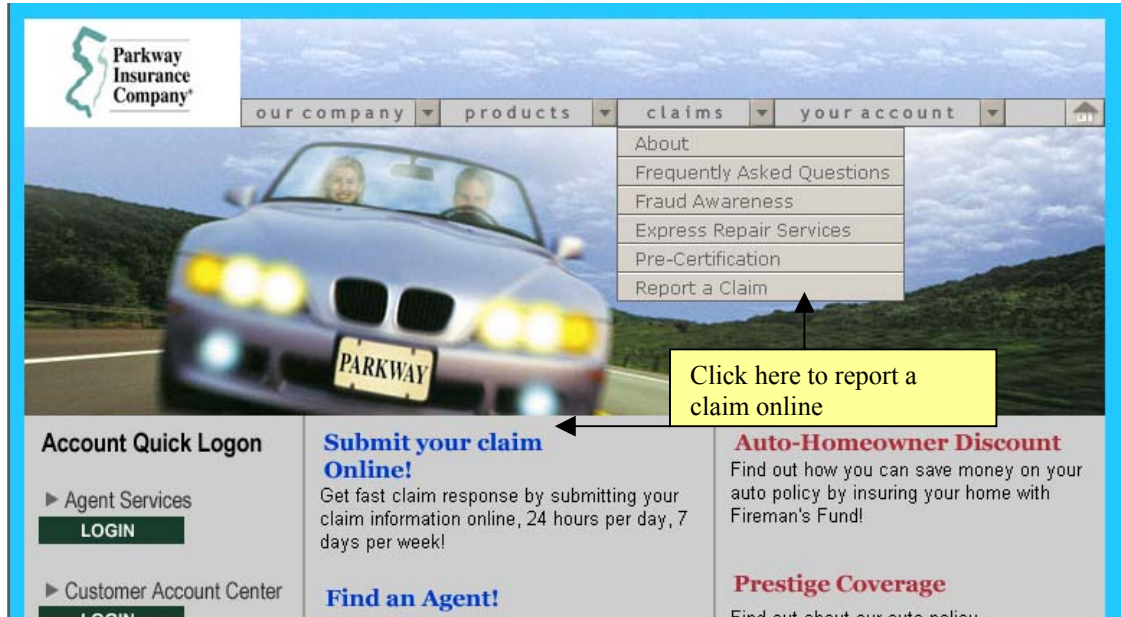


Online Claim Submission Tutorial

The Online Claim Submission programs were developed to assure efficient and accurate reporting of claim information by agent or policyholders utilizing Parkway's website. The screens have been designed with required fields and error edits. Information submitted by the agent and/or policyholder automatically generates an e-mail notification to the claim department.

To submit claims online click on [Submit Your Claim Online!](#) Or you can use the claims drop down menu.



This will take you to the Claim Submission page.

Type in the Parkway policy number. This is a required field that also checks for a valid policy number.

The screenshot shows the Parkway Insurance Company website's 'Claim Submission' page. At the top left is the Parkway Insurance Company logo. To the right is a navigation menu with links for 'our company', 'products', 'claims', and 'your account'. The main heading is 'Claim Submission' in a large, stylized font. Below the heading is a paragraph of instructions: 'This form will take approximately 15 minutes to complete. Please fill out the form as completely as possible. When you are finished, press the "Submit Claim" button found on the last page of this form. We will respond to your claim within two (2) business days. If you do not hear from us within this time, please call Parkway Insurance at (800) 821-1818. If you need assistance with this form please review the [help document](#). **Incomplete or inaccurate forms cannot be processed!' Below this text is a form field labeled 'Policy Number' with a red asterisk and the word '*Required' next to it. To the right of the form field is a yellow callout box with the text 'Valid Policy Number Required' and an arrow pointing to the form field. Below the form field are two buttons: 'Clear' and 'Next Page >>'. A yellow callout box with the text 'Click here to continue' has an arrow pointing to the 'Next Page >>' button. At the bottom of the page is a copyright notice: 'COPYRIGHT © 2002 PARKWAY INSURANCE COMPANY'.

If the policy number is not entered or an invalid number is entered and the Next Page push button is selected the following edit will appear requesting a valid policy number before the process can continue. Click on the OK button and enter the correct policy number.

The screenshot shows a Microsoft Internet Explorer error dialog box. The title bar reads 'Microsoft Internet Explorer'. The dialog box contains a yellow warning triangle icon and the text 'Please enter a valid policy number.' Below the text is an 'OK' button. A yellow callout box with the text 'Click here to go back to the policy number box' has an arrow pointing to the 'OK' button.

