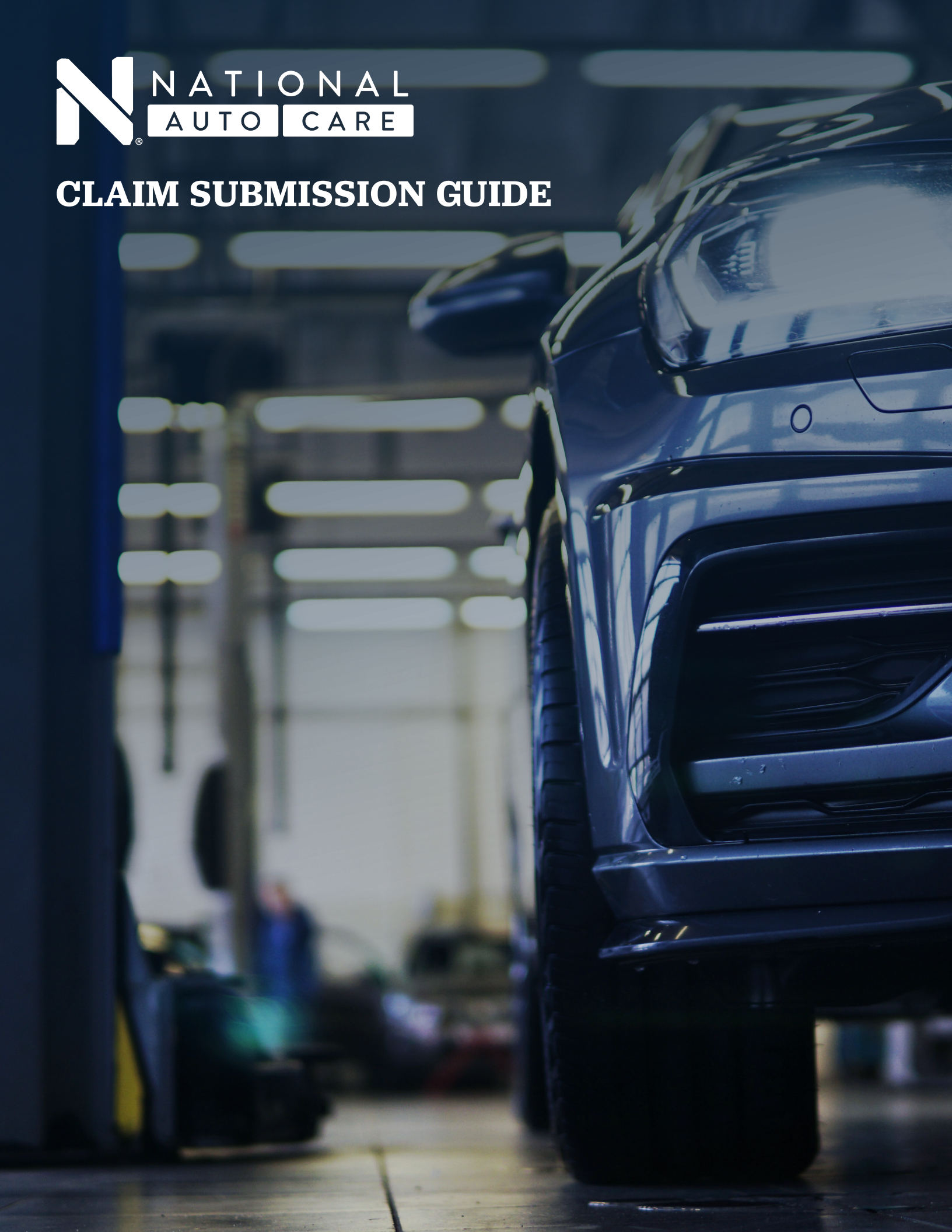




CLAIM SUBMISSION GUIDE





CLAIM SUBMISSION GUIDE

“To provide consistency, efficiency and satisfaction.”

