Ancillary Products Claims Manual

©Portfolio
25541 Commercentre Dr., Suite 100, Lake Forest, CA 92630
Claims: Phone 877.705.4001 Fax 480.897.7516
Email: Claims@Portfolio.com
www.Claims.Portfolio.com
Ancillary Claims Hours: 7:00am to 4:30pm Mon-Thur & 7:00am to 3:30pm (PST) Friday
General Ancillary Claims Practices:

All (non-maintenance) ancillary claims require authorization from a Portfolio Ancillary Claims Administrator. Please follow the instructions outlined in this manual prior to any repair work being completed.

All paperwork must be submitted to our claims department via web, email, fax or U.S. Mail.

Web: www.claims.portfolioco.com
GAP/Theft Claims Email: claims@portfolioco.com
Other Ancillary Claims Email: warrantyclaims@portfolioco.com
Fax number: (480) 897-7507

To find out the status of an ancillary authorization, please visit www.claims.portfolioco.com one business hour after a claim has been initiated or please call (877) 705-4001.

Please visit our site for all your ancillary claims needs at www.claims.portfolioco.com. Please enter the first 3 letters of the contract holder’s last name, as well as the contract number or the last 7 digits of the covered vehicle’s VIN.

If new ancillary claim forms are sent via our claims site, emailed, or faxed and the dealership/provider does not hear from us in a timely manner, please call us at (877) 705-4001 to verify receipt.

Ancillary claims are the only claims that can be netted from new business and it is only eligible on business that is online entered on our Dealer Portal. All other ancillary claims will be reimbursed to the dealership by check or credit card.

Enclosed you will find claims procedures for the following products:

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- Code/Etch ◆ Page 5-6
- Vehicle Theft Replacement ◆ Page 7-8
- Ancillary Claims Procedures ◆ Page 9
- Appearance Protection Care, Xzilon & Cilajet ◆ Page 10
- Tire and Wheel ◆ Page 11
- Road Hazard ◆ Page 12
- Key Replacement ◆ Page 13
- Dent Care ◆ Page 14
- Complete Care/Total Care ◆ Page 15
- Glass Defense (Windshield) ◆ Page 16
- Tires for Life/ Loyalty ◆ Page 17
- Express 5 ◆ Page 18
- LR3 ◆ Page 19-24
- Roadside Assistance ◆ Page 25
- Select Shield ◆ Page 25
Express Autogap Claims Procedures

- Please visit our website at [www.claims.portfolioco.com](http://www.claims.portfolioco.com) to open a GAP claim. If internet use is not preferred, they may call Portfolio at (877) 705-4001 and request that a claim form be sent to them. Upon receipt of the claim form we will open the claim. When calling, they need to provide either the contract number or the last 6 digits of the VIN. We will verify the customer’s mailing address, vehicle information, the date of loss and email address.

- A documentation checklist is emailed or mailed to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.

- The customer may visit us online at [www.claims.portfolioco.com](http://www.claims.portfolioco.com) throughout the claims process to see the status of the claim.

- All claim documents should be submitted in a complete and legible packet or file. All GAP claim documents that are supplied from the policy holder’s dealer, lienholder, or primary insurance company should be submitted by one party to Portfolio.

- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 30 business days.

- If the claim is approved for payment, a check is issued to the lender and a letter is mailed to the customer and the dealership. The payment is sent directly to the lienholder or customer if the loan has been satisfied. The customer must supply proof that their loan was paid in full. 
# GAP CLAIM CHECKLIST

**Information Required to Obtain GAP Benefits**

## Documents Required From Financial Institution/Lienholder

| **PAYMENT HISTORY** | Request a statement that lists all payments made from the inception date through the date of loss. This should include the principal balance after each transaction as well as the dates and amounts of all transactions and the account number |
| **PAYOFF LETTER** | Request a statement that lists the Financial Institution/Lienholder name, payoff address, account number, amount financed, APR and monthly payment amount |
| **GAP CONTRACT** | Sometimes known as a GAP Addendum or GAP Waiver, the GAP Contract states the terms and coverage information of the GAP policy purchased with your vehicle. Please send all pages, both front & back sides |
| **RETAIL INSTALLMENT CONTRACT** | Sometimes known as a Finance Contract, this document states the payment terms of your vehicle when the vehicle was purchased from the dealer |
| **MSRP INVOICE (FOR NEW VEHICLES)** | If your vehicle was purchased new, please provide the Manufacturer’s Invoice or Window Sticker which verifies the retail price, specific vehicle information, and any options included with the vehicle. |
| **DEALER BOOKOUT SHEET (FOR USED VEHICLES)** | Sometimes known as Kelley Blue Book or NADA, which verifies the retail price, specific vehicle information, and any options included with the vehicle. |
| **BUYER’S ORDER** | Sometimes known as a Bill of Sale or Purchase Agreement, this document is a summary of the item(s) to be purchased including the agreed purchase price of the vehicle and any ancillary products (not required for vehicles purchased in CA or vehicles purchased in TX where Buyer’s Order was not provided) |
| **APR LETTER (IF REQUESTED)** | If your APR was modified a Financial Institution/Lienholder will send you a letter explaining the APR change |

