

## Follow this timeline & step-by-step guide

**2 days** from Breakdown

### Claim Start

- The Member** Notifies TruckClub™ within 2 days of the breakdown.
  - ★ An OEM dealership or licensed service facility must complete all services.
  - ★ The Members subscription must be current, delinquent accounts may result in claim denial.
- The Member** provides preliminary failure information (ODO at breakdown, customer complaint, Service Center info: name, address, phone, and email)

**3 days** from Claim Start

- The Member** provides maintenance records within 3 days of the claim start date.

**30 days** from Claim Start

### Pre-Repair Information

- The Member** must authorize diagnostics/teardown to obtain pre-repair diagnostic details and requirements.
- The Service Center** must provide pre-repair info within 30 days of the claim start date.
  - ★ Clearing ECM history before reporting, may result in claim denial
  - ★ An adjudication can be made after pre-repair info submission, if preferred (step 9).

### Authorize Repairs

- The Member** must authorize repairs.
  - ★ The Member does not have to wait for a coverage decision to authorize repairs.
  - ★ Failure to obtain pre-repair info before repairs begin may negatively impact your claim.
  - ★ TruckClub™ does not authorize repairs.

**60 days** from Claim Start

### Post-Repair Information

- The Member** must determine their preferred payment distribution method.
  - ★ Direct Payment: TruckClub™ pays the repair facility directly. A receipt verifying the member's payment of their deductible and non-covered repairs is required.
  - ★ Reimbursement: TruckClub™ reimburses the Member for covered repairs. The Member is responsible for paying the entire bill upfront. A receipt matching the final invoice is required.
- The Service Center** must provide post-repair info within 60 days of the claim start.

### Adjudication

- TruckClub™** determines coverage in writing.

**Payment Processed**

### Payment

- TruckClub™** will pay for approved claims.

### PRE- REPAIR INFORMATION

#### ECM FAULT CODE HISTORY REPORT

- Must be time-stamped before cleaning codes, with ESN/VIN.
- Must show first/last occurrences of active & inactive faults.

#### TROUBLESHOOTING STEPS

- Any diagnostic troubleshooting steps, checklists, or procedures (OEM or otherwise) to determine/confirm the failures.
- Must explain steps followed to diagnose & confirm the failures.

OEM troubleshooting must be provided in these situations:

- Paccar MX13 camshaft (PSB E252 & E266)
- Cummins: camshaft (TSB3666052), anti-polishing rings (TSB150069), Fuel pump tappets (SM 4310641, procedure 5-227).
- Detroit: Onebox (ATD Checklist), Noisy One-box (Symptom Diagnosis).
- Mack Conical Injectors (MY 2013 and older) (FSB 237018)
- Volvo: Air in Fuel (TSB2302567), conical injector/sleeve (TSB237600)

#### MAINTENANCE RECORDS

- All maintenance records to date, if not already provided.

#### TECHNICIAN NOTES EXPLAINING:

##### Complaint & Symptoms

- The Member's initial complaint for coming to the shop.
- If corrective action was taken by the Member. If so, what action?

##### Cause

- The initial failure and initial progressive damage:
  - What was the first part to fail?
  - What caused the first part to fail?
  - List any other parts that failed due to the initial part.
- Continued Operation Progressive Damage:
  - Did the vehicle continue driving after the initial failure?
  - If yes, list the parts damaged as a result of continued driving.

##### Correction

- The repairs needed to correct the failures.

#### ESTIMATE & PARTS CARD

Must be on service center letterhead and include:

- VIN, Arrival/Check-in Date, and ODO on arrival.
- Parts card/breakdown by job (with part #, cost, quantity, shop supplies, fluids, tax, & freight charges)
- Labor breakdown by Job (with # of hours for each & labor rates).

#### PICTURES

- A legible photo of each failed part showing damage.

### POST-REPAIR INFORMATION

#### INVOICE

Must be on service center letterhead and include:

- VIN, repair date, and Odo reading after road test.
- Parts card/breakdown by job (with part #, cost, quantity, shop supplies, fluids, tax, & freight charges)
- Labor breakdown by Job (with number of hours for each & labor rates).

#### PAYMENT RECEIPT

- Must show customer's payment amount as outlined in step 7.

#### REPAIR WARRANTY TERMS

- For labor offered by the service center.
- For replaced parts offered by the manufacturer.

### CONTACT US

**737-637-4885**  
**claims@truckclub.com**  
**truckclub.com/claims**

Or use the **TruckBuddy™**  
**Mobile app!**



Please complete our "Required Claim Details Form" for added clarity or if the required details are not explicitly outlined in the requested documentation.

## MEMBER INFORMATION

First Name:	Last Name:
VIN:	Phone:

## PRE-REPAIR INFORMATION

Arrival Date:	ODO on arrival:	<input type="checkbox"/> miles <input type="checkbox"/> kms
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## Complaint & Symptoms

What was the Member's initial complaint for coming to the shop?

Was corrective action taken by the Member? If yes, please explain  No  Yes

## Cause

<b>Initial Failure &amp; Initial Progressive Damage</b>	What was the first individual part to fail?
	What caused the first part to fail?
	What other part(s) failed due to the initial part? Please list:

<b>Continued Operation Progressive Damage</b>	Did the vehicle continue driving after the initial failure? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, please list the part(s) that were damaged as a result of the continued driving:

## Confirmation & Correction

Explain what steps were followed to diagnose and confirm the failure:

Please explain what repairs are needed to correct the failure(s):

## POST-REPAIR INFORMATION

Repair Date:	ODO after road test:	<input type="checkbox"/> miles <input type="checkbox"/> kms
Labor Warranty Terms:	Part Warranty Terms:	

## SERVICE CENTER DETAILS

Facility Name:			
Contact First Name:		Contact Last Name:	
Address:		Email:	
City:	State:	Zip:	Phone:

## MECHANIC SIGNATURE

I affirm that the information provided is accurate and true. I understand that in addition to this form, I must provide an ECM fault code history report, OEM/ECM troubleshooting (if applicable), pictures, estimate(s), parts card(s), and maintenance records.

Name:	Signature:	Date:
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