

# **Business Requirement Document**

---

**Project Name: Property and Casualty  
Insurance Data Management System**

**Document Version: v0.1**

**Last updated: 07/01/2025**

**By: CodeInsightAI**

**Coforge**

## Document Revisions

Date	Version Number	Document Changes
07/01/2025	v0.1	Initial Document

## **Section**

Introduction

1.1 Objectives

1.2 Business Drivers

1.3 Business Requirements

1.4 Use Cases

1.4.1 Use Case 1 - Generate Policy and Claim Report

1.4.2 Use Case 2 - Select Policy from List

1.4.3 Use Case 3 - View Policy Details

1.4.4 Use Case 4 - Enter First Notice of Loss (FNOL) Details

1.4.5 Use Case 5 - Lookup Policy or Claim

1.4.6 Use Case 6 - Select Policy Version

1.4.7 Use Case 7 - Display Policy Details and Initiate Claim

1.4.8 Use Case 8 - Manage Claim Details

## **Introduction**

This document outlines the business requirements for the Claims Management System, focusing on the First Notice of Loss (FNOL) process. The system is designed to streamline the process of reporting, processing, and managing insurance claims, specifically within the Property and Casualty domain. The system will provide a comprehensive view of policy and claim information and will be used by claims customer executives.

## **1.1 Objectives**

The primary objective of this system is to provide a user-friendly and efficient platform for managing claims from the initial report through resolution. This includes the following goals:

- To provide a centralized system for accessing policy and claim data.
- To streamline the FNOL process, ensuring accurate and timely data capture.
- To enable claims handlers to efficiently verify policy details and coverage.
- To facilitate claim processing, including claim creation, updates, and reporting.
- To provide a robust system that is scalable, reliable, and maintainable.
- To improve the accuracy and completeness of data related to policies and claims.
- To enhance the overall claims management workflow, leading to faster claim resolution and improved customer satisfaction.

## 1.2 Business Drivers

The development of this system is driven by the following business needs:

- **Operational Efficiency:** Reduce the time and resources required to process claims, thereby improving operational efficiency.
- **Accuracy and Data Integrity:** Ensure accurate and consistent data across all systems, minimizing errors and fraud.
- **Compliance:** Adhere to regulatory requirements and industry best practices for claims handling.
- **Improved Customer Service:** Provide faster and more efficient service to policyholders, leading to increased satisfaction and retention.
- **Cost Reduction:** Reduce administrative costs associated with claims processing, including manual data entry and paper-based processes.
- **Data Analysis:** Provide access to detailed claim and policy data for analysis and reporting, enabling better decision-making.
- **Competitive Advantage:** Enhance our competitive position by providing superior claims handling capabilities.

## 1.3 Business Requirements

The system must:

- Allow users to search for policies and claims using various criteria.
- Display policy details, including policyholder information, coverage details, and property specifics.
- Provide a clear and intuitive interface for entering new claim information.
- Validate user input to ensure data accuracy and completeness.
- Link claims to corresponding policies, enabling easy access to related information.
- Generate comprehensive reports on claim and policy data.
- Support both online (CICS) and batch processing of data.
- Provide clear error messages to guide users through the system.
- Maintain an audit trail of all user actions.
- Ensure data security and protect sensitive customer information.

## 1.4 Use Cases

### 1.4.1 Use Case 1 - Generate Policy and Claim Report

- **User Role:** Claims Data Analyst, Claims Auditor
- **Goal:** To generate a comprehensive report linking policy information with associated claim details for analysis, auditing, and reporting.