## Documents Required From Insurance Company

| **INSURANCE SETTLEMENT CHECK** | Provides proof of payment by the Insurance Company. This may be a copy of the Payment History showing the settlement amount has been applied |
| **SETTLEMENT BREAKDOWN** | The Settlement Breakdown details how the settlement was calculated using the vehicle’s base value in addition to any applicable taxes, fees, adjustments, deductible, etc. |
| **EVALUATION REPORT** | The Evaluation Report details how the Insurance Company determined the value of the vehicle. This will include any applicable adjustments for mileage, options, etc. |
| **POLICE THEFT OR ACCIDENT REPORT** | Please provide a Police Report. If your Insurance Company does not have this, please obtain a copy from the Police Department. The report must contain the names of the parties involved in the incident, date of the occurrence or incident, location of the occurrence or incident, vehicle identification of all vehicles involved in the incident, and a narrative (police description of what happened) |
| **PRIMARY CARRIER DENIAL OR LAPSE LETTER** | If you do not have insurance or your insurance company denied your claim, please request this letter |
| **DECLARATION PAGE (IF REQUESTED)** | This is the document that you received from your automobile insurance company when you purchased and/or renewed your policy. It shows your coverage limits, your physical damage deductible(s) and your agent’s name, address and phone number |

## Documents Required From Dealership

| **REFUND CHECKS & COPIES OF ADDITIONAL WARRANTIES OR SERVICE CONTRACTS** | Provide copies of any refunds issued for items which are cancellable. If items are non-cancellable, please provide a written dealer statement indicating this specifically. Please also provide copies of contracts for any Warranty Products listed on the Finance Contract or Bill of Sale that were purchased and included in the financing of the Covered Vehicle (e.g. service contracts, theft deterrent, maintenance warranties, credit life/disability contracts, etc.) |

## Documents Required From Policy Holder

| **CAUSE OF LOSS STATEMENT** | Provide a written and signed statement stating the events that took place in connection to the total loss. |
| **CLAIM FORM** | If claim was not opened online by the policy holder, a filled out claim form is required |
| **3rd PARTY APPRAISAL** | In lieu of an Evaluation Report from the Insurance Company, an Appraisal of the vehicle is required in order to verify that the vehicle is considered a total loss, except in the case of theft |
| **VEHICLE OPTIONS FORM (IF REQUESTED)** | If the Dealer Bookout Sheet does not list the vehicle options, a Vehicle Options Form allows the policy holder to list their vehicle’s actual options |
| **USAGE FORM (IF REQUESTED)** | A Usage Form describes if the vehicle was used for personal or commercial usage |
Code/Etch Claims Procedures

- The customer calls Portfolio at (877) 705-4001 to file a claim. When calling, they need to provide either the theft contract number or the last 6 digits of the VIN. We will verify the customer’s mailing address, vehicle information, the date of loss and email address.

- A documentation checklist is emailed (or mailed) to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.

- The customer may visit us online at [www.claims.portfolioco.com](http://www.claims.portfolioco.com) during the claims process to see the status of the claim.

- All claim documents should be submitted in a complete and legible packet or file. All theft claim documents that are supplied from the policy holder’s dealer or primary insurance company should be submitted by one party to Portfolio.

- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 30 business days.

- If the claim is approved for payment, a check is issued and a letter is mailed to the customer and the dealership. All Code/Etch theft checks are made payable to both the selling dealership and the customer. The check is mailed to the selling dealership and the customer will be contacted by the dealership.
### Documents Required From Insurance Company