This Claim Submission Guide provides instruction on submitting claims to National Auto Care through three available options:

1. Your Dealer Experience Mobile Application
2. Your Dealer Experience Web Portal
3. By phone to our Call Center.

What does the National Auto Care Claims Center bring to you?

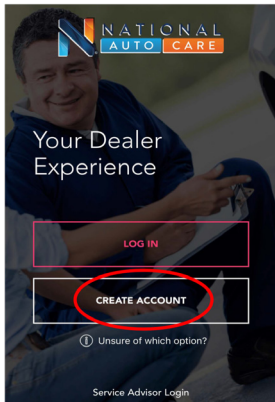
- NATIONAL AUTO CARE works with thousands of repair facilities, ensuring your customers are directed to a convenient repair location that will provide quality services.
- With more than a century of combined automotive experience and 35 years of claims adjusting experience, you and your customers can be confident that NATIONAL AUTO CARE's decisions are based on knowledge, not guesswork.
- NATIONAL AUTO CARE goes the extra mile to assure that the service department is engaged with the selected NATIONAL AUTO CARE Service Agreement program, including a personal visit by a NATIONAL AUTO CARE representative to each service department.
- Each NATIONAL AUTO CARE claims examiner is thoroughly trained and provided with the tools to ensure you receive the prompt and professional service that you and your clients expect and deserve.
- NATIONAL AUTO CARE makes every effort to have your customer return to your service department for repairs, helping to build profit and customer retention.
- Covered Claims are paid daily by credit card; prompt payment encourages better service!
- NATIONAL AUTO CARE's state-of-the-art technology allows each call to be quickly directed to the appropriate department and minimize wait and hold time for your service department team.
- NATIONAL AUTO CARE offers in-shop support for service personnel.
- NATIONAL AUTO CARE provides monthly reporting to help you control your claims ratios.
- NATIONAL AUTO CARE offers 24/7 online claims submissions for the convenience of our shops and customers.

Important:

It is the agreement holder/vehicle owner's responsibility to authorize tear down and diagnosis so that the failure is visible, and a cause of failure can be determined. Do not tear down a transmission until the claim has been called into NATIONAL AUTO CARE.

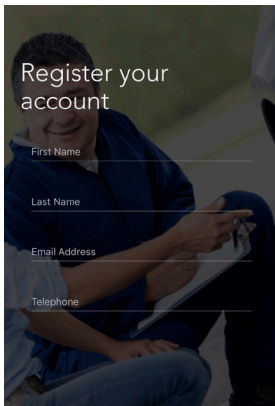
Your Dealer Experience Mobile Application

Please note that this service is not available for Paint & Fabric, Clean Care Antimicrobial, and Excess Wear & Tear Products.

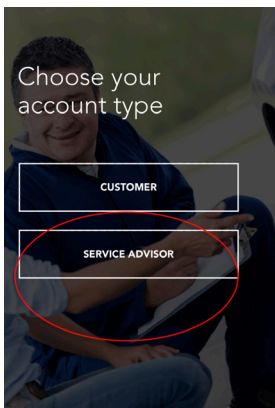


Go to the app store on your mobile device, search “National Auto Care Service”. Download the app. If you have used the web app and are already registered, you would select “Service Advisor Login”. Enter email address and password.

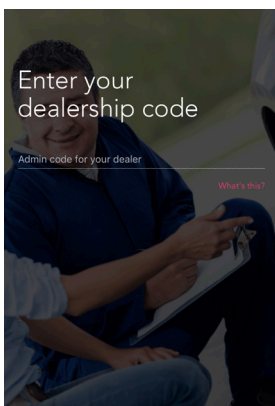
If this is the first time used, then select “Create Account”.



Complete first and last name, email address, and telephone number.



Select “Service Advisor”



Dealer Code: This is a code issued by National Auto Care for you as a payee.

- Selling dealers, this is referred to as “Selling Dealer Number”.
- Non-selling dealers and repair facilities, this is referred to as a “Service Center Number”.

