BRIHANMUMBAI CUSTOM BROKERS ASSOCIATION

INSURANCE
USER MANUAL

Minimum System Requirement:

-- Min win 10 home edition or higher, Ubuntu 18.04 or higher, Mac

-- Edge, Chrome, Firefox, Opera, Safari on Mac only.

-- Min 2GB of ram on the system.

-- Min 512KBPS internet speed or higher.

Notes:

1) Please ensure you keep all the requirement like Photo scanned, identity proof etc in digital format.
2) Please ensure you fill the correct information, else your application is subject to rejection.
3) Ensure your system is without any virus or malware so that it can connect normally to BCBA CFS pass system.

Please note system with Windows 7 or XP would face issues, also with old browser, we recommend you to upgrade your OS.

Open your browser and type : **http://www.bcbaind.com**

Click on Login on the top Right corner highlighted.

Enter your **BCBA U**sername & Password.

News Ticker |

NOTICE OF EXTRA-ORDINA

LOGIN

Member Login*   Enter Username

Password*   Enter Password

LOGIN

Forgot Password ?

Please note:
1) If you still continue with username bchaaXXX@bchaa.com then this would change now to your official email id.
2) This change would be after the login, as per what you enter for your official email id.

Once login, you would get this menu.

When you click on the **Insurance ,** below will display.

INSURANCE

Add

	Date	Application Number	Type of application	No of Cards	Status	Action
	No record found					

Add

-- Click on add as highlighted.

-- In this area it would also show you the status of your previous application.

-- You can also view the information of your any previous cards here.

INSURANCE

Back

First Name*	Middle Name	Last Name*	Gender*
			Select Gender
Date of Birth*	Blood Group	Landline No of the applicant	Mobile No of the applicant*
	Select Blood Group		
Identity Proof*	Selected Identity Number*	Attach scanned identity copy*	Attach Photograph of applicant*
Select Id. Proof		Click here to upload Doument	click here to upload image
Application Type*	Category of custom pass	Kardex number	validity of custom pass
Select Application Type	Select Category of custom pass		
Designation of applicant*	Flat/Plot/Wing no*	Buliding Name*	Road Name
Area/Locality*	City*	Pincode*	

Add

-- Fill the information correctly.

-- * marked fields are compulsory. Please provide the information.

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-- Please ensure you only attach a PDF file.
-- Please ensure the file you are about to attach is less than 1MB in total size.
-- Please compress your PDF file in case if the same is on a igher than 1MB size.
.

UPLOAD File

Upload Document File:
Note: Please browse PDF file only.
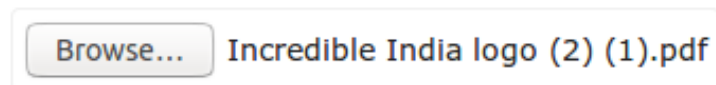
| Browse... | Incredible India logo (2) (1).pdf |

UPLOAD

-- Click upload when you are done for the upload to start.
-- Please wait for the window to close after successfully upload.
.

-- Please upload your passport size picture.
-- Please don't upload anything JPG or PNG.
-- Please ensure you have the correct cropped size and the file size is below 1MB.

UPLOAD File

Upload Photograph File:
Note: Please browse jpeg, jpg, png file only.

| Browse... | bchaa.jpg |

UPLOAD

-- Click upload when you are done for the upload to start.
-- Please wait for the window to close after successful upload.

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Click on ADD once you are done with filling the correct information.

Note: The total lenth of first name, middle name, last name should be 22 character's including space.