<table>
<thead>
<tr>
<th>Documents Required From Insurance Company</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSURANCE SETTLEMENT CHECK</strong></td>
<td>Provides proof of payment by the Insurance Company. This may be a copy of the Settlement Check or a copy of the Check Draft showing the settlement amount.</td>
</tr>
<tr>
<td><strong>POLICE OR THEFT REPORT</strong></td>
<td>Please provide a Police Report. If your Insurance Company does not have this, please obtain a copy from the Police Department. The report must contain date of the incident, vehicle identification of the vehicle involved in the incident, and a narrative (police description of what happened).</td>
</tr>
<tr>
<td><strong>INSURANCE WRITTEN VEHICLE UNRECOVERED STATEMENT</strong></td>
<td>Written statement from your insurance adjuster that verifies your vehicle was not recovered within 30 days from the date of theft. This must be typed on their letterhead and include their claim number, the date of loss, the vehicle information, the date the statement is being written, and the adjuster’s signature.</td>
</tr>
</tbody>
</table>

### Documents Required From Dealership

<table>
<thead>
<tr>
<th>Documents Required From Dealership</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CODE/ETCH OR SECURITY SYSTEM CONTRACT</strong></td>
<td>Sometimes known as a Limited Guarantee Theft Agreement, the Code/Etch Contract states the terms and coverage information of the Theft policy purchased with your vehicle. Please send all pages, both front &amp; back sides.</td>
</tr>
<tr>
<td><strong>RETAIL INSTALLMENT CONTRACT</strong></td>
<td>Sometimes known as a Finance Contract, this document states the payment terms of your vehicle when the vehicle was purchased from the dealer.</td>
</tr>
</tbody>
</table>

### Additional Requirements

<table>
<thead>
<tr>
<th>Additional Requirements</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RETURNED KEYS, REMOTES OR ACTIVATING DEVICES (IF APPLICABLE)</strong></td>
<td>If your system required active alarming you MUST return all sets of keys, remotes, or activating devices before your claim will be authorized.</td>
</tr>
</tbody>
</table>

Please send your Complete Claim Packet/File To:

**Portfolio**  
**Attn: Theft Claims Dept.**  
25541 Commercentre Drive, Ste. 100  
Lake Forest, CA 92630  
**Web:**  
[www.claims.portfolioco.com](http://www.claims.portfolioco.com)  
**E-Mail:**  
[claims@portfolioco.com](mailto:claims@portfolioco.com)  

Please log on to [www.claims.portfolioco.com](http://www.claims.portfolioco.com) to check the current status of your claim

If you have any questions regarding your claim, please contact (877) 705-4001
Vehicle Theft Replacement Claims Procedures

- The customer calls Portfolio at (877) 705-4001 to file a claim. When calling, they need to provide either the theft contract number or the last 6 digits of the VIN. We will verify the customer’s mailing address, vehicle information, the date of loss and email address.

- A documentation checklist is emailed (or mailed) to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.

- The customer may visit us online at www.claims.portfolioco.com during the claims process to see the status of the claim.

- All claim documents should be submitted in a complete and legible packet or file. All theft claim documents that are supplied from the policy holder’s dealer or primary insurance company should be submitted by one party to Portfolio.

- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 30 business days.

- If the claim is approved for payment, a check is issued and a letter is mailed to the customer and the dealership. All theft checks are made payable to both the selling dealership and the customer. The check is mailed to the selling dealership and the customer will be contacted by the dealership.
Information Required to Obtain Theft Benefits
Vehicle Theft Replacement

### Documents Required From Insurance Company

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>EVALUATION REPORT</strong></td>
<td>The Evaluation Report details how the Insurance Company determined the value</td>
</tr>
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<td></td>
<td>of the vehicle. This will include any applicable adjustments for mileage,</td>
</tr>
<tr>
<td></td>
<td>options, etc.</td>
</tr>
<tr>
<td><strong>SETTLEMENT BREAKDOWN</strong></td>
<td>The Settlement Breakdown details how the settlement was calculated using the</td>
</tr>
<tr>
<td></td>
<td>vehicle's base value in addition to any applicable taxes, fees, adjustments,</td>
</tr>
<tr>
<td></td>
<td>deductible, etc.</td>
</tr>
<tr>
<td><strong>INSURANCE SETTLEMENT CHECK</strong></td>
<td>Provides proof of payment by the Insurance Company. This may be a copy of the</td>
</tr>
<tr>
<td></td>
<td>Settlement Check or a copy of the Check Draft showing the settlement amount.</td>
</tr>
<tr>
<td><strong>DECLARATION PAGE</strong></td>
<td>This is the document that you received from your automobile insurance company</td>
</tr>
<tr>
<td></td>
<td>when you purchased and/or renewed your policy. It shows your coverage limits,</td>
</tr>
<tr>
<td></td>
<td>your physical damage deductible(s) and your agent's name, address and phone</td>
</tr>
<tr>
<td></td>
<td>number.</td>
</tr>
<tr>
<td><strong>POLICE OR THEFT REPORT</strong></td>
<td>Please provide a Police Report. If your Insurance Company does not have this,</td>
</tr>
<tr>
<td></td>
<td>please obtain a copy from the Police Department. The report must contain date</td>
</tr>
<tr>
<td></td>
<td>of the incident, vehicle identification of the vehicle involved in the</td>
</tr>
<tr>
<td></td>
<td>incident, and a narrative (police description of what happened).</td>
</tr>
<tr>
<td><strong>INSURANCE WRITTEN VEHICLE UNRECOVERED</strong></td>
<td>Written statement from your insurance adjuster that verifies your vehicle was</td>
</tr>
<tr>
<td></td>
<td>not recovered within 30 days from the date of theft. This must be typed on</td>
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<tr>
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<td>their letterhead and include their claim number, the date of loss, the</td>
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<td></td>
<td>vehicle information, the date the statement is being written, and the</td>
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<td></td>
<td>adjuster’s signature.</td>
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</table>