To obtain your dealer code, please contact NAC Customer Service at 1-800-526-8678

REGISTER

Create password

Password

Confirm Password

REGISTER

Choose your password and confirm, select “Continue”.

Password should be 8 characters with one uppercase, one number and one special character.

CLAIMS HISTORY New Claim

Filter Claims Search Claims

ROBERT HUNTER

Enter Customer Details Below

LAST NAME

Last name

CONTRACT NUMBER/VIN NUMBER

Enter Number

TAP TO SCAN VIN NUMBER

Where is my VIN?

START CLAIM →

Enter contract holder’s last name and complete VIN #, then Click “Start Claim”.

You can tap to scan the vin.

Note: At this time contracts executed prior to January 1st, 2016 are not eligible for this program. Those claims must be called into our Call Center.

MY AGREEMENTS

CONTRACT NUMBER VSC00XXXX XXXX EXPIRATION: 12 | 22 | 2022

Nationa

CONTRACT NUMBER LW00XXXX XXXX EXPIRATION: 03 | 22 | 2018

Nation

Our records show you have multiple agreements for your vehicle. Please choose the appropriate agreement for this claim.

Click “File a claim on the appropriate contract for the claim that you need to start. Contract Holder may have different contracts on their vehicle.

NEW CLAIM

Confirm Agreement - Step 1

Contract Number XXXX XXXX EXPIRATION: 12 | 22 | 2022

Mechanical XXXX XXXX records view coverage

PROFILE INFO VEHICLE INFO

REQUIRED FIELD

FIRST NAME LAST NAME

XXXX XXXX XXXX XXXX

EMAIL ADDRESS * XXXX XXXX

PHONE NUMBER * CONTINUE →

Verify the contract holder’s information and select “Continue”.

←

Account Details - Step 2

★ REQUIRED FIELD

WHAT IS THE REPAIR ORDER DATE? * ?

08 | 23 | 2021

WHAT IS YOUR LABOR RATE? * ?

175.00

WHAT IS YOUR TAX RATE? * ?

8.25

WHAT IS THE REPAIR ORDER NUMBER? * ?

12345

CONTINUE →

Enter the appropriate information from the Repair Order.

←

Loss Information - Step 3

★ REQUIRED FIELD

WHAT IS THE CURRENT MILEAGE OF THE VEHICLE? * ?

What is the current mileage of the vehicle?

WHAT IS THE FAX NUMBER FOR PAYMENT? * ?

What is the fax number for payment?

CONTINUE →

Enter the Mileage and fax number for payment.

←

Select all applicable failures below:

☐ BODY / CHASSIS ?

☐ BRAKES ?

☐ COOLING ?

☐ DRIVETRAIN ?

☐ ELECTRICAL ?

☐ EMISSIONS ?

☐ ENGINE ?

☐ FUEL SYSTEM ?

CONTINUE →

Choose the Failed Assembly then Click “Add Assembly”.
For multiple failures, repeat this process/step.

←

Select all applicable failures below:

☒ COOLING ?

Select all that apply:

☐ Belt Tensioner (Cooling)

☐ Block Heater (Engine)

☐ Clamp(s)

☐ Coolant Crossover Housing

☐ Coolant Flange

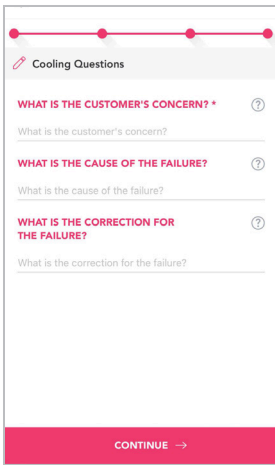
☐ Coolant Level Sensor

☐ Coolant Nipple

☐ Coolant Pipe

CONTINUE →

Choose the appropriate failed component under the chosen assembly then Click “Add Component”. Repeat this process for multiple failures.



