

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 1.800.548.1121. Completed forms can also be faxed to 1.877.255.0698 or emailed to: est@preferredwarranties.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"/> Diagnosis (with customer approval) _____ |
| <input type="checkbox"/> Contract # _____ | _____ |
| <input type="checkbox"/> Current miles _____ | <input type="checkbox"/> Estimates: included new/aftermarket/used price/labor time/
rate/diagnostic time/parts/cost breakdown |
| <input type="checkbox"/> VIN _____ | _____ |
| <input type="checkbox"/> Vehicle towed or driven to the shop? _____ | _____ |
| <input type="checkbox"/> Customer complaint _____ | <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"/> Authorization # _____ |
| <input type="checkbox"/> Part and/or labor warranty _____ | <input type="checkbox"/> Check or Credit Card? _____ |
| <input type="checkbox"/> Repair mileage _____ | (If cc payment, need contact name and phone number) |
| <input type="checkbox"/> W9 form for first time payment recipients | |

PREFERRED FOR A REASON.SM