- **Benefit:** Provides a clear understanding of the relationship between policies and claims, enabling better analysis, auditing, and reporting.
- **Actors:** Claims Data Analyst, Claims Auditor
- **Preconditions:** Policy and claim data must exist in the system.
- **Post conditions:** A detailed report file is generated, containing policy and associated claim details.
- **Normal Flow:**
  1. The batch program `PRPTPGM` is initiated.
  2. The program reads data from the Policy File (PPOLFL) sequentially using the policy key.
  3. For each policy, the program attempts to find matching claim records in the Claim File (PCLMFL) using the claim key.
  4. If a claim is found, the program includes both policy and claim details in the report.
  5. If no claim is found for a policy, the program includes the policy details along with a note indicating "NO CLAIM FOUND FOR POLICY".
  6. The report includes a header with the report title, date, and column headings.
  7. The report includes a page number and page breaks after every 20 lines.
  8. The program writes the report to the output file (PRPTFL).
- **Alternative Flows:**
  - If there are errors opening the Policy, Claim, or Report file, an error message is displayed, and the program terminates.
- **Input Validations:**
  - File status is checked after opening Policy, Claim and Report files.
- **Acceptance Criteria:**
  - The report is generated successfully, containing policy details and associated claim information.
  - The report includes all policies, even those without associated claims.
  - The report is formatted correctly, with headers, column headings, and page breaks.
- **Field Level Information:**
  - **Policy Number:** Unique identifier of the insurance policy.
  - **Policy Version:** Version number of the policy.
  - **Policy Status:** Current status of the policy (e.g., active, inactive).
  - **Product Type:** Type of insurance coverage (e.g., Homeowners, Auto).
  - **Coverage Amount:** Maximum amount the policy will pay for a covered loss.
  - **Deductible:** Amount the policyholder must pay before insurance coverage kicks in.
  - **Policyholder Name:** Name of the insured party.
  - **Claim Number:** Unique identifier of the claim.
  - **Claim Type:** Category of the claim (e.g., Property).
  - **Date of Loss:** Date when the loss occurred.
  - **Date Reported:** Date when the loss was reported.
  - **Estimated Loss Amount:** Initial estimate of the financial loss.
  - **"NO CLAIM FOUND FOR POLICY":** Note indicating that no claim is found for the policy.

#### 1.4.2 Use Case 2 - Select Policy from List

- **User Role:** Claims Customer Executive
- **Goal:** To search and select a specific policy from a list to associate with a claim.
- **Benefit:** Ensures that the claim is correctly associated with the appropriate insurance policy.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has accessed the policy selection screen.
- **Post conditions:** The user has selected a policy and proceeds to the next step in the FNOL process.
- **Normal Flow:**
  9. The user accesses the policy selection screen (PPOLST2).
  10. The screen displays a list of policies with policy number, version, policy name, and status.
  11. The user enters "S" in the "SELECT" field next to the desired policy.
  12. The selected policy is highlighted.
  13. The user presses PF3 to exit the screen.
- **Alternative Flows:**
  - If the user enters an invalid input in the SELECT field, an error message is displayed.
  - If no policy is selected and PF3 is pressed, the screen exits and returns to the previous screen.
- **Input Validations:**
  - The "SELECT" field accepts only the input "S".
- **Acceptance Criteria:**
  - The user can successfully select a policy from the list.
  - The selected policy is passed to the next screen.
- **Field Level Information:**
  - **SELECT:** Input field for selecting a policy by entering "S".
  - **Policy Number:** Unique identifier of the insurance policy.
  - **Version:** Version number of the policy.
  - **Policy Name:** Descriptive name of the policy.
  - **Status:** Current status of the policy (e.g., active, inactive).
  - **WARNING/ERRORS:** Area to display any error or warning messages.

#### 1.4.3 Use Case 3 - View Policy Details

- **User Role:** Claims Customer Executive
- **Goal:** To view and verify policy information before proceeding with claim initiation.
- **Benefit:** Ensures the correct policy is associated with the claim and that the user is aware of all policy details.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has selected a policy from the list.
- **Post conditions:** The user has reviewed the policy details and can initiate a new claim or update an existing one.
- **Normal Flow:**