Cooling Questions

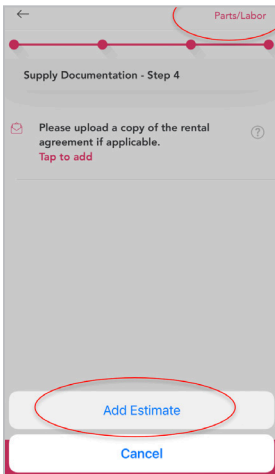
WHAT IS THE CUSTOMER'S CONCERN? * ⓘ
What is the customer's concern?

WHAT IS THE CAUSE OF THE FAILURE? * ⓘ
What is the cause of the failure?

WHAT IS THE CORRECTION FOR THE FAILURE? * ⓘ
What is the correction for the failure?

CONTINUE →

You must complete a separate “3 C’s” for each failed assembly on a claim. The “3 C’s” cannot be combined.



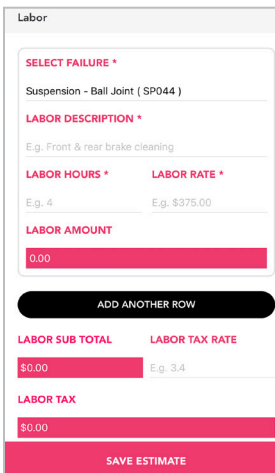
Supply Documentation - Step 4

Please upload a copy of the rental agreement if applicable.
Tap to add

Add Estimate

Cancel

Attach the rental receipt if you are requesting rental, click on the parts and labor in the top right corner, then select “ADD ESTIMATE”.



Labor

SELECT FAILURE *
Suspension - Ball Joint (SP044)

LABOR DESCRIPTION *
E.g. Front & rear brake cleaning

LABOR HOURS * **LABOR RATE ***
E.g. 4 E.g. \$375.00

LABOR AMOUNT
0.00

ADD ANOTHER ROW

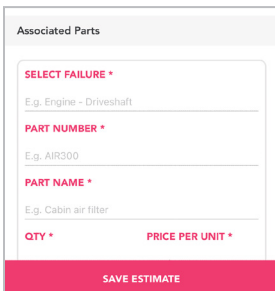
LABOR SUB TOTAL **LABOR TAX RATE**
\$0.00 E.g. 3.4

LABOR TAX
\$0.00

SAVE ESTIMATE

Enter the labor time requested for the failures, and tax rate if applicable.

Claim Total will be at the bottom of the page.



Associated Parts

SELECT FAILURE *
E.g. Engine - Driveshaft

PART NUMBER *
E.g. AIR300

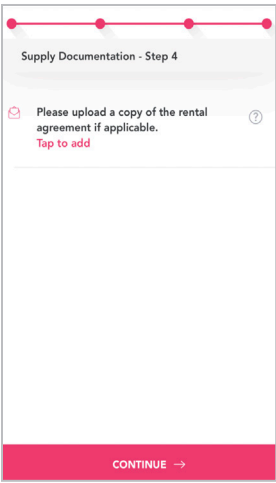
PART NAME *
E.g. Cabin air filter

QTY * **PRICE PER UNIT ***

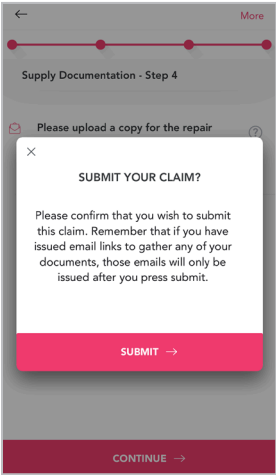
SAVE ESTIMATE

Please enter the parts estimate.

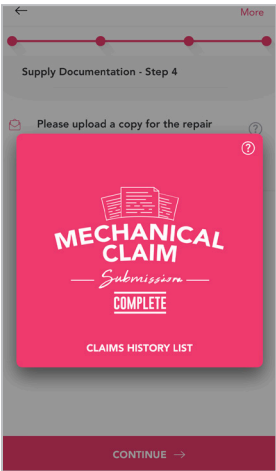
Enter the part number, amount, quantity, and tax rate if applicable. When complete estimate has been entered select “Save Estimate”.



