

## Vehicle Service Contract Claim Submission – Fax Instructions

- A FAX SUBMISSION FORM IS REQUIRED FOR EACH CLAIM
- **ONE CLAIM PER FAX TRANSMISSION.** FAX RE-DIAL IS REQUIRED FOR EACH CLAIM BEING SUBMITTED.
- COMPLETE THE FAX CLAIM SUBMISSION FORM:
  - Your company name, address and phone number
  - Number of pages, including fax submission form
  - Last four digits of the vehicle identification number in the space provided
  - The corresponding company ID (Co\_ID) as listed on the fax form
  - The claim authorization number (Claim number). **Alphabetical letters are not allowed in this field.**

**IMPORTANT:** *When writing character numbers and letters in the boxes provided, avoid touching the edges of the boxes. The recognition software cannot read characters that touch or extend the edges of the boxes on the form.*

- DO NOT USE HIGHLIGHTING PENS OR MARKERS ON ANY INVOICES
- **FAX TO (800) 479-9375** – Protective Customer Service Center
- Verify that your fax transmission report says the fax was sent successfully
- Need additional forms? Please call Sales Support (800) 323-5771, xt. 6032

**Need help?** Call Customer Support at (800) 222-2721.

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Company Name: \_\_\_\_\_



Address: \_\_\_\_\_

Phone: (    )    - \_\_\_\_\_

Protective  
Customer Support Tel: (800) 222-2721  
Fax Claim Request To: (800) 479-9375

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PLEASE DO NOT USE HIGHLIGHTER  
ON ANY FAX DOCUMENTS

# of pages (including  
Cover) \_\_\_\_\_

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Remarks:

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\_\_\_\_\_

LAST 4 OF VIN:

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Claim Number Prefix Code:

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|-----------|-----------|
| 01 -- AIG | 09 -- MST |
| 02 -- BVP | 10 -- CIT |
| 03 -- CCC | 11 -- CCB |
| 04 -- CGA | 12 -- SSF |
| 05 -- CGP | 13 -- CPL |
| 06 -- LAA | 14 -- CRA |
| 07 -- PRO | 15 -- CTB |
| 08 -- WFB | 16 -- ETH |

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CLAIM AUTHORIZATION #:

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**Quality Recognition Hints:**

-- MATCH THE FOLLOWING LETTER/NUMBER EXAMPLES AS CLOSELY AS POSSIBLE.

ABCDEF GHIJK LMNOP QRSTUVW XYZ    1 2 3 4 5 6 7 8 9 0

-- When writing your characters, avoid touching the edges of the boxes.

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