### Documents Required From Dealership

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>VEHICLE THEFT REPLACEMENT CONTRACT</strong></td>
<td>Sometimes known as an **Express Systems Theft Deterrent System, Vehicle</td>
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<tr>
<td></td>
<td>Protection Product Guarantee, or Theft Protection Program** the Theft</td>
</tr>
<tr>
<td></td>
<td>Contract states the terms and coverage information of the Theft policy</td>
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<tr>
<td></td>
<td>purchased with your vehicle. Please send all pages, both front &amp; back sides.</td>
</tr>
<tr>
<td><strong>RETAIL INSTALLMENT CONTRACT</strong></td>
<td>Sometimes known as a <strong>Finance Contract</strong>, this document states the payment</td>
</tr>
<tr>
<td></td>
<td>terms of your vehicle when the vehicle was purchased from the dealer. We</td>
</tr>
<tr>
<td></td>
<td><strong>Require</strong> copies <strong>For Total Loss Vehicle And Replacement Vehicle.</strong></td>
</tr>
<tr>
<td><strong>BUYER’S ORDER</strong></td>
<td>Sometimes known as a <strong>Bill of Sale</strong> or <strong>Purchase Agreement</strong>, this</td>
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<td></td>
<td>document is a summary of the item(s) to be purchased including the agreed</td>
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<td>purchase price of the vehicle and any ancillary products (not required for</td>
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<td>vehicles purchased in CA) We <strong>Require</strong> copies **For Total Loss Vehicle And</td>
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<tr>
<td></td>
<td>Replacement Vehicle.</td>
</tr>
<tr>
<td><strong>MSRP INVOICE (FOR NEW VEHICLES)</strong></td>
<td>If your vehicle was purchased new, please provide the <strong>Manufacturer’s Invoice</strong></td>
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<tr>
<td></td>
<td>or <strong>Window Sticker</strong> which verifies the retail price, specific vehicle</td>
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<tr>
<td></td>
<td>information, and any options included with the vehicle. We <strong>Require</strong> copies</td>
</tr>
<tr>
<td></td>
<td><strong>For Total Loss Vehicle And Replacement Vehicle.</strong></td>
</tr>
<tr>
<td><strong>DEALER BOOKOUT SHEET (FOR USED VEHICLES)</strong></td>
<td>Sometimes known as <strong>Kelley Blue Book</strong> or <strong>NADA</strong>, which verifies the</td>
</tr>
<tr>
<td></td>
<td>retail price, specific vehicle information, and any options included with the</td>
</tr>
<tr>
<td></td>
<td>vehicle. We <strong>Require</strong> copies **For Total Loss Vehicle And Replacement</td>
</tr>
<tr>
<td></td>
<td>Vehicle.</td>
</tr>
</tbody>
</table>

### Additional Requirements

- **Replacement Vehicle Purchase**: A **New** or **Used Vehicle** must be purchased from the **Dealer** named in the Certificate to replace the Stolen Vehicle **within thirty (30) days of Receipt of the Insurance** claims settlement payment from the Primary Insurance Carrier.

Please send your Complete Claim Packet/File To:
Web: [www.claims.portfolioco.com](http://www.claims.portfolioco.com)
E-Mail: claims@portfolioco.com
Portfolio Attn. Theft Claims Dept. ♦ 25541 Commercentre ♦ Suite 100 ♦ Lake Forest ♦ CA 92630

Please log on to [www.claims.portfolioco.com](http://www.claims.portfolioco.com) to check the current status of your claim

If you have any questions regarding your claim, please contact (877) 705-4001
Ancillary Claims Procedures

Initiate a claim by visiting our website www.claims.portfolioco.com. The claim can be started online or you may download claim forms for manual submission.

