



# CLAIMS MANUAL

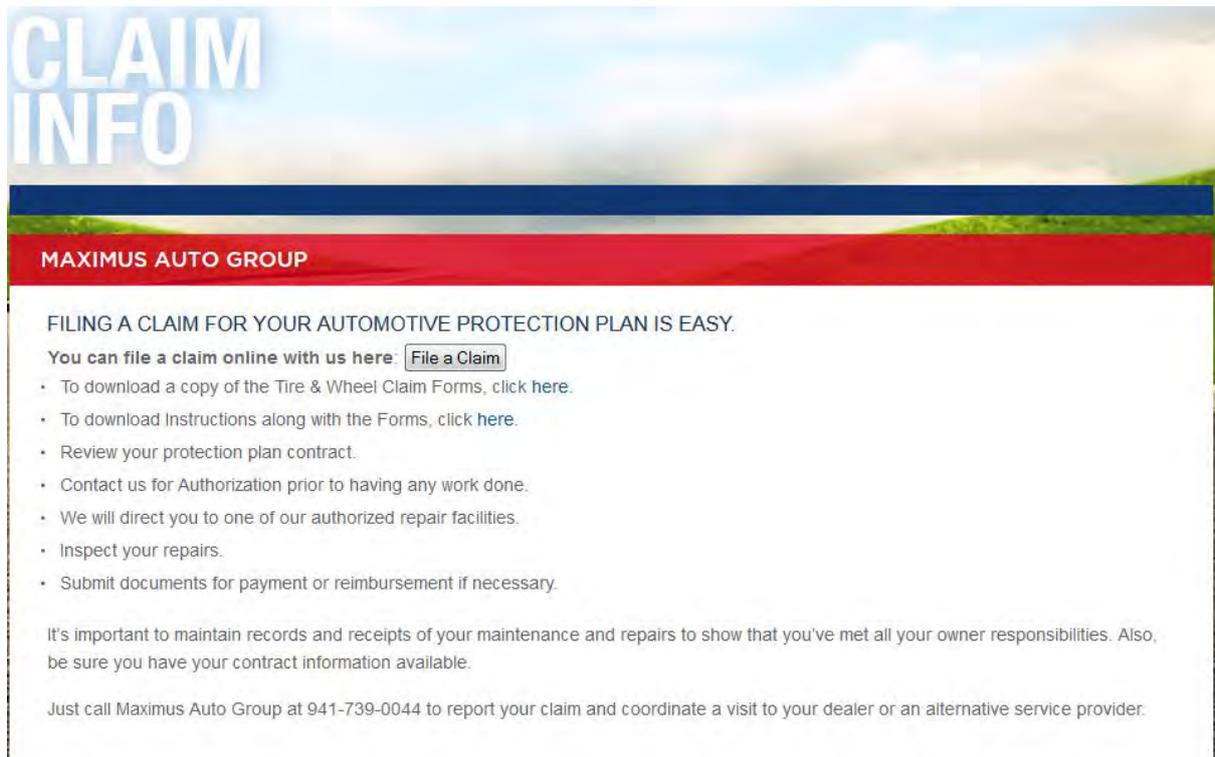
## Contents

Introduction.....	3
Introduction Screen.....	3
Dealer Login Screen .....	5
Login Change.....	6
Dealer Record Search Process .....	7
Customer Record Search Process .....	8
Search Option 1.....	8
Search Option 2.....	8
Claim Step 1.....	9
Claim Step 2.....	11
General Claim Questions: .....	11
Coverage Specific Questions: .....	12
Repair Cost Questions: .....	13
File Attachments: .....	13
Navigation:.....	14
Process Step 3 .....	14
General Information:.....	14
After Hours Procedure: .....	15
Form Example.....	16

## Introduction

Welcome to the documentation packet for the Maximus Auto Group (MAG) Online Claims interface. This document will serve as a reference guide of step-by step instructions to familiarize users with the interface and its operation for our valued partners as we strive to create new, efficient, and user-friendly alternatives to meet your business needs. This specific program is designed to allow our dealership service provider partners, as well as customers, to submit claims for eligible MAG policies from our website in order to accelerate the overall process.

## Introduction Screen



Clicking the appropriate link on our website, referenced above, will bring users to this initial screen:

**CLAIMS**

**MAXIMUS AUTO GROUP**

**Web Claims**

Welcome to the Maximus Auto Group Online claim reporting system.

