

Bold - 12pt	Main Heading
<input type="checkbox"/> sentence	List of checkpoint roadmap is listed at the end (report)
PHASE	CRM process Phases
→	Upload Documents
<input type="checkbox"/> sentence	Notification to people involved in the process
<input type="checkbox"/> Client	Direct contact with client
Sentence	Section Headings
	Instruction boxes

Submit button after data filling

Login Credentials

Username:

Password:

BQP's, select initiator

<input type="checkbox"/> Direct <input type="checkbox"/> Posp _____ (Name)

Motor Insurance	Health Insurance	Life Insurance	Commercial Insurance	Travel Insurance
-----------------	------------------	----------------	----------------------	------------------

HEALTH INSURANCE: CRM FLOW

PRE-PREMIUM PAYMENT

PHASE 1

BQP/POSP POV

Policy Type

<input type="checkbox"/> Fresh Case (PT1)	<input type="checkbox"/> Port Case (PT2)	<input type="checkbox"/> Renewal Case (PT3)
---	--	---

PT1- Fresh case

Proposer Details

Customer Name	Email ID	Contact No.	Pincode
---------------	----------	-------------	---------

<input type="checkbox"/> Individual			<input type="checkbox"/> Family Floater			
Name	DOB	PED	Name	DOB	Relation	PED
(autofill from proposer field)			(autofill from proposer field) (for 1st Adult only)	(Option to add multiple names)		
Sum Insured:			Sum Insured:			
Expected Premium Range:			Expected Premium Range:			
Company Preference:			Company Preference			
(Give dropdown options for Sum Insured i.e Sum Insured values and Company Preference Options)						
Add Ons Required (DROPDOWN)			Add Ons Required Room Rent Limit			
Remarks _____			Remarks _____			
Once Add on options are selected, give space in front of it as remarks. Indicating selected options needs a change. Remarks option (next lines) stands for additional specifications, if not covered in standard ones)						

Recommendation : Ideal Sum Insured Table

Age	Income Slab	Ideal Sum Insured
-----	-------------	-------------------

This recommendation will pop up once the dob/age section above is filled
Table for the same will be provided later

PT2- Port case

Proposer Details

Customer Name	Email ID	Contact No.	Pincode
---------------	----------	-------------	---------

Individual			Family Floater			
Name	DOB	PED	Name	DOB	Relation	PED
(autofill from proposer field)			(autofill from proposer field) (for 1st Adult only)	(Option to add multiple names)		
Sum Insured:			Sum Insured:			
Expected Premium Range:			Expected Premium Range:			
Company Preference:			Company Preference			
(Give dropdown options for Sum Insured i.e Sum Insured values and Company Preference Options)						
Add Ons Required (Dropdown)			Add Ons Required Room Rent Limit			
Remarks _____			Remarks _____			
<p>Once Add on options are selected, give space in front of it as remarks. Indicating selected options needs a change.</p> <p>Remarks option (next lines) stands for additional specifications, if not covered in standard ones)</p>						
→ Attach Old Policy Copy						

Recommendation : Ideal Sum Insured Table

Age	Income Slab	Ideal Sum Insured
-----	-------------	-------------------

This recommendation will pop up once the dob/age section above is filled
Table for the same will be provided later

PT3- Renewal

Customer Name _____	Policy Number: _____
(Details/Policy Copy will show up post entering the details)	
Add Ons: (if any) (Give Dropdown option and space to write remarks in front of it)	
Remarks: _____	

The quotation would be assigned automatically to the available Operations team member.

<input type="checkbox"/> Task Accepted (Check Box for Ops)

Upon receiving the quote preparation request, Operations members will tick the check box informing the team about the acceptance of the task.

