*ClaimLaunch* is an easy to use tool designed to self-dispatch jobs via the Internet. To open *ClaimLaunch*, click the *ClaimLaunch* button from the menu bar on the left side of the screen.

Remember, not all insurance companies permit claims to be dispatched by *ClaimLaunch*. Also, user access for *ClaimLaunch* is controlled by a registered user of your company with the appropriate authorization to grant access.

On the initial screen, select the Insurance Company for which the online dispatch is being requested by clicking on the arrow, then click the *Submit* button.



The next *ClaimLaunch* screen will be displayed.

If available, enter the policyholder vehicle's VIN and click the *Submit* button.



If you do not enter a VIN or if the VIN you enter can not be converted to a year, make, model by LYNX Services, you will be asked to identify the Year, Make, Model and Body Style of the Vehicle.

Select the Vehicle Year.

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Once the vehicle Year has been selected, the makes for that year are available to the user.

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Select the Vehicle Make.

Once the vehicle's make has been selected, the models for the vehicle year and make are available to the user.

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Select the Vehicle Model.

Once the vehicle's model has been selected, the bodies for the vehicle year, make, and model are available to the user.

Select the Vehicle Body.

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After the vehicle has been identified, select the glass damage. Select all of the glass part(s) to be repaired an/or replaced before clicking the next button. This information will be sent back to you on the LYNX Services job fax (if you receive job assignment via facsimile) or through your Point Of Sale work management system (if you receive job assignments electronically).



When finished identifying the glass damage, click the Next button.



If you've made an error in your selection, you may use the Remove buttons to remove openings and select additional openings before you click the Next button.

If a Windshield Replacement glass opening has been selected, the Windshield Repair screen with the Windshield Repair question is displayed. Answer the windshield repair question and click the *Next* button.



If you answer the question YES, then you are returned to the glass damage screen and the Windshield Replacement will be changed to Windshield Repair. Click the *Next* button.



The next ClaimLaunch screen will be displayed.

Enter the policyholder's home ZIP code and click the *Submit* button.



A list of your company's service centers eligible to receive the *ClaimLaunch* initiated work assignment will be displayed. Highlight by moving your cursor over the row and then click the desired service center.

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PI	ease select (click) one	e of your service centers li Address	isted below to per	form the repairs. <b>PowerSync</b>	
ACME GLASS	COMPANY #59544	59544 Main St NEW KENSINGTON , P/	A 15068		<b>^</b>
ACME GLASS	COMPANY #52348	52348 Main St SARVER , PA 16055			
ACME GLASS	COMPANY #52349	52349 Main St ELLWOOD CITY, PA 16	6117		
ACME GLASS	COMPANY #59543	59543 Main St BURGETTSTOWN , PA	15021		
ACME GLASS	COMPANY #90511	90511 Main St KITTANNING , PA 1620	11		
	COMPANY #53106	53106 Main St NORTH HUNTINGDON	.PA 15642		•
ACME GLASS					

If none of your service centers meet the insurance company criteria for a ClaimLaunch<sup>™</sup> initiated work assignment, a message will be displayed to enter a new zip code or click Cancel and contact LYNX Services to complete the Loss Report.

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		*
About Us Consumers Client Resources Installer Resources		
ACME GLASS COMPANY Claim Launch™		
Policyholder's home ZIP code:		
Submit Cancel		
There are not any valid retail locations meeting the ALLSTATE INS COMPANY criteria for ClaimLaunch™ Please enter another Zip Code or contact LYNX SERVICES to complete the Loss Report.	processing	•
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After the service center has been selected, the Loss Report screen will be displayed. Enter the requested information in the open boxes. NOTE: Any item denoted with an asterisk (\*), is an optional field.

ACME GLASS COMPANY ClaimLaunch™							
Vehicle Informatio	n:						
VIN:	1B3ES67CXSD624985 * Ht retail service center.	he VIN is updated, you may be asked to update the glass damage oper	nings and the				
Vehicle:	1995 DODGE NEON 4 DO	OR SEDAN					
Glass Damage:	Update Glass Damage	Openings					
Glass Damage Op	ening Quantity						
Windshield Repair	1						
Service Center Info	ormation:						
Service Center:	ACME GLASS COMPANY 123 Main Street Town, PA 15555	Change Service Center					
Service Center: Policyholder First Na	ACME GLASS COMPANY 123 Main Street Town, PA 15555	Change Service Center					
Service Center: Policyholder First Na Policyholder Phone:	ACME GLASS COMPANY 123 Main Street Town, PA 15555 me:	Change Service Center Policyholder Last Name: Alternate Phone:	*				
Service Center: Policyholder First Na Policyholder Phone: Policy Number:	ACME GLASS COMPANY 123 Main Street Town, PA 15555	Change Service Center Policyholder Last Name: Alternate Phone: Loss Date:	*				

After you have finished entering the remaining fields on the Loss Report screen, you may review the Loss Report, change or modify the Loss Report information (including VIN, Policyholder name, policy number, phone number). You may also change or modify the Glass Damage by clicking the *Update Glass Damage Openings* button. You may also change or modify the service center by clicking the *Change Service Center* button. If you need to discard this data or start over, click the *Cancel* button. Once you are ready to submit the Loss Report, click the *Submit Loss Report* button.

