

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)

- | | |
|---|---|
| <input type="checkbox"/> Customer name _____
<input type="checkbox"/> Contract # _____
<input type="checkbox"/> Current miles _____
<input type="checkbox"/> VIN _____
<input type="checkbox"/> Vehicle towed or driven to the shop? _____
<input type="checkbox"/> Customer complaint _____ | <input type="checkbox"/> Diagnosis (with customer approval) _____
<input type="checkbox"/> Estimates: included new/aftermarket/used price/labor time/rate/diagnostic time/parts/cost breakdown _____
<input type="checkbox"/> Parts #s/warranty _____ |
|---|---|

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)

- | | |
|---|--|
| <input type="checkbox"/> Itemized invoice (Include customer and vehicle info & VIN)
<input type="checkbox"/> Part and/or labor warranty _____
<input type="checkbox"/> Repair mileage _____
<input type="checkbox"/> W9 form for first time payment recipients | <input type="checkbox"/> Authorization # _____
<input type="checkbox"/> Check or Credit Card? _____
<i>(If cc payment, need contact name and phone number, no Square® transactions.)</i> |
|---|--|

DRIVE WITH CONFIDENCE, COAST-TO-COAST.™