

Welcome to Ananda 2.0 Training





Our Salesforce Users Can Use Portal esales.licindia.in to Access ANANDA 2.0



www.esales.licindia.in

The term "Users" means all categories of Agents and Supervisors which include

Users

Agents Chief Life Insurance Advisors (CLIA) **Chief Organizers Direct Selling Agencies (DSAs)** LIC Associates (LICAs) **Development Officers (DOs)** Senior Business Associates (SBAs)



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User can start Login by selecting sales champion's option.





Login as







Agents/CLIA/CO/DO/SBA/LICA can click on <u>Sales champions</u> to login. BMO can click on <u>employee</u> to login.

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If the User is logging in for first time he/she should login with OTP option.





भारतीय जीवन बीमा निगम सारप्राय राजवन बीमा निगम

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From Second time User can use either of the two options, Login with OTP, or login with User ID.





I	ogin	

User ID

Login

Login with O OTP

Back

User ID	
Password	
	Forgot Passwor

User ID patterns to be used

Agent/CLIA/CO - <u>Agency codes</u> | DO - <u>Sr no</u> SBA - <u>SBA code (D+sr no)</u> | LICA - <u>LiCA code</u> IMF - <u>PO/ISP code</u> | Broker - <u>PO/BQP/POSP code</u>

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After successfully logging in User will see the plan selection page and Dashboard where he/she can select a plan and continue the policy issuance journey.





After plan is selected, User needs to fill the Basic Proposer basic details. And then proceed to Quote details page.

NINGER OF							0
A	Agent Dashboard	- 42	Home > Quotation > Genera	ate Quote			
	Plans						
di	Create Lead		Quotation				
rá	Proposal Tracking		0	2			3
≡¢	Open Link	~	Lead Details	Quote De	tails		Quotation Summary
*	CustomerAdvisory	*	Basic Details of Propose				
			Full Name *	Date of Birth *	Gender*	Mobile No.	
			a propose of solar	antes la	Male	 F 4687 	·
			WhatsApp No.	E-Mail*	Resident Status*		
			COLUMN .	MULTING ALC: NO	Resident Indian	× •	
						RE	
							0



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User proceeds to Quote details page where he/she needs to fill all the quote details and proceeds by clicking on calculate premium.

Quotation				
S		2		3
Lead Details	Quo	te Details		Quotation Summary
LIC's Jeevan Labh				
LIC's Jeevan Labh				
Life Assured Details				^
Life Assured Details				
Relation with Proposer *	Name * narayana murthy	Gender * Male	✓ Date of Birth * 09-06-1988	ä
Product Details				^
Basic Sum Assured *	Policy Term *	Premium Paying Term	Preferred Mode *	•
Zero Under NACH? * Yes	Police Personnel * No	Date of Commencement * 25-06-2024		
Rider Benefits				^
Main Life				
Accident Benefit Required?*				
ADDB REQUIRED	ADDB REQUIRED Sum Assured * Zero			
Critical Illness Benefit Required? *	•			
Term Rider Benefit Required?*				
IND	-			
				CALCULATE PREMIUM
			_	



On click of calculate premium breakup will be shown with option to change the Mode of premium to Monthly, Quarterly, Half-yearly and yearly. Based on the mode of selection premium also will get changed.

✓ Yearly Premiun ₹82,829.00	n <u>View Breakup</u> W	Yearly Premium 87,337.00 <u>View Bre</u> ith Term Rider Benefit	eakup Ha ₹41,845	alf-Yearly Premium .00 <u>View Breakup</u>	Quarterly Premium ₹21,137.00 <u>View Breakup</u>
Monthly Prer ₹7,046.00	nium <u>View Breakup</u>				
LIC's Jeevan Labh Sum	imary			Premium Breakup	
Plan Number Sum Assured Installment Premium Policy Term Paying Term Payment Mode	936 ₹ 10,00,000.00 ₹ 82,829.00 16 Years 10 Years Yearly	Residential Status Date of Birth Age Gender Date Commencement	Indian 09-06-1988 36 Years Male 25-06-2024	Base Premium No of FP Installments Installment Premium GST(4.5%) Total Premium	₹82,829.00 1 ₹82,829.00 ₹3,727.00 ₹ 86,556.00
	👲 BENEFIT	ILLUSTRATION		Note : Calculated premium may va selected in the online proposal for	ary further, according to the health and habits rm.



User should save the quote and proceed further. Here, User gets an option to download Benefit illustration.





User can verify the agency details before proceeding to Proposal stage. After Verifying, User can click on Proceed to proposal.

				3
ad Details	Quote Details			Quotation Summary
gency Details		~	Overall Summary	
Agency Code	D0 Code		LIC's Jeevan Labh Premium	₹82,829.00
62HBORTV			Installment Premium	₹82,829.00
Servicing Branch			GST	₹3,727.00
	Satellite Branch Code	·	Total Premium	₹ 86,556.00
ontact Details Name	Mobile Number		<u>View Breakup & Se</u>	nd Quote
SRI ROHT KUMAR GUPTA	8108568501			
Email ID				



Now the CKYC verification process of customer will be carried out. If customer knows his or her CKYC number, User can answer the question - **Do you have CKYC number as Yes and proceed**.

