affects the on the spot claiming process more than the normal process. By enabling agent’s access to the real time information updates, it will save a considerable period of time and effort. This also would reduce human errors on the data that has been updated because the claiming data is not updated after a delay and not by a different data operator.