14. The user accesses the policy details screen (PPOLST3).

15. The screen displays policy details, including policy number, version, product type, policyholder information, property details, coverage amounts, and deductibles.
  16. The user reviews the policy details.
  17. The user enters "I" to initiate a new claim, "U" to update an existing claim, or "N" to go back to the previous screen.
  18. The user presses PF3 to exit the screen.
- **Alternative Flows:**
    - If the user enters an invalid input in the "Confirm Policy" field, an error message is displayed.
    - If the user presses PF3, the screen exits and returns to the previous screen.
  - **Input Validations:**
    - The "Confirm Policy" field accepts only the input "I", "U", or "N".
  - **Acceptance Criteria:**
    - The user can view all policy details.
    - The user can initiate a new claim or update an existing one based on the policy details.
  - **Field Level Information:**
    - **Policy Number (POLNUM):** Unique identifier of the insurance policy.
    - **Policy Version (POLVER):** Version number of the policy.
    - **Product Type (PRODTYP):** Type of insurance coverage (e.g., Homeowners, Auto).
    - **Policy Status (POLSTAT):** Current status of the policy (e.g., active, inactive).
    - **Policyholder Name (POLNAME):** Name of the insured party.
    - **Policyholder Address (POLADR1, POLADR2, POLADR3):** Full address of the policyholder.
    - **Phone Number (PHONENO):** Policyholder's contact phone number.
    - **Effective Date (EFFDT):** Date the policy coverage begins.
    - **Expiration Date (EXPDATE):** Date the policy coverage ends.
    - **Country (CNTRY):** Country where the insured property is located.
    - **Property Address (PRPADR1, PRPADR2):** Address of the insured property.
    - **Zip Code (ZIPCODE):** Zip code of the insured property.
    - **City (CITY):** City of the insured property.
    - **State (STATE):** State of the insured property.
    - **Coverage Amount (COVAMT):** Maximum amount the policy will pay for a covered loss.
    - **Coverage Deductible (COVDDED):** Amount the policyholder must pay before insurance coverage kicks in.
    - **Last Claim (CLAIM):** Shows the last date a claim was made on the policy.
    - **Confirm Policy (CONFIRM):** Input field to confirm the policy and initiate claim actions.
    - **Warning/Errors (ERRWARN):** Area to display error or warning messages.

#### **1.4.4 Use Case 4 - Enter First Notice of Loss (FNOL) Details**

- **User Role:** Claims Customer Executive
- **Goal:** To capture initial details of a new property loss claim.

- **Benefit:** Ensures all necessary claim information is captured accurately and efficiently.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has selected a policy and is ready to enter claim details.
- **Post conditions:** A new claim record is created in the system with the entered details.
- **Normal Flow:**
  19. The user accesses the FNOL data entry screen (PPOLST4).
  20. The user enters the claim details, including claim type, date of loss, date reported, reported by, reported to, loss type, cause of loss, estimated loss amount, and loss description.
  21. The user presses "Enter" to submit the data.
  22. The system validates the entered data.
  23. A new claim record is created in the system.
  24. The system displays a confirmation message.
- **Alternative Flows:**
  - If the user enters invalid data, an error message is displayed, and the user is prompted to correct the input.
  - If the user presses PF3, the screen exits and returns to the previous screen.
- **Input Validations:**
  - Claim type must be "PR".
  - Date fields must be in MM/DD/YYYY format and numeric.
  - Loss type and cause of loss must be valid codes.
  - Estimated loss amount must be numeric.
  - Mandatory fields must be populated.
- **Acceptance Criteria:**
  - The user can successfully enter all required claim details.
  - The entered data is validated, and a new claim record is created.
- **Field Level Information:**
  - **Claim Number (CLMNUM):** Unique identifier for the claim (display-only).
  - **Claim Type (CLMTYP):** Type of claim, must be "PR".
  - **Date of Loss (DTLMM, DTLDD, DTLYR):** Date the loss occurred.
  - **Date Reported (DTRMM, DTRDD, DTRYR):** Date the loss was reported.
  - **Reported By (REPRDBY):** Name of the person who reported the loss.
  - **Reported To (REPRDTO):** Individual or department the loss was reported to.
  - **Loss Type (LOSSTYP):** Type of loss (e.g., Theft, Fire, Earthquake, Hail/Flood).
  - **Cause of Loss (CAUSE):** Cause of the loss (e.g., Sabotage, Accident, Arson, Natural).
  - **Estimated Loss Amount (AMOUNT):** Initial estimate of the financial loss.
  - **Loss Description (LOSDES1, LOSDES2, LOSDES3):** Detailed description of the loss event.
  - **Warning/Errors (WARNERR):** Area to display error or warning messages.