Online claim statuses and authorizations are updated within one-business hour of receipt of a new claim; excluding claims performed by our mobile technician network.

For all claims performed by our mobile technician network, a claims administrator will contact you within one-business hour of receipt and the customer can expect another call within 72 business hours (excluding weekends) by our mobile technician network for appointment setup. If you require additional assistance, please contact us at (877) 705-4001.

**Instructions**

**Policy Holder:**
1. Please take your vehicle back to original selling dealership
2. If you are unable to return your vehicle back to original selling dealership, please initiate the claim at www.claims.portfolioco.com Or call (877) 705-4001
3. A claims administrator will contact you within one-business hour of receipt of your new claim

**Dealer:**
1. Instruct the customer to return their vehicle back to their original selling dealer
4. If the dealer is able to perform the repair services, please initiate the claim at www.claims.portfolioco.com and a claims administrator will contact you within one-business hour of receipt of your new claim
2. If the customer is unable to return to their selling dealer or the dealer is unable to perform the repair services, please ask the customer to initiate the claim at www.claims.portfolioco.com. The customer may be instructed to take their vehicle to another repair facility or their repair may be eligible for repair by our mobile technician network
3. An authorization or an updated status can be viewed online within an hour of initiation during normal business hours

**Claim Processing Requirements:**
1. Claim Form (if claim is not initiated online)
2. Copy of Final Customer Signed invoice for reimbursement
3. Photos of the damage (if required/requested)

All required documents must be submitted to our claims department via web, email, fax or U.S. Mail

Please send legible copies of the required documents:

Web: www.claims.portfolioco.com
E-Mail: warrantyclaims@portfolioco.com
Fax: (480) 897-7507
Mail: Portfolio
Attn: Ancillary Claims Dept.
25541 Commercentre, Suite 100
Lake Forest, CA 92630

**Additional Item Requirements by Coverage**

**Tire for Life/Loyalty:**
1. Copy of Service History (Repair Orders for Oil Changes and Tire Rotations)

**Key Replacement:**
1. Customer Signed Key Replacement Authorization Form

All Ancillary Requirements Continued:
Express Systems Fabric, Leather & Paint Claims Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: Date of damage: _____________________

Contract or last 6 of VIN#: _____________________

Full Name (as it appears on contract): _____________________

Address: _____________________ Phone#/Email: _____________________

Year/Make/Model of covered vehicle: _____________________

Dealership/Repair Shop information:

Dealership Name: _____________________ Service Advisor Name: _____________________

Email: _____________________ Phone: _____________________

Dealership Address: _____________________

Claim Information (Check all that apply):

Type of Claim: □ Fabric □ Leather □ Paint □ Interior □ Exterior

Type of Damage: □ Stain □ Bird dropping □ Sap □ Oxidation □ Other: _____________________

If stain, what was the cause of stain? ______________ Was cleaning attempted? Yes □ No □

Estimated cost of repairs (include labor and sales tax): _____________________

Customer statement: Please include detailed information about how and when the damage occurred
(Must be filled out by customer with Signature and Date)

________________________________

________________________________

________________________________

________________________________

Signature of Contract Holder: _____________________ Date: ______________

**Please include photograph(s) of the damage along with a detailed estimate in order to process the claim**

If not returning to the selling dealership, we must have two (2) estimates, and customer may be required to pay out of pocket and will be reimbursed after submitting final invoice after work has been completed.
TIRE & WHEEL CLAIM FORM

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: ______________________________

Service Advisor Name: _________________________

Email: _______________________________ Phone: _____________________

Last 6 of VIN #: __________ R.O #: ___________ Estimate $ ___________

Customers Name: ___________________________ Date of Repair: __________

Tire(s) need to be (check one): □REPAIRED □REPLACED

Wheel(s) need to be (check one): □REPAIRED □REPLACED

Which Tire? (Check one and provide tread depth of each):

□Left Front Tread Depth __________
□Left Rear Tread Depth __________
□Right Front Tread Depth __________
□Right Rear Tread Depth __________

All-wheel drive (AWD) Yes □ No □

Description of Damage:

__________________________________________________________________________

__________________________________________________________________________

Signature of Contract Holder: ___________________________ Date: ______________

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage

* Inspection may be requested to determine coverage*
The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the current status of your claim
ROAD HAZARD CLAIM FORM

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: __________________________________________

Service Advisor Name: ________________________________

Email: _____________________________________________ Phone: _______________________

Contract or last 6 of VIN#:____________ R.O #:_______________Estimate $____________

Customers Name: ___________________________________________ Date of Repair: __________

Tire(s) need to be (check one):

☐ REPAIRED ☐ REPLACED

Which Tire? (Check one and provide tread depth of each):

☐ Left Front   Tread Depth ____________

☐ Left Rear    Tread Depth ____________

☐ Right Front  Tread Depth ____________

☐ Right Rear   Tread Depth ____________

All-wheel drive (AWD) Yes ☐ No ☐

Description of Damage:
________________________________________________________________________
________________________________________________________________________

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage.