Entry of a valid policy number allows access to the accident and insured information detail screen. The correct policy number will automatically populate the name and address information for the Parkway Insured.

Fields that have the word “required” in red must be entered. Fields that have down arrows require selection from the drop down menu. In this case, the Date of Accident and Time of Accident are both required and menu driven. The State field defaults to New Jersey but allows selection of states other than New Jersey in the event the loss occurred out of state.

The image shows a web form titled "Claim Submission". A yellow callout box with the text "This indicates a drop down menu" has three arrows pointing to the date, month, and time dropdown menus. The form includes the following fields:

- Date of Accident: [Month] [Day] [Year] *Required
- Time of Accident: [AM/PM] *Required
- Reported by: [Text]
- Please enter the following information about the Parkway Insured person:
 - Name of the insured: [Text]
 - Home Address: [Text]
 - City: [Text]
 - State: [New Jersey] (dropdown)
 - ZIP: [Text]
 - Home Phone: () - [Text]
 - Work Phone: () - [Text]
 - Cell Phone: () - [Text]
 - Email Address: [Text]

At the bottom of the form are two buttons: "Clear" and "Next Page >>".

Once all required information is entered, select the Next Page push button to continue.

The Location of Accident field allows free form data entry. The Description of the Accident field is a drop down menu for accident description. To select the vehicle that was involved in the accident, click in the circle in front of the appropriate vehicle. You will note the vehicles listed are those currently on the insured's Parkway policy. The "Other" button allows entry of a vehicle that may not yet have been added to the policy. Selection of this button will provide a listing of all current valid vehicles.

Claim Submission

Please continue with the form below, filling it out as completely as possible. When you are finished, press the "Submit Claim" button found on the last page of this form.

**** Incomplete or inaccurate forms cannot be processed!**

Location of Accident (include streets, city and state) ***Required**
Please provide as much detail as possible.

Please select a description of the accident ***Required**

Was the Police Department contacted? Yes No

If yes, which Police Department

Officer's Name / Badge Number

Report #:

Please select the vehicle involved: *Required

- 2000 MERZ CLK430 - WDBLJ70G6YF139119
- 2001 BMW X5 4.4i - WBAFB33571LH25737
- 2002 FORD EXCURSION LIMITED - 1FMNU43S02EC69194
- 2001 BMW 740IL - WBAGH83481DP32405
- 2003 PORS 911 TURBO - WP0AB299X3S685774
- Other

Clear << Back Next Page >>

Callout boxes:

- Type accident detail here. (points to Location of Accident field)
- Select from drop down menu. (points to Please select a description of the accident dropdown)
- Click the circle next to the vehicle involved (points to the selected radio button for the 2002 Ford Excursion Limited)

If the button for Other Vehicle has been selected this screen will appear. Open the drop down menu and select the appropriate year make and model of the vehicle involved in the accident. Once an appropriate vehicle is selected, use the Next Page push button to continue the submission process.

The screenshot shows the Parkway Insurance Company website interface. At the top left is the Parkway Insurance Company logo. To the right is a navigation menu with links for 'our company', 'products', 'claims', and 'your account'. Below the navigation is a banner image of a car. The main content area is titled 'Claim Submis.' and contains the text 'Please continue with the found on the last page' and a note: '** Incomplete or inaccur'. A dropdown menu for 'Vehicle:' is open, showing a list of 2003 Acura models: '2003 Acura 3.2 CL', '2003 Acura 3.2 CL TYPE-S', '2003 Acura 3.2 TL', '2003 Acura 3.2 TL TYPE-S', '2003 Acura 3.5 RL', '2003 Acura MDX', '2003 Acura MDX TOURING', '2003 Acura NSX-T', '2003 Acura RSX', and '2003 Acura RSX TYPE-S'. Below the dropdown is a 'Next Page >>' button. At the bottom of the page is a copyright notice: 'COPYRIGHT © 2002 PARKWAY INSURANCE COMPANY'.

After the insured's vehicle has been selected, you will need to enter data relevant to the Parkway policyholder and vehicle driver. If the Owner information and the Named Insured information completed earlier are the same click on the box for "Check here if the vehicle owner is the same as the insured listed previously" to pre-fill this information.

