

# Business Requirements Document

Auto Claims FNOL Workflow Automation

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## 1. Executive Summary

This document outlines the business requirements for implementing an automated routing system for auto insurance claims at Mapfre. The system will replace the current manual routing process to reduce ticket backlog, improve resolution times, and enhance customer satisfaction.

## 2. Business Objectives

- Reduce average ticket resolution time by 40%
- Achieve 85%+ automatic routing success rate
- Decrease call center escalation rate to below 15%
- Improve customer satisfaction scores by 20%

## 3. Functional Requirements

- FR-001: The system must automatically read the customer's zip code and assign the claim ticket to the nearest regional adjuster within 2 minutes.
- FR-002: The system must categorize claims by type (Collision, Windshield, Theft, Comprehensive, Liability) and route to appropriate department.
- FR-003: Claims under \$2,000 marked as 'Low Risk' should bypass manual review and receive automated approval.
- FR-004: High-value claims (>\$15,000) must be flagged for supervisor review before processing.
- FR-005: The system must detect potential duplicate claims within a 24-hour window and flag for fraud review.
- FR-006: Real-time KPI dashboard must display resolution times, routing success rates, and escalation metrics.

## 4. Non-Functional Requirements

- NFR-001: System must maintain 99.9% uptime during business hours.
- NFR-002: All claim assignments must complete within 2 minutes of submission.
- NFR-003: System must handle up to 1,000 concurrent claim submissions.
- NFR-004: All data must be encrypted at rest and in transit.
- NFR-005: System must integrate with existing CRM and policy management systems.

## 5. Acceptance Criteria

- All UAT test scripts must pass with 95% success rate
- No critical or high-severity defects at go-live
- Staff training completion rate of 100%
- Parallel run period of 2 weeks without data discrepancies

# Use Cases

## UC-001: Low-Risk Claim Auto-Approval

**Actor:** Policyholder

**Precondition:**

Policyholder has an active auto insurance policy

**Scenario:**

A policyholder submits a claim for a minor fender-bender via the mobile app. The claim amount is \$1,200. The system flags it as 'Low Risk,' bypasses the manual review queue, and sends an automated approval email to the customer within 15 minutes.

**Expected Result:**

Claim is approved and customer receives confirmation email

## UC-002: Regional Adjuster Assignment

**Actor:** Call Center Representative

**Precondition:**

Customer calls to report a claim

**Scenario:**

A call center representative enters a new collision claim for a customer in zip code 10001 (Northeast region). The system automatically identifies the nearest regional adjuster based on the zip code and assigns the claim within 2 minutes. The adjuster receives a notification and the customer is informed of their assigned contact.

**Expected Result:**

Claim is assigned to appropriate regional adjuster

## UC-003: High-Value Claim Escalation

**Actor:** System/Supervisor

**Precondition:**

Claim submission with amount exceeding \$15,000

**Scenario:**

A customer submits a comprehensive claim for \$22,000 due to vehicle theft. The system automatically flags the claim as 'High Risk' and routes it to the supervisor review queue instead of auto-approving. The supervisor receives an urgent notification and the claim appears in their priority dashboard.

**Expected Result:**

Claim is queued for supervisor manual review