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the current status of your claim

Page 12 of 25
Customer Key Replacement Authorization Form

Customer Information:                                    Date of damage: ____________________________

Contract or last 6 of VIN#: __________________________

Full Name (as it appears on contract): ____________________________

Address: ____________________________ Phone#/Email: ____________________________

Year/Make/Model of covered vehicle: ____________________________

Loss Information

Date of Loss: ____________________________ Number of keys at time of Purchase: ______________

Service Advisor Name: ______________ Email/Phone: ______________

Name of Dealership: ____________________________

Estimate for Replacement: ____________________________

Description of facts and circumstances surrounding the loss/damage of the Key:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

I certify that the above is true and correct, and authorize the replacement of my lost or damaged key.

Signature of Contract Holder: ____________________________ Date: ____________________________

Please send or upload your document to:
Website:  www.claims.portfolioco.com
Email:    warrantyclaims@portfolioco.com
Fax:      (480) 897-7507

Please visit www.claims.portfolioco.com to check the current status of your claim
Paintless Dent Repair Claims Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: Date of Repair: ________________

Contract or last 6 of VIN#: __________________________

Full Name (as it appears on contract): ____________________________________________________________

Address: ____________________________ Phone#/Email: _______________________________

Year/Make/Model of covered vehicle: ____________________________________________________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: ____________________________ *Service Advisor Name: ____________________________

Email: ____________________________ Phone: ____________________________

Dealership Address: ______________________________________________________________

Does the Dent have any Paint Damage: Yes ☐ No ☐ Size of Dent: ____________

Claim Information (Check all that apply):

Location of Dent(s):

☐ Driver-side Front Door ☐ Driver-side Rear Door ☐ Driver-side Front Quarter Panel

☐ Driver-side Rear Quarter Panel ☐ Passenger-side Front Door

☐ Passenger-side Rear Door ☐ Passenger-side Front Quarter Panel

☐ Passenger-side Rear Quarter Panel ☐ Hood ☐ Roof ☐ Trunk

*Estimated cost of repairs (include labor and sales tax): _________________________________

Description of Damage:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

♦ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ♦
Complete Care/Total Care Claims Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: Date of damage: ______________________
Contract or last 6 of VIN#: ______________________
Full Name (as it appears on contract): ______________________________________________________
Address: __________________________ Phone#/Email: ________________________________________
Year/Make/Model of covered vehicle: ______________________________________________________
Dealership/Repair Shop information:
Dealership Name: __________________________ Service Advisor Name: ________________
Email: __________________________ Phone: __________________________
Dealership Address: _____________________________________________________________________

Claim Information (Check all that apply):

Type of Claim:  □ Paint  □ Interior  □ Exterior

Type of Damage: □ Paint less Dent Repair  □ Windshield Star Crack  □ Clear Coat Scratch
□ Scuffmarks □ Touch-Up □ Black-Out Trim Painting □ Headlight Reconditioning □ Cigarette
Burns □ Screw Holes □ Dashboard Cracks □ Interior Stain □ Interior Rip/Tear/Punctures
□ Environmental □ Alloy Wheel □ Other: __________________________

If stain, what was the cause of stain? _____ Was cleaning attempted? Yes □ No □

Estimated cost of repairs (include labor and sales tax): __________________________

Customer statement: Please include detailed information about how and when the damage occurred
(Must be filled out by customer with Signature and Date)

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Contract Holder: __________________________ Date: __________

**Please include photograph(s) of the damage along with a detailed estimate in order to process the claim**

*If not returning to the selling dealership, we must have two (2) estimates, and customer may be required to pay out of pocket and will be reimbursed after submitting final invoice after work has been completed.*
Glass Defense Repair/Replacement Claim Form

Send Claim Form via [www.claims.portfolioco.com](http://www.claims.portfolioco.com), Fax 480-897-7507, or email [warrantyclaims@portfolioco.com](mailto:warrantyclaims@portfolioco.com)

Customer Information: Date: _________________

Contract or last 6 of VIN#: _________________

Full Name (as it appears on contract): ___________________________________________________________

Address: _________________________________ Phone#/Email: _________________________________

Year/Make/Model of covered vehicle: ___________________________________________________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services): 

Dealership Name: ________________________ *Service Advisor Name: ________________________

Email: _________________________________ Phone: _________________________________ .