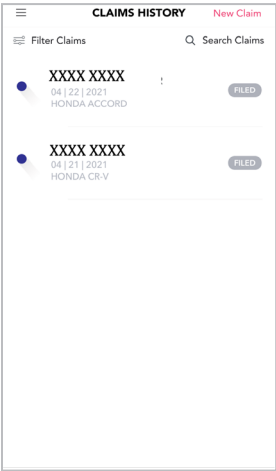
Select “Continue”.



Select “Submit”.



Select “Claim History List”.



Select the contract that claim has been filed on.
This will provide you the reference number for the claim.

←

CLAIM #1455758

04/23/2021

CLOSED

What is the customer's concern?

Noise over bumps

What is the cause of the failure?

Shocks leaking

What is the correction for this failure?

Replace shocks

Suspension

✓ SP109

Please upload a copy of the rental agreement if applicable.

>

TAKE ACTION ON THIS CLAIM

Under the claim selected click “take Action on this claim”

CUSTOMER PROFILE

VIEW / ADD ESTIMATE

VIEW / CREATE PC

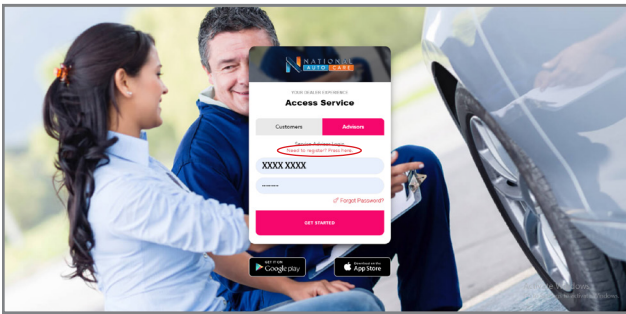
Select “View / Create PC” You can create a message about this claim or view messages about this claim.

All communication will come through this portal.

If you select “View / Add Estimate” you can view the estimate submitted. If there was an estimate submitted, you cannot submit an additional.

Your Dealer Experience Web Portal

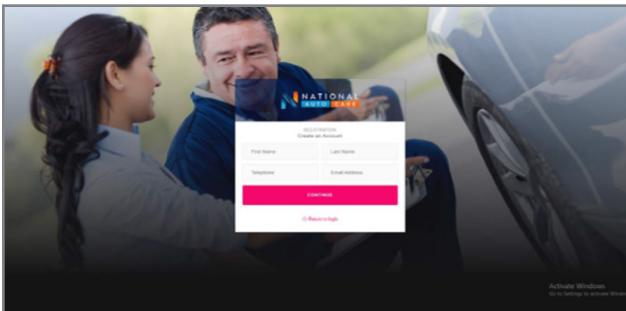
Please note that this service is not available for Paint & Fabric, Clean Care Antimicrobial, and Excess Wear & Tear Products.



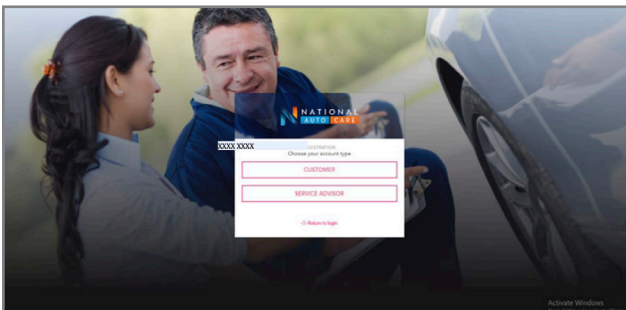
Access the DASH Dealer by going to **nationalautocare.claims**

- Enter your Email and Password if already registered advisor.
- If not already registered, select “Need to Register”.