				Access II	: 245022006
1	2	3	4	5	6
(YC Details	Insurable Details	Proposals	Documents	Premium & Payment	ACR
Do you Know your Cł CKYC No	(YC Number? Yes No Date of Birth 09-06-1988	Q FE	TCH KYC DETAILS		
Do you Know your Cł	YYC Number? Yes No Date of Birth 09-06-1988	Q FE	TCH KYC DETAILS		PROCEED
Do you Know your Cł	(YC Number? Ves No Date of Birth 09-06-1988	Q FE	TCH KYC DETAILS	→	PROCEED



If customer doesn't have CKYC number, User can answer, do you have CKYC number as No, and proceed by providing verification using Either PAN or Aadhaar number.

After entering the PAN and Date of Birth, user can click on fetch details.

ne z rioposal	> Update Proposal			Access ID): 2450220066
1	2	3	4	5	6
(YC Details	Insurable Details	Proposals	Documents	Premium & Payment	ACR
Please Proceed by	giving either PAN or Aadhaar de	tails			
Please Proceed by PAN D	giving either PAN or Aadhaar de Details Aa	tails dhaar Details			
Please Proceed by PAN D	Details Aa Date of Birth - 09-06-1988	tails dhaar Details	TCH KYC DETAILS		
Please Proceed by PAN D PAN No	Petails Aa Date of Birth 09-06-1988	tails dhaar Details Q FE	TCH KYC DETAILS		
Please Proceed by PAN D PAN No	P giving either PAN or Aadhaar der Details Aa Date of Birth 09-06-1988	tails dhaar Details Q FE	TCH KYC DETAILS	÷	PROCEED



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An OTP will go to customer's mobile number and email, present in CKYC records.





On validation of the OTP, customer's CKYC details are displayed.

Pleas	se verify your de	tails before you pro	oceed	Acc	ess ID: 245022000
CKYC No.		KYC Date	Update Date	5	6
20099352423725		03-08-2218	1512-2023	mium & Payment	ACR
Name		Date of Birth	Gender		
MR NAROTANA NAROTANA S		09-05-1988	Melan er		
Father Name		Mother Name			
MR SAMPATHRAD SAMPLAH PATRU		MRS RAMADEVE			
Address Line 1 City Pendurthi	Address Line 2 Mandlam District Visakhapatnam		Address Line 3 State AP		
Country	PinCode				
IN	531173				
0	Yes, I want Proce	ed with c-KYC to proceed with c-KY	/c		



If customer is not satisfied with the CKYC details, they can skip CKYC by clicking on No and proceed with Aadhaar Based e-KYC.





If customer is satisfied with the CKYC details, they can proceed by clicking on Yes. CKYC details will be auto populated in proposal records.





If CKYC details is not fetched or CKYC record is not present for the customer, the module will proceed with Aadhaar Based e-KYC. भारतीय जीत

T ATTE PORTON OF INDA	Aadhaar Offline eKyc	
	Offline eKyc – Upload Zip File	Aadhaar Paperless Offline e-KYC, Zip download
	Mobile Number(Registered With Aadhaar)	HELP
	Share Code	
	Select downloaded Aadhaar zip file Browse	
	CONTINUE	



For Minors up to 12 years of age, CKYC or EKYC is optional, and user can click on Proceed, for next stage.



For minors up to 12 years of age, CKYC/EKYC is optional, and user can click on Proceed, for next stage. In case of minors having no Aadhaar or CKYC, the following documents need to be uploaded for KYC.

Documents Required for Minor Case

(to be uploaded in document upload section)



Recent photo of the minor



Municipal birth certificate if the minor's age is less than 5 years



School certificate with date of birth, if the minor's age is 5 years or above.

The documents will need to be uploaded in the document upload section.



User can start entering the details in the of the proposal form.

	2		3	4	•	
KYC Details	Insurable Detai	ls Pr	oposals	Documents	Premium & P	ayment
-	Details as per kyc					
100 March 100	Name :	arayana S		DOB:	Gend	er: Male
1. State						
A 100	Address :	Hear Dovt P	scapital Perida	dhi Pendurthi Mandiam Pend	urbs visaktiapatians.	Ap IN 521172
NARAYANA NAR	RAYANA S					
NARAYANA NAR	RAYANA S					
NARAYANA NAR	RAYANA S					
NARAYANA NAR	RAYANA S					
NARAYANA NAR Personal	RAYANA S					
NARAYANA NAR Personal	RAYANA S					
NARAYANA NAR Personal	RAYANA S	iddle Name		_ Last Name	– Father Nam	e
NARAYANA NAR Personal	RAYANA S	iddle Name —————		Last Name	Father Nam	e
NARAYANA NAR	RAYANA S	iddle Name		C Last Name	Father Nam	e ———
NARAYANA NAR		iddle Name		Last Name S	Father Nam	e ———
NARAYANA NAR Personal First Name Mother Name		iddle Name		Last Name S	Email Id * -	e ———
NARAYANA NAR		iddle Name obile No.		S Alternative Mobile No	Email Id * -	e ————
NARAYANA NAR		iddle Name obile No.		S Alternative Mobile No	Email Id * -	e
NARAYANA NAR		iddle Name obile No. ate of Birth		S Alternative Mobile No	Email Id * -	e
NARAYANA NAR		iddle Name obile No. ate of Birth		S Alternative Mobile No Marital Status *	Father Nam Email Id * -	e iirth *
NARAYANA NAR		iddle Name obile No. ate of Birth		S Alternative Mobile No Marital Status *	Father Nam Email Id * - Place of E	e iirth *
NARAYANA NAR		iddle Name obile No. ate of Birth		Last Name S Alternative Mobile No Marital Status *	Father Nam Email Id * - Place of E	e iirth *