Dealership Address: ________________________________________________________________ .

Claim Information (Check all that apply):

- [ ] Windshield Repair Size of Damage: __________
- [ ] Windshield Replace Size of Damage: __________

Windshield Options (Example: Rain Sensing Wipers): ________________________________

______________________________

*Estimated cost of repairs (include labor and sales tax): ________________________________

**Description & Cause of Damage:**

________________________________________

________________________________________

________________________________________

Commence: _________________

Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ✤

Please go to [www.claims.portfolioco.com](http://www.claims.portfolioco.com) to send claim documents or check the current status of us of your claim
Tires for Life/Loyalty Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: ________________________________

Service Advisor Name: __________________________

Email: __________________________ Phone: __________________________

Last 6 of VIN #: __________ R.O #: ____________ Estimate $ ____________

Customers Name: ___________________________ Date of Repair: ____________

Manufacturer suggests oil change every __________ Miles

Manufacturer suggests tire rotations every ____________ Miles

Manufacturer Other required services __________________________

Current Mileage ____________

Check one and provide tread depth of each:

☐ Left Front   Tread Depth ____________

☐ Left Rear    Tread Depth ____________

☐ Right Front  Tread Depth ____________

☐ Right Rear   Tread Depth ____________

All-wheel drive (AWD) Yes ☐ No ☐

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. The claim cannot be processed without all the required information on this Form.

Please visit www.claims.portfolioco.com to check the current status of your claim.
Express 5 Glass Repair Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: Date: ______________

Contract or last 6 of VIN#: ______________

Full Name (as it appears on contract): ___________________________________________________________

Address: ___________________________________________ Phone#/Email: _______________________

Year/Make/Model of covered vehicle: ___________________________________________________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: ___________________________ *Service Advisor Name: ________________________

Email: __________________________________________ Phone: ________________________________

Dealership Address: __________________________

Claim Information (Check all that apply):

☐ Windshield Repair Size of Damage: ____________

Windshield Options (Example: Rain Sensing Wipers): ____________________________

*Estimated cost of repairs (include labor and sales tax): ________________________________

Description & Cause of Damage:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

♦ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ♦

Please go to www.claims.portfolioco.com to send claim documents or check the current status of your claim
LR3 Claims Procedures
Procedure Listed by Coverage

LR3 Appearance Claims Form

Customer Information: Date of damage: ______________________

Contract or last 6 of VIN#: ______________________

Full Name (as it appears on contract): ______________________

Address: ______________________ Phone#/Email: ______________________

Year/Make/Model of covered vehicle: ______________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: ______________________ *Service Advisor Name: ______________________

Email: ______________________ Phone: ______________________

Dealership Address: ______________________

Claim Information (Check all that apply):

Type of Claim: ☐ Fabric ☐ Leather ☐ Paint ☐ Carpet ☐ Interior ☐ Exterior

Type of Damage: ☐ Stain ☐ Scratch ☐ Touch-Up ☐ Scuff Marks ☐ Other: ______________________

If stain, was cleaning attempted? Yes ☐ No ☐

☐ Alloy Wheel Damage: Which Wheel? (Check one): ☐ Left Front ☐ Left Rear ☐ Right Front ☐ Right Rear

☐ Chrome, Moldings & Trim Description of Damage: ______________________

☐ Convertible & Vinyl Tops: Description of Damage: ______________________

*Estimated cost of repairs (include labor and sales tax): ______________________

Customer statement: Please include detailed information about how and when the damage occurred

(Must be filled out by customer with Signature and Date)

________________________________________

Signature of Contract Holder: ______________________ Date: ______________

♦ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ♦
LR3 Glass Repair/Replacement Claim Form

Customer Information: ____________________________  Date: ______________

Contract or last 6 of VIN#: _______________________

Full Name (as it appears on contract): ____________________________

Address: ____________________________ Phone#/Email: __________________

Year/Make/Model of covered vehicle: ____________________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: ____________________________ *Service Advisor Name: __________________

Email: ____________________________ Phone: __________________

Dealership Address: ____________________________

Claim Information (Check all that apply):