Over the course of the next few screens we will take you through the steps necessary to file a claim under one of our plans to ensure the best response to whatever issue you may be experiencing.

If you have an existing claim number, you can check the current status [here](#).

**Please Note:** For products such as [GAP](#), [Total Loss Protection](#), [Service Contracts](#), and [Theft Protection/Deterrence](#) please call the number on your contract directly to obtain the fastest service as those types of claims are not currently handled by this system.

First, please select whether you are a customer or dealership service provider.

**NEXT**

If you encounter repeated issues with your query, contact us at 941-739-0044 and one of our associates will assist you in obtaining the information.

**Please Note:** Our hours of operation are Monday – Friday 9am – 5pm EST. We are also closed on all nationally recognized holidays. As it is currently after business hours, if you encounter an issue and need to contact us you will have to leave a message. We will return your call as soon as possible the next business day.

1) User Type: Users must select whether they are customers or dealership representatives from the drop-down list located at point [1]. They will not be able to proceed by pressing the button at [2] without making a selection.

2) Begin Process: After a user has selected their type from the list at point [1] pressing this button will take them to their appropriate next step. Customers will be brought to a search screen with two options of locating their policy within our system while dealer representatives will be brought to a login screen so they can access the features of their account.

3) After-Hours Notation: Throughout the screens displayed in this manual you will see notations referencing our after-hours policy. These messages, which will only display when our office is currently closed, provide instructions for users as to the proper procedure to receive service outside of operational hours (M - F 9 AM - 5 PM EST).

## Dealer Login Screen

The screenshot shows the 'LOGIN' screen for the MAXIMUS AUTO GROUP. At the top, the word 'LOGIN' is displayed in large, light blue letters against a background of a cloudy sky. Below this, a red horizontal bar contains the text 'MAXIMUS AUTO GROUP'. The main content area features a login form with two input fields: 'Username' and 'Password'. To the right of each field is a blue square callout containing a white number: '4' for the Username field and '5' for the Password field. Below the password field is a 'LOGIN' button with red text, with a blue square callout containing the number '6' to its right. Below the login form, there is a paragraph of text: 'If you do not currently have credentials you must call us at (941) 739-0044 so that we can verify that you are a dealer representative and create an account for you in our system.' This is followed by a 'Please Note' section: 'Please Note: Our hours of operation are 9am - 5pm EST. As it is currently after business hours, if you encounter an issue and need to contact us you will have to leave a message. We will return your call as soon as possible the next business day.' Below this, there is a link: 'If you would like change your existing username or password, click [here](#).' A blue square callout containing the number '7' points to the 'here' link. To the right of the text is a 'BACK' button with red text, with a blue square callout containing the number '8' to its right.

4) Username: Initially, each user is set up with their email address on file as their username, but that can be changed by clicking the link at reference point [7].

5) Password: Each user password is initially a system generated random string. It is highly recommended upon your first use of the system that you change it to something more easily remembered by clicking the link at reference [7].

\*\*\*Please Note: We do not allow self-registration for users. You must contact our office to be issued your initial credentials. \*\*\*

6) Login: Assuming that both the username and password entered in fields [4] and [5] are correct, pressing this button will take you to the first step of the claim process. Incorrect entries will be met with a message similar to the one seen here:

**Error:**  
Login Failed. Invalid Password.

7) Credential reset: Clicking on this link will take you to the page below, which allows you to change your username and/or password.

8) Back: Return to previous page.

## Login Change

The screenshot shows a web form titled "MAXIMUS AUTO GROUP" with a red header. The form is titled "Login Change" and contains the following fields and buttons:

- \*Current Username:** A text input field with a red box labeled "9" pointing to it.
- \*Current Password:** A text input field with a red box labeled "10" pointing to it.
- Enter New UserName:** A text input field with a red box labeled "11" pointing to it.
- Enter New Password:** A text input field with a red box labeled "12" pointing to it.
- Re-Type New Password:** A text input field with a red box labeled "12" pointing to it.
- SUBMIT:** A button with a red box labeled "13" pointing to it.
- CANCEL:** A button with a red box labeled "14" pointing to it.

9) Current username: Correct current username is required for making any changes to existing credentials.

10) Current password: As with username, required to make changes to existing credentials.

11) New username (Optional): Required if changing existing username, otherwise may be left blank. Usernames within our database must be unique and any user attempting to change their existing username to one that has already been taken will be prompted to choose another.

