



QUICK CLAIM PROCESSES

PREAUTHORIZATION IS REQUIRED BEFORE ANY SERVICES ARE PERFORMED TO OBTAIN PREAUTHORIZATION YOU CAN EMAIL, FAX OR CALL IN THE CLAIM (SEE BELOW)

(855) 379.5847 REQUIRED TO PROCESS ALL RIDER'S CLAIMS

- An estimate with the customer's current address and daytime phone number for approval
- Repair Order with Your name, phone number, fax number and email and which method the claim payment should be sent (fax or email)
- The complaint, cause of failure and correction or service the vehicle is in for
- The part numbers and prices, labor hours and total of each
- The hours or mileage on the vehicle (Required to process claim), last six of the VIN#
- Pictures may be requested depending on the nature of the failure
- Copy of the contract if vehicle was recently sold
- Inspection may be required on some claims

Pre-Paid Maintenance

All contracts must be <u>Active</u> in the <u>Dealer Portal</u> to provide service and payment

- Estimates will need miles and hours at time of service
- Email estimate to claims for authorization to: akppm@fortegra.com
 Fax: 904.394.0523

Email signed invoices for payment to: akppminvoices@fortegra.com

Fax: 904.394.0524

We will review and authorize with one email providing you submit all required information.

VSC & Tire & Wheel Claims

All claims must have prior approval!

Once work is completed, email us (1) **signed invoice** with (2) **authorization** code and a virtual credit card will be emailed to you within 48 hours.

For payment: VSC, Off Road TW On Road TW

Subject Line: Powersports
Subject Line: On Road TW
akinvoices@fortegra.com
akinvoices@fortegra.com

Fax: 760.537.4444 Fax: 760.537.4444

Life Time Battery Claims Battery claims also require pre authorization and the same information as above in the **REQUIRED TO PROCESS ALL RIDER'S CLAIMS Section**. In addition to the above, there is a required claim questionnaire that needs to be filled out and submitted along with the estimate to receive authorization. **These claims are Pre Approved and Paid by Classictrak**. You can submit Pre-Authorization requests to <u>casclaims@classictrak.com</u> or Fax 813.582.4008 –For payment request <u>casinvoices@classictrak.com</u> or Fax 813.582.4016



FILING VSC, PPM, OR TW CLAIM

*** PREAUTHORIZATION IS REQUIRED BEFORE ANY SERVICES ARE PERFORMED *** To obtain Preauthorization Call (855)379.5847

- Be prepared to give your contact information, including address, phone and email for payment.
- Please provide contract number or the last 8 digits of the VIN along with the service or repair requested.
- We'll review your estimate while on the phone with you.
- Pictures may be requested to be emailed for clarification.
- If approved, you will receive an authorization code with an amount for payment.

Note: If you need to <u>add</u> parts and labor <u>after</u> receiving an authorization code, call for a <u>new</u> authorization code.

FOR PRE-PAID MAINTENANCE PAYMENTS ONLY

Email us a copy of (1) the contract, (2) the invoice and (3) your customer signed sign-up sheet, we can review the claim and pay it within one email.

"We will do our best to get you paid the same day if we have all the required documents."

All contracts must be Active in the Dealer Portal to provide this service

All information above must be on the invoice and you must send all documents mentioned above.

Email claims for authorization to: Akppm@fortegra.com Fax: 904-394-0523

Send invoices for payment to: Akppminvoices@fortegra.com Fax: 904-394-0524

TO RECEIVE VSC AND TW PAYMENTS

Once work is completed, email us (1) **signed invoice** with (2) **authorization** code (3) email address to send payment and a virtual credit card will be emailed to you within 24- 48 hours.

For additional questions, contact your Rider's Advantage Claims Liaison

(918) 266-1200 or claims@riders-advantage.com

For payment: VSC, Off Road TW

Subject Line: Power Sports akinvoices@Fortegra.com

Fax: 760.537.4444

On Road TW

Subject Line: On Road

T&W

akinvoices@Fortegra.com

Fax: 760.537.4444



Lifetime Battery Claim Questionnaire

| 1. | Full Name of the registered vehicle's owner | |
|-----|--|--------------|
| 2. | Address | Phone Number |
| 3. | Year, Make & Model of Vehicle | |
| 4. | Contract # | |
| 5. | Last Six of VIN# | |
| 6. | Manufacturer & Model of Battery | |
| 7. | What day did the battery fail? | |
| 8. | How many batteries are currently on vehicle? | |
| 9. | Is this the vehicle's original bat | tery? |
| 10. | What was the voltage when ch | arged? |
| 11. | What was the voltage after load test? | |
| 12. | Please provide name and phone number of service manager of whom to contact | |
| 13. | Please provide name and address of whom to make check out to and where to send it. | |

Please email the following documents to casclaims@classictrak.com or Fax 813.582.4008

- Please provide completed battery questionnaire
- Please provide copy of load test results whether by picture or print out
- Please provide suggested retail price and warranty of replacement battery

The claims department is open Monday through Friday from 9:00am to 5:00pm EST and can be reached at 877-222.4162.

^{***}Please note all claims must be pre-approved by administrator prior to replacement***