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Vehicle Information:	ACME C	GLASS COMPANY laimLaunch™	
VIN:	1B3ES67CXSD624985 *	If the VIN is updated, you may be asked to update	the glass damage openings and the
Vehicle:	1995 DODGE NEON	+ DOOR SEDAN	
Glass Damage:	Update Glass Dama	ige Openings	
Glass Damage Openir	ng Quantity		
Windshield Repair	1		
Service Center Inform	ation:		
Service Center:	ACME GLASS COMPANY 123 Main Street Town, PA 15555	Change Service Cen	ter
Policyholder First Name:	TEST	Policyholder Last Name:	USER
Policyholder Phone:	412 344 4170	Alternate Phone:	· · · ·
Policy Number:	308240820	Loss Date:	1/17/2005
State:	PA 💌	Was anyone injured?	

Once LYNX Services has confirmed coverage with the insurance company, the vehicles on the policyholder's policy that match the criteria you have provided will be displayed. To dispatch the work to the service center identified in the Loss Report, select the vehicle by clicking in the circle to the left of the description then click the *Submit* button.

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SERVICES				About Us	Consumers	<b>Client Resources</b>	Installer Resources		
	ACME GLASS COMPANY ClaimLaunch™								
	Please review the policy information displayed below. If the policy information is correct, select a vehicle and click "Next" to continue.								
Secured	ABHIJEET WADKAR 1 Bag End Hobbiton PA								
Installer Home				15237					
View Shops			Co	overage Verifi	cation Result:	5			
EFT/Check Details			Vehicle Description	VIN (la:	st four)	Coverage	Deductible		
Job Status		•	1995 DODGE NEON	XXXXXX	XXXXXXX4985	5 Y	\$50.00		
Online Authorizations		0	Select this option if the	vehicle is not li	sted above				
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Once you have submitted the Loss Report and selected the vehicle, a work assignment is issued and a dispatch number will appear on the *ClaimLaunch* dispatch screen. At this point, the work assignment is automatically faxed or delivered electronically to your Point of Sale (POS) system. The *Back* button will return you to the beginning of the *ClaimLaunch* process to submit another Loss Report.



After the Loss Report has been submitted to LYNX Services, if for any reason the claim cannot be completed online, a message will instruct you to contact LYNX Services using the policyholder's insurance company's phone number for reporting glass claims. A caller reference number may be provided. This caller reference number will allow the LYNX Services Customer Service Representative to quickly find the claim and assist with completing the work assignment.



## **Potential Error Message and Corrective Actions**

## **Allstate Insurance Company Claims**

Listed below are potential error messages you may receive and the accompanying corrective action. Please follow the prompt on the screen to proceed with the claim.

## Claims with injury or additional damage

"Per insurance company requirements, glass claims with an accompanying injury to any person, or glass damage resulting from a collision, require LYNX Services' intervention. Please call Glass Claims Express at 1-800-626-4527."

## Existing claim record with same policy number, loss date, and VIN that has already been reported

"This claim may be a duplicate to a previously entered claim and cannot be completed online. Please call Glass Claims Express at 1-800-626-4527 within 24 hours to proceed with the claim." Please note: the policyholder may also be required with the LYNX Services' Representative.

# Vehicle with glass damage not listed after successfully policy coverage verification

"If you have verified the policy information is correct and the vehicle you submitted on the Loss Report is not listed, please call Glass Claims Express at 1-800-626-4527 for coverage confirmation. Your caller reference number is XXXXXXXX"

### **Coverage cannot be confirmed**

"If you have verified the policy information is correct, please call Glass Claims Express at 1-800-626-4527 for a manual coverage authorization. Your caller reference number is XXXXXXXXX."

### Coverage verification unsuccessful for policy

"LYNX Services was not able to verify this policy. Please call Glass Claims Express at 1-800-626-4527 within 24 hours to proceed with the claim entered. Your caller reference number is XXXXXXXXX."

### Coverage verification unsuccessful for vehicle

"LYNX Services was not able to verify this vehicle. Please call Glass Claims Express at 1-800-626-4527 within 24 hours to proceed with the claim entered. Your caller reference number is XXXXXXXXX."

## An unknown error occurred during the creation of the Loss Report or the creation of the dispatch

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"LYNX Services is currently unable to complete this transaction. Please call Glass Claims Express at 1-800-626-4527 within 24 hours to proceed with the claim entered. Your caller reference number is XXXXXXX."