12) New Password (Optional): Required if changing existing password, otherwise may be left blank. However, both fields must have a matching value present if changing the current password.

13) Submit: Upon pressing this button, as long as all fields have been entered correctly, your user credentials will be updated and you will be returned to the previous page and prompted to log in with the new information.

14) Cancel: Cancels the process and returns user to previous page without making any changes.

## Dealer Record Search Process

Upon successful login, users will be met with this screen, the first step in the Claim process:

The screenshot displays the 'CLAIMS' interface for the MAXIMUS AUTO GROUP. It includes a 'Claims - Status' section with a message: 'Maximus Auto Group online claim system. You have successfully logged in.' Below this is a 'Customer Search' section featuring a text input field with the placeholder 'Enter VIN Number:'. A green callout box labeled '11' points to this input field. Below the input field is a 'PROCEED' button, with a green callout box labeled '12' pointing to it.

11) Customer VIN number: Required to begin the search process. The VIN which is associated with the contract(s) you wish to make a claim on.

12) Proceed: Provided the VIN number entered is correct, users will be taken to the next step after pressing this button. If there is an error the message seen below will display:

**Error:**  
No contract found matching the information you entered, check entry and try again.

# Customer Record Search Process

## Web Claims - Customer Lookup

Welcome to the Maximus Auto Group Online claim reporting system.

Over the course of the next few screens we will take you through the steps necessary to file a claim under one of our plans to ensure the best response to whatever issue you may be experiencing.

Please start by entering the necessary information in the table below to locate the customer record(s).

Option 1

Enter Effective Date:(ex: 10/29/2014)	Enter Contract # (Include leading Zeros):	Customer Last Name:
13	14	15
		SEARCH

Option 2

Enter VIN Number:	Enter Effective Date:(ex: 10/29/2014)
16	17
SEARCH	
18	
BACK	
19	

If you encounter repeated issues with your query, contact us at 941-739-0044 and one of our associates will assist you in obtaining the information.

**Please Note:** Our hours of operation are Monday - Friday 9am - 5pm EST. We are also closed on all nationally recognized holidays. As it is currently after business hours, if you encounter an issue and need to contact us you will have to leave a message. We will return your call as soon as possible the next business day.

## Search Option 1

13) Effective Date: Date which the policy was purchased from the dealership and went into effect. Generally located at the upper right corner of the policy.

14) Contract Number: Contract number listed on the policy for the coverage to file under. Generally located at upper right corner of policy.

15) Last Name: Purchasing customer's last name, located in the Customer Information section of the policy.

## Search Option 2

16) VIN Number: Unique 17 character string assigned to vehicle by manufacturer. Located in the Vehicle Information section of the policy on various points on the vehicle itself.

17) Effective Date: Date which the policy was purchased from the dealership and went into effect. Generally located at the upper right corner of the policy.

18) Search: Provided that either the entries in [13], [14] and [15], or those in [16] and [17], are correct, pressing this button this will initiate the record search and take the user the first step of the claim process provided at least one matching record is found. If no records are found, or if any of the required fields contain improper data, they will encounter error messages similar to the following:

**Error:**

A VIN is 17 characters, your entry is only 16, please re-check and try again.

**Error:**

Improper date field entry, please check formatting and try again.

**Error:**

No contract found matching the information you entered, check entry and try again.

## Claim Step 1

Below is one possible configuration of results upon search of correct customer information:

### Web Claims - Step 1

Below are the contract(s) we have matching the information you entered. Please select the appropriate policy you would like to make a claim for and click the 'Claim' link in the corresponding column.

Search Results:

If you need to make claims on multiple policies you will be given the option to return to this page once you have completed entering the necessary information for each.

Contract #	VIN	Make	Model	Year	Name	Policy Type	Term	Purchase Date	Status	Make Claim
<a href="#">TEST0001</a>	1G11B5SL6EF262136	Chevrolet	Malibu	2014	Zissou	Tire & Wheel	5 YR	10/2/2014	Active	<a href="#">Make a Claim</a>

### Claim History:

Below is a list of claims which apply to the vehicle(s) above, if you have any questions regarding them you can contact one of our representatives at (941) 793-0044 or Claims@maximusautogroup.com and reference the claim number:

Claim Number	Policy Type	Date Opened	Claim Type	Type of Loss	Requested Amount	Status	Check/Add Attachments
<a href="#">CC144889</a>	Tire & Wheel	10/30/2014 3:08 PM	Tire	Sidewall Bubble	\$987.00	Pending	<a href="#">Check/Add</a>

26

**BACK**

27

**START OVER**

19) Customer information table: Displays the associated information for the contract located through either the Customer or Dealer search process. For any contract in 'Active' status, users will be able to create and submit a claim under available coverage by selecting the link at point [28].