List of Add Ons for Dropdowns

1. Room Rent Limit
2. Restoration of Sum Insured
3. Cumulative Bonus Booster
4. Deductible
5. Co-Payment
6. Reduction in Ped Waiting Period
7. Personal Accident Cover
8. Maternity Benefit
9. Critical Illness
10. Claim Protector (Consumables)
11. Sum Insured Protector
12. ASI Protector
13. OPD Benefit
14. Hospital Cash
15. Safeguard/Safeguard +
16. Medical Practitioner
17. Domestic Air Ambulance
18. Tele Consultation
19. Wellness Points
20. Daily Cash Benefit
21. Compassionate Travel
22. Home Care Travel
23. Repatriation of Mortal
24. Secure Benefit
25. Dental Care Treatment
26. Disease Management
27. Instant Cover
28. Global Coverage
29. No Room Rent Limit

LIFE INSURANCE

Keyman Insurance

PRE-PREMIUM PAYMENT

PHASE 1: LMS

BQP/POSP POV

Policy Type

<input type="checkbox"/> Term	<input type="checkbox"/> Non Term
-------------------------------	-----------------------------------

PT1- Term

Proposer Details

Customer Name _____		DOB	PED
Educational Qualification _____ - DROP DOWN (Master & Above / Graduate & Higher /HSC / SSC)			
Are you a		Employment Status	
<input type="checkbox"/> Smoker	<input type="checkbox"/> Non Smoker	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed
Annual Income _____			
Existing Sum Assured:			
REQUIRED			
Sum Assured	Policy Term	Premium Paying Term	
Company Preference : (give dropdown)			
Riders: (give dropdown and keep space in front of it)			

TRAVEL INSURANCE: CRM FLOW

PRE-PREMIUM PAYMENT

PHASE 1

BQP/POSP POV

Proposer Details

Customer Name		Contact No.	
Date of Birth		Pincode	
Travel Days		Destination	<input type="checkbox"/> Upload Tickets
Sum Insured		PED	

Give multiple travellers option

The quotation would be assigned automatically to the available Operations team member.

☐ **Task Accepted (Check Box for Ops)**

Upon receiving the quote preparation request, Operations members will tick the check box informing the team about the acceptance of the task.

MOTOR INSURANCE: CRM FLOW

PRE-PREMIUM PAYMENT

PHASE 1

BQP/ POSP POV

Policy Type

<input type="checkbox"/> New Vehicle (PT1)	<input type="checkbox"/> Roll Over Case (PT2)	<input type="checkbox"/> Renewal Case (PT3)	<input type="checkbox"/> Expired Case (PT3)
--	---	---	---

PT1- New vehicle case

Proposer Details

Customer Name	Email ID	Contact No.	Pincode

<input type="checkbox"/> With Invoice Copy	<input type="checkbox"/> Without Invoice Copy
Give options to fill	
→ Upload Invoice Copy (upload option)	Company Name _____
CC _____	Model No. _____
Fuel Type _____	Variant _____
Sitting Capacity _____	Ex. Showroom Price _____
RTO Location _____	CC _____
	Fuel Type _____
	Sitting Capacity _____
	RTO Location _____
Add Ons: (Drop Down)	Add Ons:
Company Preference: (Drop Down)	Company Preference:

Remarks:	Remarks:
<p>Once Add on options are selected, give space in front of it as remarks. Indicating selected options needs a change. Remarks option (next lines) stands for additional specifications, if not covered in standard ones)</p>	

PT2- Roll Over Case (PT2)

Customer Name	Email ID	Contact No.	Pincode

Upload Documents

→ Policy Copy	<input type="checkbox"/> Claim Confirmation - Yes/ No (give yes or no options only)
→ RC Copy	

Note: In case of wrong declaration of NCB, claim would be rejected

Add Ons: (Drop Down)	Add Ons: (Drop Down)
Company Preference:	Company Preference:
Remarks:	Remarks:
<p>Once Add on options are selected, give space in front of it as remarks. Indicating selected options needs a change. Remarks option (next lines) stands for additional specifications, if not covered in standard ones)</p>	

PT3- Renewal Case

Customer Name _____	Policy Number: _____
(Details/Policy Copy will show up post entering the details)	
Add Ons: (if any) (Give Dropdown option and space to write remarks in front of it)	
Remarks: _____	

PT3- Expired Case

Proposer Details

Customer Name	Email ID	Contact No.	Pincode

Upload Documents

Within 90 days of Expiry	Post 90 Days of Expiry
→ Policy Copy → RC Copy	→ RC Copy
Add Ons: (Drop Down)	Add Ons: (Drop Down)
Company Preference:	Company Preference:
Remarks:	Remarks:
<p>Once Add on options are selected, give space in front of it as remarks. Indicating selected options needs a change.</p> <p>Remarks option (next lines) stands for additional specifications, if not covered in standard ones)</p>	