#### **1.4.5 Use Case 5 - Lookup Policy or Claim**

- **User Role:** Claims Customer Executive

- **Goal:** To quickly lookup an existing policy or claim using its identifier.
- **Benefit:** Provides quick access to policy and claim information, improving efficiency.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has accessed the initial entry screen.
- **Post conditions:** The user is navigated to the appropriate screen based on their input.
- **Normal Flow:**

25. The user accesses the initial entry screen (PPOLSCR1).
26. The user enters either a policy number (with or without a version) or a claim number.
27. The system validates the input.
28. If a valid policy number is entered, the system searches the Policy File and navigates the user to the policy list screen (PPO2).
29. If a valid claim number is entered, the system searches the Claim File and navigates the user to the loss details screen (PPO4).
30. If the policy or claim is not found, an error message is displayed.

- **Alternative Flows:**
  - If the user enters an invalid policy or claim number, an error message is displayed.
  - If the user enters both a policy and claim number, an error message is displayed.
  - If the user presses PF3, the screen exits and returns to the previous screen.
- **Input Validations:**
  - Policy number, if entered, must conform to the expected format.
  - If a policy version is entered, a corresponding policy number must be provided.
  - If a claim number is entered, no policy number can be entered.
- **Acceptance Criteria:**
  - The user can successfully look up a policy or claim using its identifier.
  - The user is navigated to the correct screen based on their input.
- **Field Level Information:**
  - **Policy Number:** Unique identifier of the insurance policy.
  - **Policy Version:** Version number of the policy.
  - **Claim Number:** Unique identifier of the claim.
  - **Warning/Errors:** Area to display any error or warning messages.

#### **1.4.6 Use Case 6 - Select Policy Version**

- **User Role:** Claims Customer Executive
- **Goal:** To select the correct policy version when multiple versions exist.
- **Benefit:** Ensures that the claim is associated with the correct policy version.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has entered a policy number with multiple versions.
- **Post conditions:** The user has selected a specific policy version and is ready to proceed.
- **Normal Flow:**

31. The user accesses the policy selection screen (PPOLSCR2).
32. The system displays all versions of the policy.
33. The user enters "S" in the selection field next to the desired version.
34. The system validates the selection.
35. The user is navigated to the policy details screen (PPO3).

- **Alternative Flows:**

- If no policy is selected, an error message is displayed.
- If multiple policies are selected, an error message is displayed.
- If the selection is invalid, an error message is displayed.
- If the user presses PF3, the screen exits and returns to the previous screen.

- **Input Validations:**

- The user must enter "S" to select a policy.
- Only one policy version can be selected.

- **Acceptance Criteria:**

- The user can successfully select a policy version.
- The selected policy version is passed to the next screen.

- **Field Level Information:**

- **SELECT:** Input field for selecting a policy by entering "S".
- **Policy Number:** Unique identifier of the insurance policy.
- **Version:** Version number of the policy.
- **Policy Status:** Current status of the policy (e.g., active, inactive).
- **Warning/Errors:** Area to display any error or warning messages.

#### **1.4.7 Use Case 7 - Display Policy Details and Initiate Claim**

- **User Role:** Claims Customer Executive
- **Goal:** To display detailed policy information and initiate a new claim or update an existing one.
- **Benefit:** Provides a comprehensive view of the policy before proceeding with claim actions.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has selected a specific policy version.
- **Post conditions:** The user has reviewed policy details and initiated a new claim or update to an existing one.
- **Normal Flow:**

36. The user accesses the policy details screen (PPOLSCR3).
37. The system retrieves and displays detailed policy information.
38. The user enters "I" to initiate a new claim, "U" to update an existing claim, or "N" to go back to the previous screen.
39. If "I" or "U" is selected, the system navigates the user to the claim details screen (PPO4).
40. If "N" is selected, the system navigates the user back to the policy search screen (PPO2).

- **Alternative Flows:**

- If the user enters an invalid input in the confirmation field, an error message is displayed.