If the Driver information is the same as the Named Insured it can also be pre-filled by checking the box for "Check here if the driver is the same as the owner field".

Claim Submission

Please continue with the form below, filling it out *as completely as possible*. When you are finished, press the "Submit Claim" button found on the last page of this form.

**** Incomplete or inaccurate forms cannot be processed!**

Please complete the following information for the **Parkway Insured vehicle owner** :

Check here if vehicle owner is the same as the insured listed previously Click here if vehicle owner is same as named insured.

Name

Address

City State

ZIP

Home Phone () -

Work Phone () -

Please complete the following information for the **Parkway Insured driver** of the vehicle:

Check here if driver is the same as owner Click here if driver is same as vehicle owner.

Choose from the drivers listed on the policy, if the driver is not on the policy use 'Other' and add the address.

Daniel

Kelly A

Patrice

William F

Other

Address

City State

ZIP

Home Phone () -

Work Phone () -

Relationship to vehicle owner

Date of Birth ,

Driver License Number State

Purpose of using this vehicle

Was the vehicle used with permission? Yes No

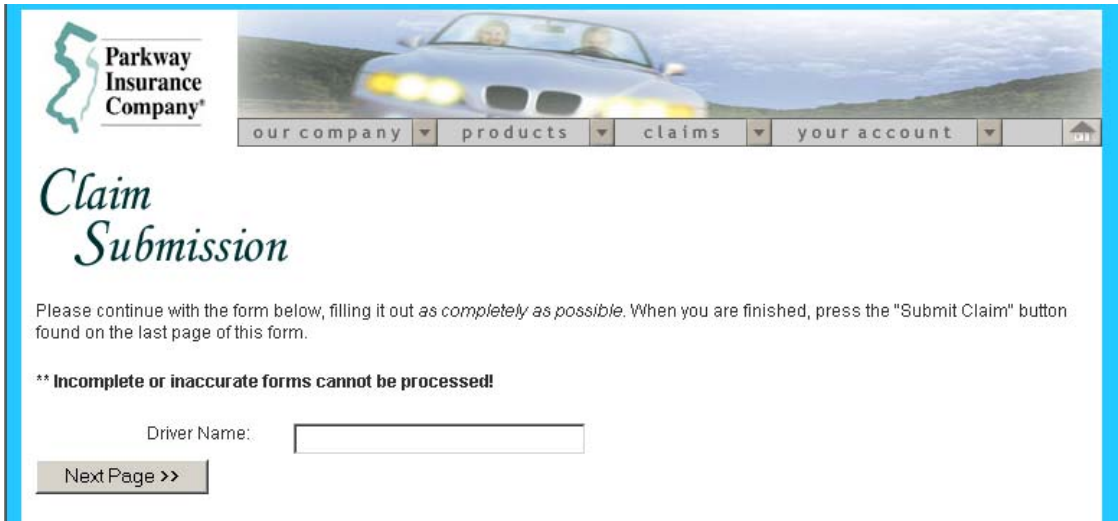
Were there any injuries? Yes No

Injury Body Part

Description of Injury

If the driver is listed on the policy, click on the button in front of the name and click the box for "Check here if the driver is the same as the owner field" and the address will pre-fill.

If the driver is not on the policy, click on the button for Other, complete the address for the driver and then click on the Next Page. This next screen is where you will enter the Other driver's name.



The screenshot shows the Parkway Insurance Company website. At the top left is the Parkway Insurance Company logo, which includes a stylized outline of the state of North Carolina. To the right of the logo is a navigation menu with the following items: "our company", "products", "claims", "your account", and a home icon. The main heading is "Claim Submission" in a large, elegant serif font. Below the heading is a paragraph of instructions: "Please continue with the form below, filling it out as completely as possible. When you are finished, press the 'Submit Claim' button found on the last page of this form." Below this is a bold warning: "** Incomplete or inaccurate forms cannot be processed!". Underneath the warning is a text input field labeled "Driver Name:" followed by a "Next Page >>" button.

Click the Next Page push button to continue.

The following screen captures information regarding the damage and location of the insured's vehicle. Once completed, information regarding the other vehicle, vehicle owner, driver and insurance is requested.

Claim Submission

Please continue with the form below, filling it out as *completely as possible*. When you are finished, press the "Submit Claim" button found on the last page of this form.
**** Incomplete or inaccurate forms cannot be processed!**

Describe the damage on the **Parkway Insured vehicle**:
 ← This drop down menu is for insured's vehicle damage.

