



Claim Initiation Form

**Prior authorization is required.
Failure to obtain prior authorization may result in denial of the claim.**

Complete the following information in order to initiate the claim process:

Customer Name _____
 Customer Address _____
 Customer Phone # _____
 Warranty # _____ Vehicle Year, Make and Model _____
 Vehicle Identification # (VIN) _____
 Date of Purchase _____
 Claim Submitted By _____ Phone # _____

**In order to obtain preauthorization, have the technician performing the work contact our
Claims Department before starting the work.
1-800-346-6469 Monday through Friday 8:00am to 5:00pm Central time.**

What date you first notice the problem? _____
 What is occurring? _____
 What caused the problem? _____
 Did this problem exist when you purchased the vehicle? YES NO
 Has a dealer assessed the problem? YES NO
 If YES, what is the name of dealership _____
 What did the dealer recommend? _____
 What steps have been taken to treat the problem? _____
 Have you used our products to treat the problem? YES NO
 If so, which ones? _____ How often applied? _____
 Customer Signature _____ Date _____

Submit the following:

1. Copy of the front and back of the warranty
2. Copy of this completed form with the customer's signature
3. Pictures of the problem area(s)

Once the questionnaire, the warranty and the pictures are received by IAS, the claim is reviewed and one of the following will occur:

1. A decision is made for an independent appraiser to assess the damage and report back to IAS
2. A decision is made to deny the claim
3. A decision is made to move forward with the claim in the following fashion:
 - a. Fabric claims
 - i. Determine whether steam cleaning or replacement needs to be done
 - ii. If replacing, referral to the dealer for estimate
 - b. Paint Claims
 - i. Referral to the dealer for estimate
4. After prior authorization is obtained and the work is complete submit a copy of the final invoice with:
 - a. Authorization code
 - b. Statement that the Polysteel was reapplied
 - c. Customer's name, address and daytime phone number
 - d. Customer's signature
 - e. Vehicle Year, Make, Model and VIN

Documents may be mailed, faxed or emailed to the following:

MAIL	FAX	EMAIL
IAS 10800 Pecan Park Blvd., Suite 410 Austin, TX 78750	512 257 4777	claims@iasdirect.com

IAS, Inc. reserves the right to investigate any claim.

The status of claims can be viewed online at www.fasterclaims.com. The customer and/or technician will need to enter in the contract number and claim number to be able to view the status and/or see what is still needed in order to process the claim.