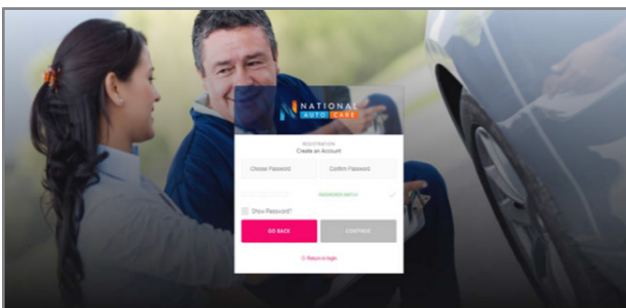
Password should be eight characters, one capital letter, one number and one special character.



Complete your First and Last name, Phone number, and Email Address, then select “Continue”.

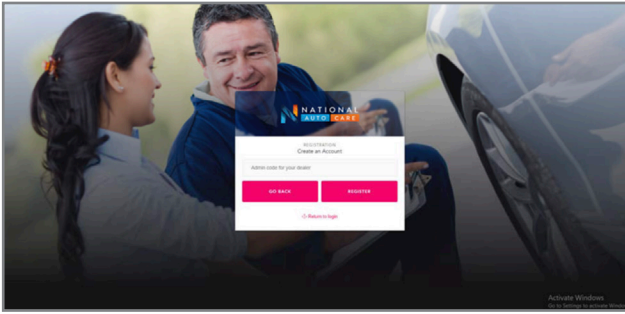


Select “Service Advisor”.



Choose your password and confirm, select “Continue”.

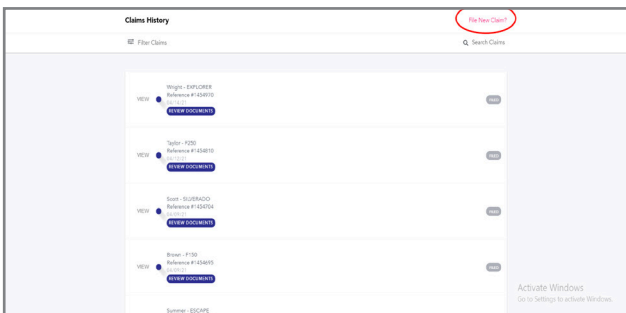
Password should be 8 characters with one uppercase, one number and one special character.



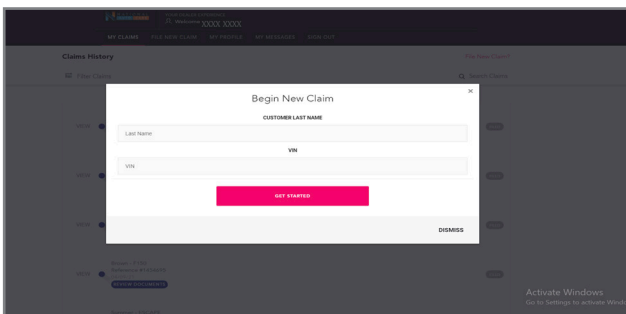
Fill in your Advisor code for your dealer.

- Selling dealers, this is referred to as “Selling Dealer Number”.
- Non-selling dealers and repair facilities, this is referred to as a “Service Center Number”.

To obtain your dealer code, please contact Customer Service at 1-800-526-8678.

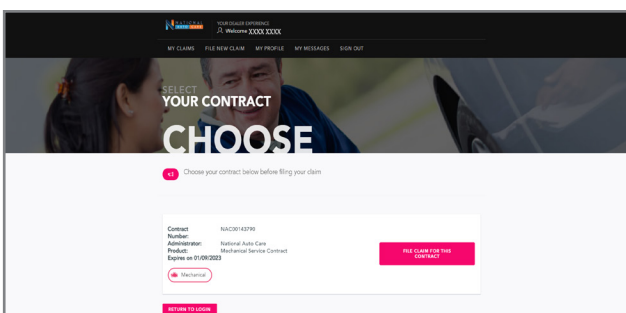


Select “File New Claim”.



Enter the contract holders last name and complete vin, select “Get Started”.

Note: At this time contracts executed prior to January 1st, 2016 are not eligible for this program. Those claims need to be called into our Call Center.



Click “File a claim” on the appropriate contract for the claim that you need to start. Contract Holder may have different contracts on their vehicle.