- If the policy is inactive and the user attempts to insert or update a claim, an error message is displayed.
- If the user selects 'U' to update a claim and a claim number is not associated with the policy, an error message is displayed.
- **Input Validations:**
  - The confirmation field accepts only the input "I", "U", or "N".
  - If updating a claim, a claim number must already be associated with the policy.
- **Acceptance Criteria:**
  - The user can view all policy details.
  - The user can initiate a new claim or update an existing one based on the policy details.
  - The user can navigate back to the policy search screen.
- **Field Level Information:**
  - **Policy Number:** Unique identifier of the insurance policy.
  - **Policy Version:** Version number of the policy.
  - **Product Type:** Type of insurance coverage (e.g., Homeowners, Auto).
  - **Policy Status:** Current status of the policy (e.g., active, inactive).
  - **Policyholder Name:** Name of the insured party.
  - **Policy Address:** Address of the policyholder.
  - **Phone Number:** Policyholder's contact phone number.
  - **County of Issue:** Country where the policy was issued.
  - **Effective Date:** Date the policy coverage begins.
  - **Expiration Date:** Date the policy coverage ends.
  - **Property Address:** Address of the insured property.
  - **Coverage Amount:** Maximum amount the policy will pay for a covered loss.
  - **Coverage Deductible:** Amount the policyholder must pay before insurance coverage kicks in.
  - **Claim Key:** Unique key linking policy to claim.
  - **Confirmation (CONFIRM):** Input field to confirm the policy and initiate claim actions.
  - **Warning/Errors:** Area to display any error or warning messages.

#### 1.4.8 Use Case 8 - Manage Claim Details

- **User Role:** Claims Customer Executive
- **Goal:** To create new claim records or update existing ones with all necessary details.
- **Benefit:** Ensures that all claim-related information is captured and managed accurately.
- **Actors:** Claims Customer Executive
- **Preconditions:** The user has selected a policy and is ready to manage claim details.
- **Post conditions:** A new claim record is created, or an existing record is updated.
- **Normal Flow:**

41. The user accesses the claim details screen (PPOLSCR4).
42. If a claim does not exist, the system generates a unique claim number.
43. The user enters or updates claim details, including claim type, date of loss, date reported, reported by, loss type, cause of loss, estimated loss amount, and loss description.

44. The system validates the entered data.
45. The system updates the policy file with the new claim number.
46. The system updates the claim file.
47. The system displays a confirmation message.

- **Alternative Flows:**

- If the user enters invalid data, an error message is displayed.
- If the user attempts to update a claim that does not exist, an error message is displayed.
- If there are issues accessing the policy or claim file, an error message is displayed.

- **Input Validations:**

- Claim type must be "PR".
- Date fields must be in MM/DD/YYYY format and numeric.
- Report date cannot be in the future.
- Loss date must be within the policy effective and expiry dates.
- Loss date cannot be after the report date.
- Loss type must be one of the allowed values (T, F, E, H).
- Cause of loss must be one of the allowed values (S, A, R, N).
- Reported by field cannot be blank.
- Estimated loss amount must be numeric and non-zero.
- Loss description must not be blank.

- **Acceptance Criteria:**

- The user can create a new claim record or update an existing one.
- All entered data is validated, and the system updates the claim and policy files.

- **Field Level Information:**

- **Claim Number (CLMNUM):** Unique identifier for the claim (display-only).
- **Claim Type (CLMTYP):** Type of claim, must be "PR".
- **Date of Loss (DTLMM, DTLDD, DTLYR):** Date the loss occurred.
- **Date Reported (DTRMM, DTRDD, DTRYR):** Date the loss was reported.
- **Reported By (REPRDBY):** Name of the person who reported the loss.
- **Reported To (REPRDTO):** Individual or department the loss was reported to.
- **Loss Type (LOSSTYP):** Type of loss (e.g., Theft, Fire, Earthquake, Hail/Flood).
- **Cause of Loss (CAUSE):** Cause of the loss (e.g., Sabotage, Accident, Arson, Natural).
- **Estimated Loss Amount (AMOUNT):** Initial estimate of the financial loss.
- **Loss Description (LOSDES1, LOSDES2, LOSDES3):** Detailed description of the loss event.
- **Warning/Errors:** Area to display error or warning messages.