- Its compulsory to fill all the mandatory fields or questions which are highlighted with red star or asterisk.
- If User misses any of the mandatory fields, the module will not allow to proceed further.
- In case life assured and proposer are different persons, proposal details for both will need to be filled.



User needs to click on each set of questionnaire and fill the details. A tick mark will appear on each questionnaire confirming the questionnaire has been filled. User can proceed only after each questionnaire is filled.

Bank Account Details					~
Questionnaires					^
Personal History 🗸	Do you smoke/consume or have you ever smoked/consumed any of the following in a,b,c,d	?			
State of Health \checkmark	a) Alcoholic drinks *	0	Yes	\bigcirc	No
Settlement Option 🗸	b) Narcotics *	0	Yes	\bigcirc	No
Previous Insurance Details 🗸 🗸	c) Any other drugs *	0	Yes	\bigcirc	No
Medical History 🗸	d) Do you smoke/consume or have you smoked/consumed tobacco in any form (Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha,	\bigcirc	Ves		No
Family Medical History 🗸	flavored paan masala, etc.) in the past 60 months. (in sticks / packets/ sachets/day or gms	\bigcirc	100		No
Habits 🗸	/udy)				
PREVIOUS			÷	PRO	CEED



User will need to add nominees in the nominee section. After adding nominee details, User should save the proposal and then clicks on Proceed.

	Agent Dashboard		Previous Insura	c) Any other drug	s			0	Yes	\bigcirc	No		
	Plans		Medical H	d) Do you smoke/ story product includes	'consume or have you smo but not limited to cigars, ci	oked/consumed tobacco igarettes, beedis, chewab	in any form (Tobacco de tobacco like Gutkha,	\bigcirc	Vac		No		
	Create Lead		Family Medica	l History flavored paan ma	sala, etc.) in the past 60 m	onths. (in sticks / packet	s/ sachets/day or gms	0	res		NO		
á	Proposal Tracking		Habit	/day)									
<	Open Link											_	
	CustomerAdvisory		Nominees								~		
										+ ADD NOMINEE			
			Nominee Name	Relationship	Nominee Age	Share	Action						
			madhuri lalitha	Wife	29	100	/ 1						
							1	1-1 (of 1	<	>		
					SAVE PROPOSA			_	_			_	



Documents required for the customer can be uploaded here, as per the list shown, by clicking on Yes.





If NO is clicked, then customer will need to upload the documents at the time of customer verification.





User can now choose the payment mode between BOC and Online Payment. If BOC is chosen, user will need to key in the BOC details.





If online payment is chosen, customer will need to make the online payment during customer verification stage.





After selecting Payment Mode, User will fill the ACR form.

	Ø		\checkmark		6		
CKYC Details	Insurable Details	Proposals	Documents	Premium & Payment	ACR		
Igent Details							
Agent Code	Supervisor Code		Branch Code	Agent Name			
02980919		879		SRI ROHET KUMANE GUPTA			
Agent Mobile	Agent Email		Club Membership				
8108568521	me volte 2000 ga	prail.com	0	Licence No			
Date of Expiry		4					
Proposer Details							
Name of the Proposer	Age of the Propos	ser	Present Occupation of Proposer	Exact Nature of Duty			
Sampathiras Narayana Mur	thy 26		Service (Certital Gost. /State Gost. /	Service	Service		
Annual Income of Proposer							



ID.

Yes Does he/she have any physical deformity or Mental Retardation ?* No Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical After filling the ACR investigation? * form, it will be Are you aware of anything in the occupation, financial or social position of the life to be assured, his/her personal habits or any other circumstances which might be likely to add to the risk ?* validated by an OTP Physical Measurement of the life to be assured : which will be Weight of the life to be assured (in Kgs) Height of the life to be assured (in Cms) 59 171 Any other information received by the User Declaration in their Mobile I further hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. number and Email VERIFY OTP SEND OTP Enter OTP PREVIOUS



After ACR verification, a mail will be triggered to customer with a verification link, where customer can download the proposal form, edit it if required and verify it through OTP received on customer's Mobile number and Email ID.











THANKS FOR

WATCHING