WELCOME
CONFIRM DETAILS
AGREEMENT

Let's verify the contract details first.

Agreement Info

Name: XXX-XXXX
Agreement #: XXXX-XXXX
Vehicle Description: XXXX-XXXX
Product: Mechanical/Service Contract
[Edit]

Vehicle Info

Year: 2017
Make: CHEVROLET
Model: SILVERADO
Color: N/A
VIN: XXXX-XXXX

Vehicle Address

Service Address: XXX-XXXX-XXXX
EN City/OK: XXXX
Telephone: XXX-XXXX-XXXX
Home: XXX-XXXX-XXXX
[Edit]

Please complete all your information before continuing.

Activate Windows
Go to Settings to activate Windows.

Only Click “Edit” to pull up the contract holder’s information if highlighted “Red”.

Edit/Update Vehicle Address
Make changes and update your vehicle address information below.

XXX-XXXX-XXXX
EN City
OK
Tollan
Email Address
Home

Save

The contract includes these coverages (click to view details).

Activate Windows
Go to Settings to activate Windows.

Complete the owners address, phone, and email, then click “Save”, and “Continue”.

Step 1 Step 2 Step 3 Step 4 Step 5

What is the repair order date? **Required** [Edit/View]

What is the repair order number? **Required** [Edit/View]

What is the current mileage of the vehicle? **Required** [Edit/View]

What is the fax number for payment? **Required** [Edit/View]

What is your labor rate? **Required** [Edit/View]

Enter the appropriate information from the Repair Order.

Step 1 Step 2 Step 3 Step 4 Step 5

INSTRUCTIONS

Add an affected assembly and all the related components (related to this claim), then answer the related questions. Additional assemblies (and their components) can be added after completing this page.

Choose Assembly

- Chassis Assembly
- Body / Chassis
- Brake
- Clutch
- Drivetrain
- Engine
- Engine
- Fuel System
- Heating / Air Conditioning
- High Tech Package
- Wash System
- Steering
- Suspension
- Transfer Case
- Transmission

Add Assembly

BACK CONTINUE

Choose a Failed Assembly then Click “Add Assembly”. For multiple failures, repeat this process/step.

ESTIMATE
Complete the labor and parts information where applicable below.

LABOR

Subassembly: Wheel Joint (JW01) (JW01)
Ball joint 2.0 hrs **\$330**

Failure	Labor Description
Suspension - Ball joint (JW01)	Ball joint

Labor Hours	Hourly Rate	Amount
2.0	165.00	\$ 330

ADD ROW

LABOR SUB TOTAL	LABOR TAX RATE	Tax Rate
\$330.00		%
LABOR TAX		\$0
LABOR TOTAL		\$330.00

Activate Windows
Go to Settings to activate Windows

Please complete the Labor and Parts Estimate for each failed Assembly, enter your tax rate if applicable.

If you need multiple lines, select “add row”.

PARTS

Subassembly: Wheel Joint (JW01) (JW01)
(12335600) New Item 1 x 130.00 **\$130**

Failure	Part Number	Part Name
Suspension - Ball joint (JW01)	12335600	E.g. Cabin air filter

Quantity	Price Per Unit	Amount
1	130.00	\$ 130

ADD ROW

PARTS SUB TOTAL	PARTS TAX RATE	Tax Rate
\$130.00	0.05	%
PARTS TAX		\$0.00
PARTS TOTAL		\$130.00
CLAIM TOTAL		\$460.00

BACK **CONTINUE**

Activate Windows
Go to Settings to activate Windows

Review and click done to submit this claim

What is the repair order date?
Please enter the date the repair order related to this claim.
2021-04-08

What is the repair order number?
Please document the R/O number related to this claim.
190333

What is the current mileage of the vehicle?
Please document the vehicle's current odometer reading at the time of failure.
246762

What is the fax or email address for payment?
XXXX XXXX

What is your labor rate?
Please enter the rate you use for the repair labor.
150.00

What is the tax rate?