20) Claim History: If any previous claims have been submitted for the contract they will be displayed here. Additionally, any claims which happen to be in either Pending or Authorized status will allow for the review/upload of any pertinent documents relating to that claim by selecting the link at point [21].

21) Check/Add Attachments: Selecting this on a claim for which it is available will take the user to a page similar to the seen below:

**Web Claims - Check Files**

Below are the file(s) we have attached to the claim you selected.

File List:

Name	File Type	Description
Capture.PNG	image/png	Invoice



**Attach Files:**

If you would like to attach a file to this claim you can do so below:

Claim Number  
**CC144889**

File:

No file selected.

File Description:



22) File List: If any files have been attached to the claim previously they will be displayed here along with their filename, type, and description (if one was provided).

23) Attach New File: This section allows the user to attach a new file to the Claim Number referenced in blue. User chooses a file to upload and can provide a description if desired.

24) Attach: Provided a file has been chosen, as long as it is of an acceptable format and size, pressing this button will attach it to the Claim referenced in point [23].

25) Back: Returns user to previous page.

26/27) Back/Start Over: Takes the user back a step based on their applicable user type.

28) Make a Claim: Pressing this on a contract listed in the table for which it is available will begin the process of opening a claim for the user. If the selected policy has only one coverage which can be filed under, you will proceed immediately to step 2. However, if the selected policy has more than one coverage option (in the case of this example Tire or Wheel) the message below will be displayed and the user will have to pick the specific type of coverage to file under:

Web Claims - Step 1

The policy you have selected has multiple coverage options to file under, please select the correct coverage below.



29) Coverage Selection: If multiple coverage options are available under the contract the user wishes to start a claim for, this list will be presented and a choice must be selected before pressing the button at [30].

30) Continue: Provided coverage has been selected from the list at [29], pressing this button will begin a claim and take the user to step 2 of the claim process.

## Claim Step 2

### General Claim Questions:

Web Claims - Step 2

#### CONTACT INFORMATION:

Customer Contact Phone - Required

Customer Contact E-mail - Required

(555) 555-5555	test@none.com
----------------	---------------

#### GENERAL QUESTIONS:

Date the damage occurred: (ex: 11/4/2014) - Required:

Detail how the damage occurred, what caused the damage, and where the vehicle was located at the time the damage occurred: - Required:

31) Contact Information - Required: Contact information for the customer. Necessary in case one of our claims adjusters need to contact them for any reason during the course of the claim.

32) Date Damage Occurred - Required: The date which the damage occurred.

33) Damage Description – Required: A description of the damage. The more complete/detailed information provided here will allow our claims adjusters to complete the claims review process faster. We need to know what type of damage exists, what caused the damage to occur, where the damage happened (in this case, highway, dirt road, etc.).

## Coverage Specific Questions:

### TIRE QUESTIONS:

Which Tire suffered damage? - **Required**:

How many tires were damaged? (1-4):

Damaged Tire:

Damaged Tire Area:

### TIRE INFORMATION (REQUIRED FOR DEALERS, OPTIONAL FOR CUSTOMERS):

Damage Information:

Type of Damage:

Tread Depth:

Tire Specifications:

Tire Width:

Wheel Diameter:

Tire Aspect Ratio:

Speed Rating:

Tire Brand:

Tire Make:

Tire Model:

Does the tire hold air?:

Damage Assessment:

Can the damage be repaired?:

If the tire cannot be repaired, tell us why:

34) This section will change depending on the type of coverage selected to file under. For the purposes of this example, the necessary tire questions are displayed for that type of claim. The questions in the second portion are optional for Customers but **required** for Dealers.

## Repair Cost Questions:

### COST INFORMATION - REQUIRED:

Part Number:	Parts Cost:	Labor Cost:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Cost:	Tax:	
<input type="text"/>	<input type="text"/>	
Other Cost Description:		
<input type="text"/>		
General Notes (Optional):		
<input type="text"/>		

35

35) These questions will only be displayed for dealer users and are **required**. It is necessary that the dealer representative provide at least the part number, cost, labor cost, and tax. Other Cost is optional, but if there is an optional cost a description of that cost must be provided in the Other Cost Description box provided.