☐ Windshield Repair  Size of Damage: __________

☐ Windshield Replace  Size of Damage: __________

Windshield Options (Example: Rain Sensing Wipers): ____________________________

*Estimated cost of repairs (include labor and sales tax): ______________________

Description & Cause of Damage:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Please include photograph(s) of the damage along with a detailed estimate in order to process the claim*

Please go to www.claims.portfolioco.com to send claim documents or check the current status of your claim.
LR3 PARTS CLAIM FORM

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____________________________

Service Advisor Name: _____________________________

Email: _____________________________ Phone: _____________________________

Last 6 of VIN #: ___________ R.O #: ___________ Estimate $________________________

Customers Name: _____________________________ Date of Repair: __________

Component(s) that need to be replaced (check one):

☐ LIGHT BULBS & LENSES  ☐ AUDIO EQUIPMENT  ☐ BELTS & HOSES  ☐ BRAKE PADS

☐ OTHER PARTS: _____________________________

PLEASE SPECIFY

Description of Damage:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

In order to be reimbursed, ALL claims must be submitted with this Form, or a Web generated Form AND the final SIGNED repair order. Pictures are required showing the exact damage.

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the current status of your claim
LR3 Paintless Dent Repair Claims Form

Customer Information: Date of Repair: ________________

Contract or last 6 of VIN#: ________________

Full Name (as it appears on contract): ____________________________________________

Address: ___________________________________________________________________ Phone#/Email: ___________________________________________________________________

Year/Make/Model of covered vehicle: ___________________________________________________________________________

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: __________________________________________ *Service Advisor Name: ___________________________

Email: ___________________________________________________________________ Phone: ___________________________________________________________________

Dealership Address: ___________________________________________________________________________________________

Does the Dent have any Paint Damage: Yes □ No □ Size of Dent: ____________

Claim Information (Check all that apply):

Location of Dent(s):

☐ Driver-side Front Door ☐ Driver-side Rear Door ☐ Driver-side Front Quarter Panel

☐ Driver-side Rear Quarter Panel ☐ Passenger-side Front Door

☐ Passenger-side Rear Door ☐ Passenger-side Front Quarter Panel

☐ Passenger-side Rear Quarter Panel ☐ Hood ☐ Roof ☐ Trunk

*Estimated cost of repairs (include labor and sales tax): __________________________________________

Description of Damage:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

♦ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ♦

Please go to www.claims.portfolioco.com to send claim documents or check the current status of us of your claim

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LR3 ROAD HAZARD CLAIM FORM

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: ________________________________

Service Advisor Name: ____________________________

Email: ________________________________________ Phone: ____________________________

Contract or last 6 of VIN#: __________ R.O #: __________ Estimate $ __________

Customers Name: __________________________________ Date of Repair: __________

Tire(s) need to be (check one):

□ REPAIRED    □ REPLACED

Which Tire? (Check one and provide tread depth of each):

□ Left Front    Tread Depth __________
□ Left Rear     Tread Depth __________
□ Right Front   Tread Depth __________
□ Right Rear    Tread Depth __________

All-wheel drive (AWD) Yes □ No  □

Description of Damage:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the current status of your claim
LR3 Claim Form Chrome Molding or Trim

Fax claim to: 480-897-7507 or email warrantyclaims@portfolioco.com

Dealership Name: ________________________________

Service Advisor Name: ________________________________

Email: ___________________________________________ Phone: ________________________________

Last 6 of VIN #: _______________ R.O #: _______________ Estimate $ __________________

Customers Name: ________________________________ Date of Repair: _______________

☐ Molding  ☐ Trim

☐ OTHER PARTS: ________________________________

PLEASE SPECIFY

Description of Damage:

_________________________________________________________________________________

_________________________________________________________________________________

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Fax Number 480-897-7507 Email is Warrantyclaims@portfolioco.com

If any information is not given, claim will not be processed.

Please visit www.claims.portfolioco.com to check the current status of your claim
Roadside Service Claims Procedures

To file an Emergency Road Side Assistance claim, please notify Roadside Assistance at the toll free number listed on the back of the contract. Please be prepared to provide the following:

1. Contract number or last 6 of VIN # and last name of contract holder
2. Brief description of services needed

Once coverage has been verified, a Roadside Assistance specialist will assist with services.

Select Shield Manual Claims Procedures

If you have a claim, please contact Portfolio at (800) 705-4001, ext. 238 and instruct the customer take their vehicle back to the original Dealer. In addition, please provide the following:

1. Customer Signed Repair Order which should include, VIN, mileage, date of repair and the amount of the deductible

The Portfolio administrator will verify the contract’s eligibility and coverage

Email: yolanda@portfolioco.com
Fax number: (949) 900-8538