Activate Windows
Go to Settings to activate Windows

Claim review, for all information submitted. If correct, select “Submit Claim”.

GO BACK AND ADD FILES

Components

Steering

Selected Component(s)
• Steering Bow / Gear

What is the customer's concern?
noise in the steering

What is the cause of the failure?
steering not working

What is the correction for this failure?
replace rack

BACK **SUBMIT CLAIM**

AMERICAN
SALES & SERVICE

Activate Windows
Go to Settings to activate Windows

CLAIM SUBMITTED

CLAIM RECEIPT

c1
Your submission has been received

CLAIM RECEIPT
Thank you for submitting your claim, reference #1433139. We have received your claim for processing.

What is the repair order date?
Please enter the date of the repair order related to this claim.
2021-04-06

What is the repair order number?
Please document the RO number related to this claim.

Claim receipt for the claim submitted. If there are any questions on the claim the reference number is what you would refer to.

Claims History

12 Filter Claims

VIN	Make	Model	Year	View Details
1433139	Wright	EXPLORER	Reference #1433139	View Details
1433140	Taylor	F150	Reference #1433140	View Details
1433141	Scott	FOURDOOR	Reference #1433141	View Details
1433142	Brown	F150	Reference #1433142	View Details

Summary: 4 Claims
Reference #1433139

Under “My Claims”, click the reference number on the claim you would like to view.

Communications

12 Filter Messages

Message ID	Subject	Date	Status
1433139	Wright - EXPLORER	Reference #1433139	View Details
1433140	Taylor - F150	Reference #1433140	View Details
1433141	Scott - FOURDOOR	Reference #1433141	View Details
1433142	Brown - F150	Reference #1433142	View Details

Summary: 4 Messages
Reference #1433139

You can then select “Communications” and create a message or view a message about this claim. All communication will come through this portal.

Submitting a Claim Over the Phone

- Call the Claims Center at **(800) 526-8678** prior to repairing vehicle.
- Provide the Claims Center examiner with any of the following to aid in locating the customer's service agreement:
 1. Customer's agreement number.
 2. Last seven of VIN number, if applicable.
 3. Customer's last name, and first.
 4. Customer's claim number, if a claim has already been established.
- Provide the Claims Center examiner with the following information:
 1. Mileage at time of failure.
 2. Date of failure.
 3. Customer complaint.
 4. Cause of failure, if known.
 5. Corrective measure of repair.
 6. Cost of repairs, including: parts and part numbers, labor, sublet*, towing, rental, and fluid.

**NOTE: A copy of sublet bill must be submitted to receive payment.
Customer must sign repair order.*

INSPECTION OPTIONS:

Inspection of breakdown prior to authorization may be required. Since all claims must be pre-approved prior to repair, you will be notified at the time the claim is established whether an inspection will be performed. To reduce delays, coordinate the time of inspection with the claim's examiner. Inspections will be made within the next business day.

SERVICE RECORDS:

Depending on the claim, it may be necessary for us to request that service records be provided so we can properly evaluate if the cause of failure is covered by the agreement.

Addresses & Important Phone Numbers

Administrative Offices

Claim Processing
440 Polaris Parkway; Suite 250
Westerville, Ohio 43082

Claim Relations

Joe Ross, Director of Claim Relations
Office: (614) 839-7671
Email: JRoss@NationalAutoCare.com

CLAIMS (ESTABLISHING A CLAIM):

- (800) 526-8678
- Claim Department Fax – (614) 839-7680

CUSTOMER SERVICE:

- (800) 548-1875
- Fax – (614) 839-7680

CLAIM PAYMENT:

- (800) 526-8678
- Claim Payment Fax – (614) 839-7969
- Claim Payment email – naccp@nationalautocare.com

**NO CLAIMS SHALL BE PAID WITHOUT PRIOR APPROVAL
BY A NATIONAL AUTO CARE CLAIMS EXAMINER.
THE APPROVAL NUMBER MUST APPEAR ON THE REPAIR ORDER!**