The General Notes box is provided if the representative wishes to include any additional comments for review by the claim representatives.

\*\*\*Please Note: If the claim type is either Tire or Wheel there will also be a Multiple Tire Notes box which will appear and is **required** to be filled in if the number of damaged tires/wheels is more than 1.\*\*\*

## File Attachments:

Optional: If you have any photos/documents regarding the damage you would like to attach which may help the claims department in processing your request you can do so. (Acceptable formats: '.jpg', '.jpeg', '.tif', '.pdf', '.png', '.gif')

File:		
<input type="button" value="Browse..."/> No file selected.	<input type="button" value="ATTACH"/>	
File Description:		
<input type="text"/>		

36

36) This section allows for the user to attach any necessary files for the claim they may have, such as pictures of the damage, and provide a description for the files to go along with them when they are attached.

## Navigation:



37) Back: Takes the user back one page.

38) Start Over: Cancels the in-process claim and returns the user to the initial search based on their user type.

39) Submit: If the user presses this they will first be presented by a confirmation prompt in which they must affirm that the information they have provided is correct and understand our claims people will make their determination based on the information provided.

## Process Step 3

### General Information:

Below is an example of a version of the submission message. Some lines are only present when the user is a dealership associate.

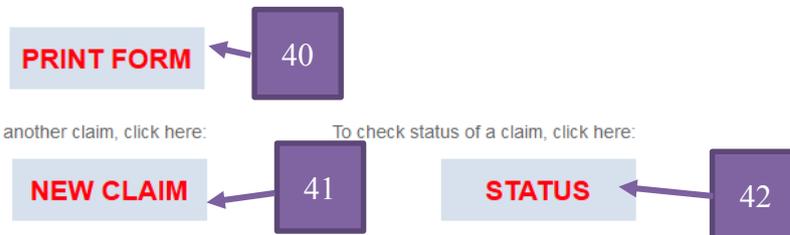
#### Claims - Step 3

Your claim has been submitted. **The claim # is: CC145608**

Be aware that our acceptance of this claim does **NOT** mean it has been authorized for any repair or replacement.

You will need to submit the signed Claim Form and a completed and signed RO before we can process payment of the claim.

Authorization to perform any repair or replacement work will not be provided until you have returned the **SIGNED** claim form found by clicking the button below.



40) Print Form (Where Applicable): Allows the user to generate a claim form based on the type of claim they have submitted for (Currently applicable only to Tire & Wheel), which is required to complete the claim process.

41) New Claim: Brings the user back to the appropriate page to search for/begin a new claim.

42) Status: Takes the user to a separate page which allows them to check the status of any submitted claims they may have, provided they have the necessary information.

## After Hours Procedure:

If our office is currently closed this section will display and provide direction as to how to handle a claim outside of business hours:

Our office is currently **closed**, our after-Hours claims procedure is as follows:

### AFTER HOURS, WEEKENDS AND HOLIDAYS:

#### \*\*\*\*BEFORE repair or replacement\*\*\*\*

1. Call in claim to MAG Claims Department at 941-739-0044 and select option 2 for claims. You must leave a message in our claims voice mailbox to notify us of a pending claim. On the next business day, you must call MAG Claims Department to process your claim.
2. Repair facility can inspect damage and makes a determination if the damage was caused by a road hazard or other cause (i.e. improper inflation, manufacturer defect, dry rot, etc.). Repair facility can also make a determination if the damaged tire and/or wheel is repairable.
3. The Customer may choose to have the repair facility complete the repairs and/or replacements if it is deemed the damaged to be covered by the contract.

**Note: the repair facility MUST hold the damaged tire and/or wheel until MAG Claims Department has made a decision on inspection.**

If, upon review of the claim by the MAG Claims Department, it is determined that the damage is not covered under the contract the claim will be denied and no reimbursement will be made.

4. Complete and sign the claim form which may be obtained by clicking the button above or [here](#). The MAG Claim Adjuster will need the following information to process the claim. Make sure it is included on the claim form.
  - a. Date of damage.
  - b. Cause of damage.
  - c. Which tire and/or wheel is damaged.
  - d. Remaining tread depth of the damaged tire (at the lowest point).
  - e. Vehicle information, including the full 17 digit VIN number.
  - f. Replacement tire and/or wheel make, model and size.
  - g. Detailed quote for the cost of repair/replacement.
5. Fax or email completed and signed Claim Form to MAG Claims Department. Fax #: 941-538-3026 Attn: T&W Claims. Email: [claims@maximusautogroup.com](mailto:claims@maximusautogroup.com)
6. Repair facility makes the necessary repairs and/or replacements.
7. Customer pays the repair facility for all repairs and/or replacements.
8. You must call the MAG Claims Department on the next business day. A MAG Claims Adjuster will review the information submitted in the Claim Form and make a claims decision.

