HOW TO FILE A CLAIM, AND GET PAID FAST!

PLEASE PROVIDE THE FOLLOWING INFORMATION:

To ensure your repair shop gets paid as quickly as possible in 5 working days after the work is complete – please gather the following information, BEFORE calling us at 1.800.334.4841. Completed forms can also be faxed to 1.877.255.0698 or emailed to: claimestimates@warrantys.com

Please check off & complete all boxes so we can expedite your claim. Attach supporting documentation as needed.

Repair Shop MUST receive PWI approval before repairs are started.

Shop Name: ____________________________ Contact Person: ____________________________ Phone #: ____________________________

STEP 1A: HOW TO START YOUR CLAIM (Please check off all boxes so we can process your claim)

☐ Customer name ____________________________ ☐ Diagnosis (with customer approval) ____________________________

☐ Contract # ____________________________ ☐ Estimates: included new/aftermarket/used price/labor time/rate/diagnostic time/parts/cost breakdown

☐ Current miles ____________________________ ☐ Parts #/warranty ____________________________

☐ VIN ____________________________

☐ Vehicle towed or driven to the shop? ____________________________

☐ Customer complaint ____________________________

STEP 1B: FOR CLAIMS INVOLVING EXTENSIVE DIAGNOSTIC/TEARDOWN ONLY

(Please check off appropriate boxes & attach supporting documentation as requested)

☐ Contact PWI with preliminary diagnosis prior to teardown

☐ Estimate – rebuilt price or worst case ____________________________

☐ Used part price (if available) - note the miles and warranty ____________________________

TRANSMISSION

☐ Auto/Manual - floor/column shift

☐ Codes (if any)

☐ Fluid level/condition

☐ Test drive results

☐ Model #/Production date

☐ Ford (tag #) /VW (3 letter code)

☐ Production date ____________________________

DIFFERENTIAL

FRONT OR REAR

☐ Auto or manual transmission

☐ Gear ratio

☐ Tag #

☐ w/or w/out ABS

☐ Locking or non-locking

☐ Ring gear size

ENGINE

☐ Auto or manual transmission

☐ Oil/coolant level and condition

☐ Codes

☐ Production date ____________________________

TRANSFER CASE

☐ Electric/manual shift

☐ (push Button or shifter on floor)

☐ Model#

☐ Tag #

STEP 2: HOW TO GET PAID (All required for payment)

☐ Itemized invoice (Include customer and vehicle info & VIN)

☐ Part and/or labor warranty ____________________________

☐ Repair mileage ____________________________

☐ W9 form for first time payment recipients

☐ Authorization # ____________________________

☐ Check or Credit Card? ____________________________

(If cc payment, need contact name and phone number, no Square® transactions.)

DRIVE WITH CONFIDENCE, COAST-TO-COST.™