

# ONLINE INSURANCE CLAIM MANAGEMENT SYSTEM

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**Abstract:** A claim is a legal action to obtain money, property, or the enforcement of a right against another party. The legal document which carries a claim is called a Statement of Claim. An insurance claim is the actual application for benefits provided by an insurance company. Policy holders must first file an insurance claim before any money can be disbursed to the hospital or repair shop or other contracted service. This system is enhancing the facilities provided to the customers by converting it into an automated and online system..

**Key Words:** Online claim processing, automatic transaction, three tier architecture.

## I. INTRODUCTION

The field of insurance has taken a giant leap at the threshold of twentieth century. Insurance have become an integral part of life of man all over the globe. The proverb “Need is the mother of invention” is proving equally correct in case of insurance.

Insurance have already controllable impact on many aspects of our society. Claim management is another aspect on insurance. It is complex in nature that is true but it is driving force to plant the confidence in the hearts of people. In the present day world, data-intensive processes like claims management require processing and analysis of large amount of diverse information that must be detected in claims forms, medical, accidental reports, repair estimates and invoices that are digital and even paper based.

Manual validation of information is time consuming, costly that reduces the efficiency of the claim process and the overall quality of the customer service. The proposed insurance claim processing system is an automated insurance facility for all walks of life. The root of the system starts from registration of the customer. The employers can directly register under the Insurance firm online and as far as the rest of the process is concerned, the entire processing of transactions is automated.

### 1.1 Literature survey

A paid insurance claim serves to identify a policyholder against financial loss. As individual or group pays premium as consideration for completion of an insurance contract between the insured party and an insurance carrier. The most common insurance claims involve costs for medical goods and services, physical damage and liability resulting from the operation of automobiles, property damage and liability for dwellings (homeowners, landlords and renters), and the loss of life.

There are mainly 3 types of insurance claims:

- Health insurance claim.
- Property insurance claim.
- Life insurance claim.

1. Health insurance claims: health insurance claim is the insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over the large number of person.
2. Property insurance claim: property insurance provides protection against most risk to property, such as fire, theft and some weather damage. This includes specialized forms of insurance such as fire insurance, flood insurance, earthquake insurance, home insurance or boiler insurance.
3. Life insurance claims: life insurance is a contract between an insurer policy holder and an insurer or assure where the insurer promises to pay a beneficiary sum of money in exchange for a premium upon the death of an insured person. Depending on the contract other events such as terminal illness can also triggers payment.

## 2. Problem Definition

The project aim is to develop a real time system which all the claiming process is automated. In existing system, the customer has to go for the manual validations, check for the paper work which is time consuming. In proposed system the every process is automated. It will save the time of customer.

## 3. Workflow of the System

The flowchart of online insurance claim management system is as follows:

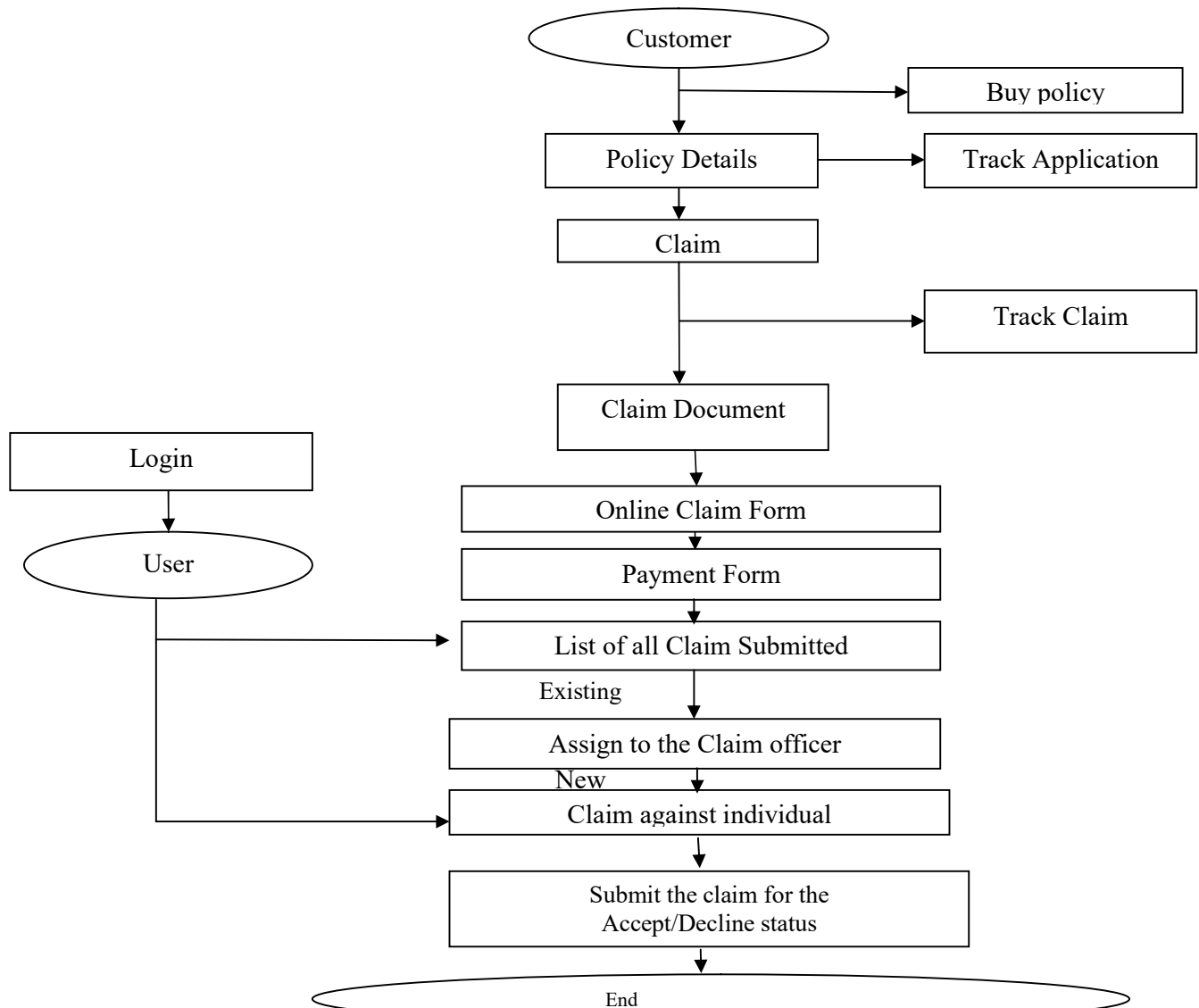


Fig 3.1 : flowchart

### 3.1 Data flow Diagram :

The main aim of data flow diagram is that it can provide an overview of what data a system would process, what transformations of data are done, what data are stored and which stored data are used and where the result will flow. The following diagram shows DFD of our system:

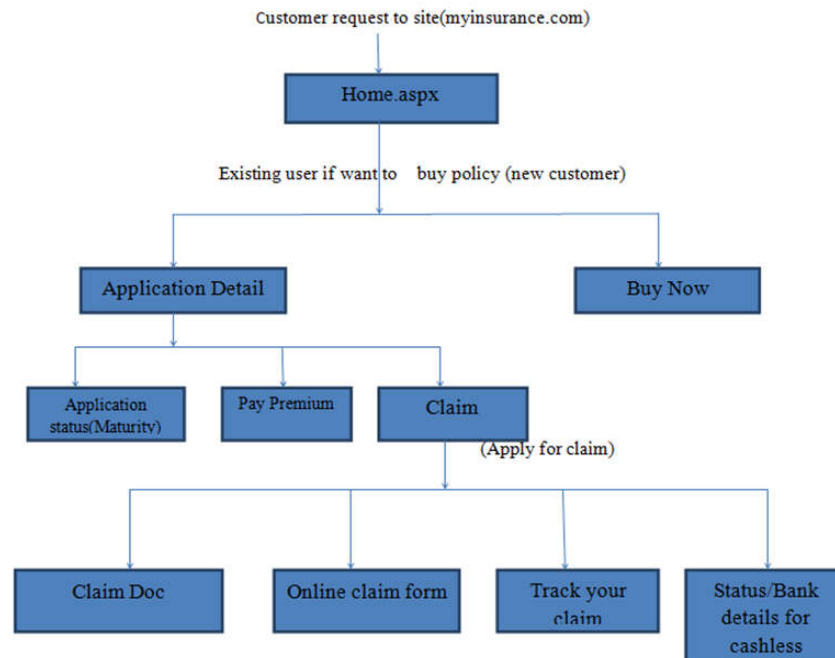


Fig 3.2: Data flow diagram

#### 4. Methodology:

In this section the system implementation methodology is explained in detail.

##### 4.1 System Architecture:

System consists of following modules:

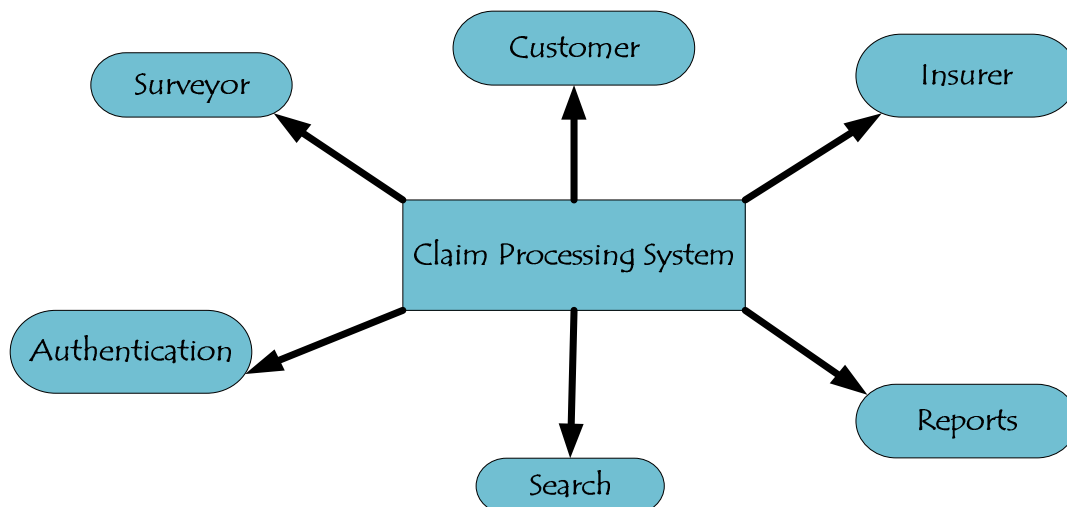


Fig 4.1: system overview of claiming process

##### Insurer:

1. Insurer will receive request claim from the policy holder for a particular policy.
2. Will verify the uploaded documents and receive the documents against the items damaged which can covered and not covered under policy.

3. Assign the task to the surveyor by sending the request details along with attached documents.
4. Should get the comments from the surveyor about the survey.
5. He/she can accept/reject/modify the insurance claim amount along with necessary remarks.
6. Can upload the status of the insurance claim into the system.

**Surveyor:**

1. Should able to login into the system.
2. Should receive the claim request details of the policy holder among with necessary documents attached.
3. Should able to send back the comments about the survey to the insurer along with a survey.

**Policy holder:**

1. Customer can register with site and login to the site.
2. Can update the details of insurance.
3. Should upload the policy complaint report as attachment for the request.
4. Should able to check the status of request through online system.

**Reports:**

1. Claim reports which are processed or not processed.
2. Accept/reject claim reports.
3. Claim transaction like monthly, yearly etc.

**Search:**

Search is the module which can be used by all the customers of the module.

**Authentication:**

Authentication is nothing but providing security to the system. If the user exists he can be treated as a valid user. Otherwise the request will throw back.

**Benefits of claiming process:**

1. Security.
2. Availability and scalability.
3. Manageability.
4. Easy maintenance.
5. Data abstraction

**4.2 PSEUDO CODE:**

1. Begin
2. Step 1: Build the code by right click on project under solution.
3. Step 2: On Build succeed or failure the list of warnings and error are displayed.
4. Step 3: Make sure the breakpoints are inserted at places where we want to test flow of data, by clicking on the left pane of code editor
5. Step 4: Make Debug option on Toolbar to ANY CPU and Browser to your choice as per system.
6. Step 5: Hit F5 and the code will run in Debug mode.
7. Step 6: For testing each module just go to the address of page in browser.
8. Step 7: Check the each field on page by entering the test data, and submit the page to server.
9. Step 8: If breakpoint is inserted for the page then after post back to server control will transfer to the code in debug mode where we can check the data entered and necessary operation on data.
10. Step 9: Unit test and Manual Testing is completed using the same procedure for each module.

11. Step 10: UI test should be checked by run the project on each browser.
12. Step 11: During testing the data entered is checked with entry in Database by executing command against tables in database used.
13. Step 12: Each and every user field is logged in database so during each step check with data.
14. Step 13: Ensure the correct data has been entered in for each page.
15. End

## 5. RESULT

The goal of our project is to provide facility to customers by converting it into automated and online systems. The employers can directly register under the insurance firm online and as far as the rest of the process is concerned the entire processing transactions are automated. The policy holder information is stored in centralized database for data sharing. Our web based technology empowers workers compensations bill review process with up-to-the minute information on claims, providers, payments, databases, tables and schedules ensures your claim re-pricing will net the absolute maximum amount available.

Following snapshot shows the home page of online insurance claim management system:

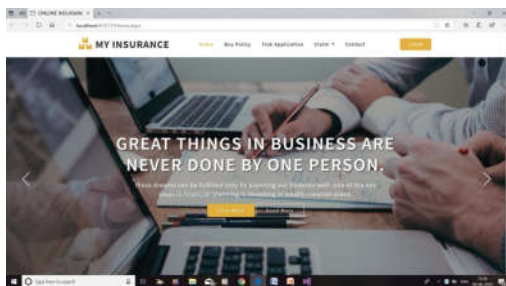


Fig 5.1: Home page

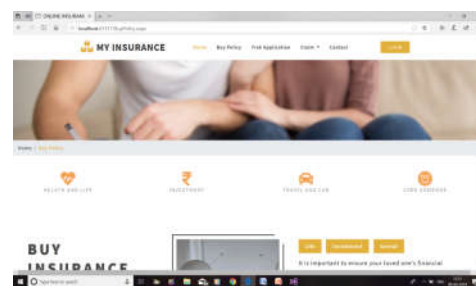


Fig 5.2: New customer page



Fig 5.3: Approved or declined status by authority.

## 6. CONCLUSION:

The claim processing system is an automated insurance facility for all walks of life. This follows with series of procedures like inspections and other verifications which ultimately end up with either registration or rejection. This system is enhancing the facilities provided to the customers by converting it into an automated and online system.

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