**Please note: MAG will only pay for the reasonable cost for repair or replacement of covered tires and/or wheels. All requests for reimbursement are cross-referenced against a national database of average replacement cost for tires and/or wheels. Any request for reimbursement which is deemed excessive will not be authorized.**

9. MAG reserves the right to inspect the tire and/or wheel prior to authorization. In the event that we require an inspection you will be reimbursed for rental car expenses while the inspection is being performed. See contract for details.
10. Provided coverage is confirmed, we will authorize your claim. You will receive an authorization number and an authorized amount.
11. Submit the required documents to MAG Claims Rep for reimbursement. The required documents we may request include but are not limited to:
  - a. The completed and signed Claim Form.
  - b. A copy of the repair invoice signed by the customer.
  - c. The claim authorization number.
  - d. A copy of your original Tire and Wheel contract.
  - e. Rental car receipts if requesting rental car reimbursement.
  - f. Receipts for emergency travel expensed if requesting emergency travel reimbursement.

Documents may be submitted via Fax, Email or Postal service.

Fax #: 941-538-3026 Attn: T&W Claims

Email: [claims@maximusautogroup.com](mailto:claims@maximusautogroup.com)

Postal: MAXIMUS AUTO GROUP

ATTN: CLAIMS DEPARTMENT

3626 GRANT LINE RD

SUITE 207

NEW ALBANY, IN 47150

12. MAG will reimburse you for the authorized amount.

## Form Example

Below is an example of the claim form required for Tire & Wheel claims:

### Tire & Wheel Claim Form

Claim Number:  
CC145609

The information that you provide in the Claim Form will be used to evaluate your claim. You must fully and accurately complete all items on the form. Failure to complete this form in its entirety may result in significant delays in processing your claim and/or denial of your claim.

#### Customer Information

Customer Name: Steve Zisson Today's Date: November 10, 2014  
 Customer Address: 1 Manse Peshapada Island, HI 21225 Phone #: (555) 555-5555  
 Email: test@none.com

#### Vehicle Information

Year: 2014 Make: Chevrolet Model: Malibu VIN: 1G11B5SL6EF262136

YOU MUST OBTAIN AUTHORIZATION WITH AN AUTHORIZATION NUMBER FROM MAG PRIOR TO THE REPAIR OR REPLACEMENT OF ANY TIRE AND/OR WHEEL.

#### Description of Damage

Date Tire/Wheel was damaged:	<u>November 3, 2014</u>	Tire(s) or Wheel(s) which were damaged:			
What is the tread depth of the damaged tire at the lowest point:	<u>3/32</u>	Driver Front Tire			
Is the damage to the Tire/Wheel repairable:	<u>No</u>				
If the damage is not repairable, please tell us why: <u>Damage is too deep and long to be repaired.</u>					
Replacement Tire/Wheel:	Make: <u>Hankook</u>	Model: <u>Test Model</u>	Size: <u>145/35-16</u>		
Cost:	Parts: <u>\$50.00</u>	Labor: <u>\$25.00</u>	Other: <u>\$45.00</u>	Tax: <u>\$13.00</u>	Total: <u>\$133.00</u>
Please provide a detailed description of how the Tire/Wheel was damaged: <u>Test Damage Description</u>					
General Notes: <u>Test General Notes</u>					
Multiple Tire/Wheel Notes: <u>Test Multiple Tire Notes</u>					
Repair Facility Information					
Name: <u>Test Dealer</u>	Phone Number: <u>(555) 444-5555</u>				
Contact Name: <u>Test Testerson</u>	Total Requested Reimbursement: <u>\$133.00</u>				

Return completed and signed form to: Fax: (941) 338-3026 Attn: T&W Claims or Email: Claims@Maximusautogroup.com

Any person(s) who knowingly presents false or fraudulent information, files a statement of claim containing any false, misleading or fraudulent information for payment of a loss or benefit may be guilty of fraud and may be subject to substantial fines and/or confinement in prison.

Signature of Contract Holder: \_\_\_\_\_ Date: \_\_\_\_\_