Where can the vehicle be seen at this time?
 ← Type where insured's vehicle is located.

Please complete the following information for the **Other Vehicle / Property** involved in the accident:

Other Vehicle / Property owner's name

Owner's Address

Owner's City State

Owner's ZIP

Owner's Home Phone () -

Owner's Work Phone () -

If the other party's driver information is the same as the vehicle owner information, simply click the "Click here if driver is the same as owner shown above" check box to pre-fill the information.

Please complete the following information for the **Driver of the Other Vehicle**:

Click here if driver is the same as Owner shown above ← Click here if driver of other vehicle is same as owner.

Driver's Name

Driver's Address

Driver's City State

Driver's ZIP

Driver's Home Phone () -

Driver's Work Phone () -

Were there any injuries? Yes No

Injury Body Part

Description of Injury

Do you have Insurance Information for the other vehicle/property owner or driver?
Yes No

Company / Agent

Policy Number

Describe the damage to other vehicle / property:
 ← This drop down menu is for other party's vehicle damage.

If other auto is known, please give year, make, model and license plate number:

Once the pertinent information has been entered, click the Next Page push button to continue.

The next screen is for capturing information on passengers in either the insured or the claimants vehicle and/or witnesses. There are places for three passengers and also a free from data entry field that can be used for additional injured party information or other information that may be pertinent to the loss.

Claim Submission

Please continue with the form below, filling it out *as completely as possible*. When you are finished, press the "Submit Claim" button found on the last page of this form.
**** Incomplete or inaccurate forms cannot be processed!**

How many passengers in the **insured** car? *Required (If unknown please select 0) ← **Select the # of passengers from the drop down menu.**

How many passengers in the **other** car? *Required (If unknown please select 0) ← **Select the # of passengers from the drop down menu.**

Please give the following information for the passengers:

Name of Passenger #1

Address

Home Phone -

Work Phone -

Were there any injuries? Yes No

Injury Body Part

Description of Injury

Relationship to vehicle owner ← **Select the relationship between the vehicle owner and passenger here.**

Which Vehicle ← **Select which vehicle, Insured or Other, the passenger was in.**

Were there any witnesses? Yes No

Name of Witness #1

Address

Home Phone -

Work Phone -

If there are any additional witnesses, please use the comments section below.

Is there any other information that you feel is important for us to know in handling your claim?

Report taken by: *Required

Email Address *If provided, this email will be sent the confirmation information

Clear << Back SUBMIT CLAIM

The 'Report taken by' field is required and has a drop down menu to choose from.

If the email address is provided we will send an email to that address confirming the information.

Once all required information is completed select the Submit Claim push button to file the report.

Submission of the claim will result in a "Thank You" message that will provide you with a claim confirmation number. Shortly, you will receive an actual claim number along with your adjuster's name and email address. If you do not have a claim number, you can use the claim confirmation number to submit paperwork relevant to the claim to Parkway.

*****Reminder*** The more information that is provided the faster a claim can be set up and processed. Missing information generates phone calls to the Insured and the Agent, which will slow down the process.**

The screenshot shows the Parkway Insurance Company website interface. At the top left is the Parkway Insurance Company logo. To its right is a navigation menu with links for 'our company', 'products', 'claims', 'your account', and a home icon. Below the navigation is a large image of a car driving on a road. The main content area features a 'Thank You!' message in green text, followed by 'Your claim has been submitted. Your confirmation # is 1226.' A yellow callout box with a black border points to the confirmation number, stating 'Confirmation number can be used when calling in for information regarding the claim'. Below this, a paragraph of text provides further instructions: 'Please note the confirmation number for reference when calling. You should receive a call within two (2) business days regarding your claim. If you have not been contacted within this time, please call (800) 821-1818 to followup.' At the bottom of the page, a copyright notice reads 'COPYRIGHT © 2002 PARKWAY INSURANCE COMPANY'.

Sample email:

To: <Jsmith@home.com>
Subject: Parkway Insurance Online Claim Submission

The following claim information has been submitted to Parkway Insurance:

Policy Number: PPA02001032
Accident Date: 3/01/2003 06:00 AM
Reported By: Joe Smith
Insured Name: Joe Smith
Driver Name: Lou Smith

Confirmation Number: 1226

Please note the confirmation number for reference when calling. You should receive a call within two (2) business days regarding your claim. If you have not been contacted within this time, please call (800) 821-1818 to follow-up.