First Name*	Middle Name	Last Name*	Gender*
John	P	Dsouza	MALE

Date of Birth*	Blood Group	Landline No of the applicant	Mobile No of the applicant*
02-03-1910	A +ve	27207732	9820098200

Identity Proof*	Selected Identity Number*	Attach scanned identity copy*	Attach Photograph of applicant*
Aadhar card	1001200110012001	Incredible India logo (2) (1).pdf	bchaa.jpg

Application Type*	Designation of applicant*	Flat/Plot/Wing no*	Buliding Name*
New	Manager	101	Maker Tower

Road Name	Area/Locality*	City*	Pincode*
Nariman Road	Nariman Point	Mumbai	400071

Click on ADD to continue

Add
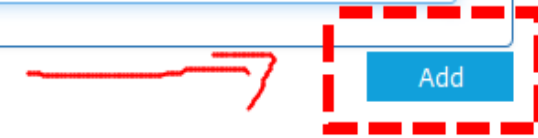
Here the screen would move down, allowing you to add more records or scroll down to HIT the continue button.

In case if you are done with the application then click on CONTINUE

First Name	Middle Name	Last Name	Gender
John	P	Dsouza	MALE
Date of Birth	**Blood Group**	**Landline No**	**Mobile No**
02-03-1910	A +ve	27207732	9820098200
Identity Proof	**Identity Id**	**Document**	**Photo**
Aadhar card	1001200110012001	Incredible India logo (2) (1).pdf	bchaa.jpg
Applicant Type	**Designation**	**Flat/wing no**	**Buliding Name**
New	Manager	101	Maker Tower
Road Name	**Area/Locality**	**City**	**Pincode**
Nariman Road	Nariman Point	Mumbai	400071

Continue

In case if you wish to continue adding more applicant you may do so by going on Adding.

CFS PASSES

Heading		
	Name	John
	Middle Name	P
	Last Name	Dsouza
	Gender	MALE

Date of Birth	2nd Mar 1910	Blood Group	A +ve
Landline No of the card holder	27207732	Mobile Number	9820098200
Identity Proof	Aadhar card	Identity Id	1001200110012001
Application Type	New	Designation	Manager
Flat/Wing no	101	Building Name	Maker Tower
Road Name	Nariman Road	Area/Localityt	Nariman Point
City/District	Mumbai	Pincode	400071

☐ Add to contact manager

> I/We hereby declare and confirm that we shall be responsible and liable for the conduct of the above named Individuals when they enter various CFS on our behalf.
> We confirm that for the conduct and act of above named Individuals in whatsoever manner, Brihanmumbai Custom House Agents' Association shall not be held responsible.

☐ I agree to BCHAA terms & service policy.

[I agree with the terms]

1) Select Add to Contact manager in case if you want this in your address book.
2) Read the Terms & Condition and select I Agree to BCBA Terms & Services policy.
3) Click on I agree button to continue with the payment update information.

Fill the correct Payment information through which you intend to proceed.

INSURANCE PAYMENT DETAIL'S

payment method*	⦿ Cheque ○ Online
Cheque number*	
Bank*	
Branch*	
Date of cheque*	
Amount*	411

Countinue

Once your payment information is done, click continue.

The BCBA team would then start the payment followup with bank and update you when they get the payment and process your application.

Click on the download pdf button.

INSURANCE APPLICATION DETAILS

Thank you,

We have received your application for Accidental Insurance Coverage, the application is subjected to approval from Secretariat/Managing committee.

We request you to download the below PDF and print on your letter head

Download PDF

Please send along with your cheque to:

BrihanMumbai Custom Brokers Association

73-74, Mittal Tower, "C" Wing, 7th Floor, Nariman Point,
Mumbai - 400 021
☐ - +91 22 4311 9100 / +91 22 4311 9101
Fax - +91 22 2282 4619
✉ Email Id - infoweb@bcbaind.com
🌐 www.bcbaind.com

Take a print of the PDF file which you have downloaded. (Application request letter)

Sign the print our and send this to BCBA along with your payment advice.

Once the mentioned steps are done, hard copies of the application along with copy of your documents & Cheque to be sent to BCBA office for further process.

➢ You can track your application status by logging into https://bchaa.com/ -> Login -> My account -> Insurance.

➢In case of any issue, please send us an email to info@bcbaind.com

THANK YOU.....