

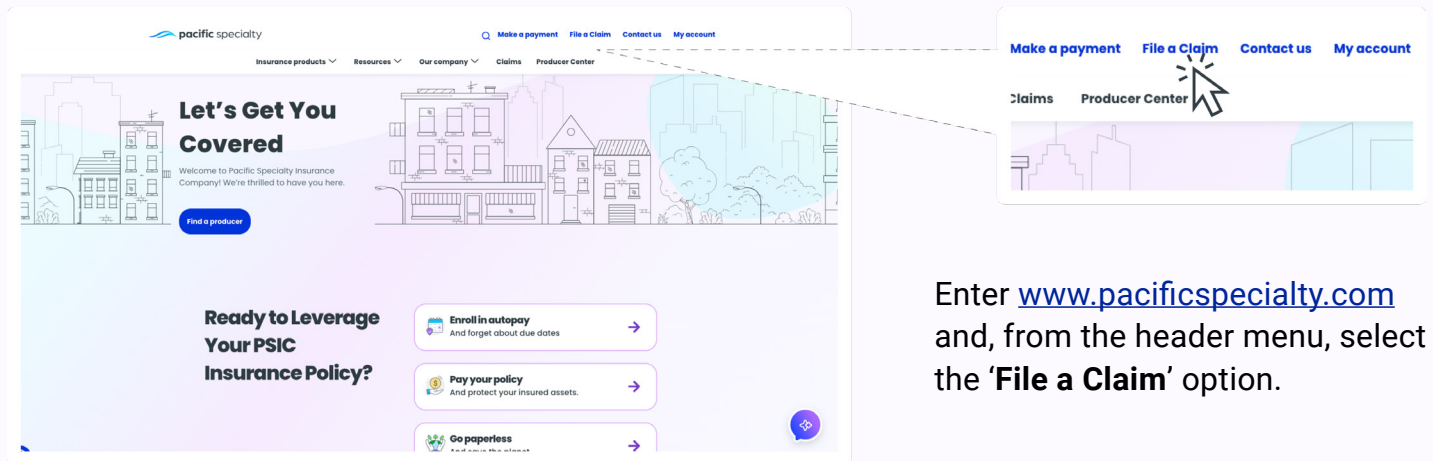


How to File a Powersports Claim

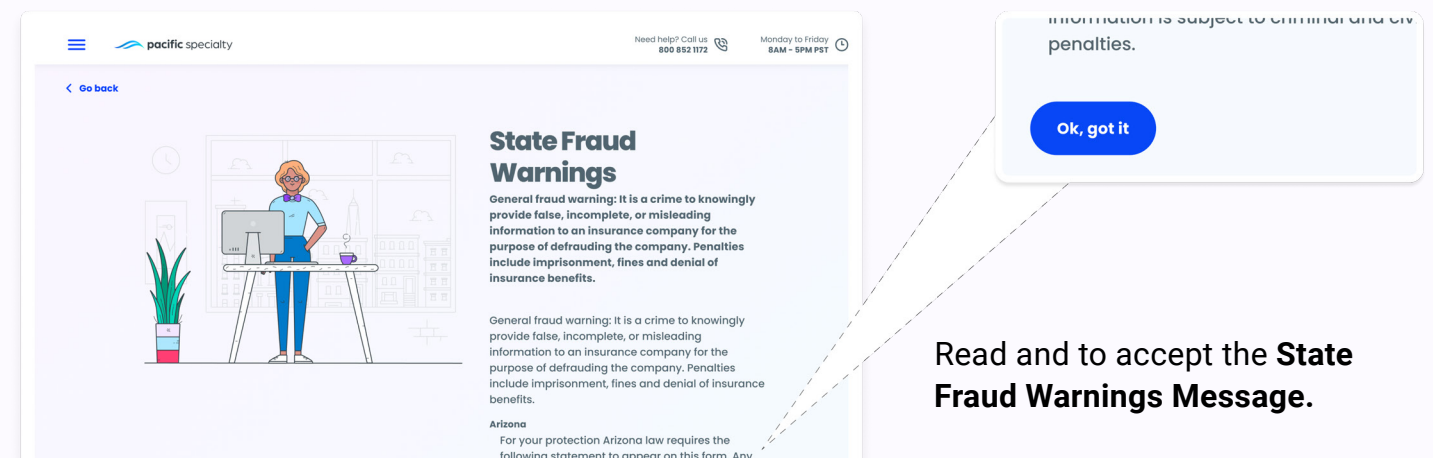
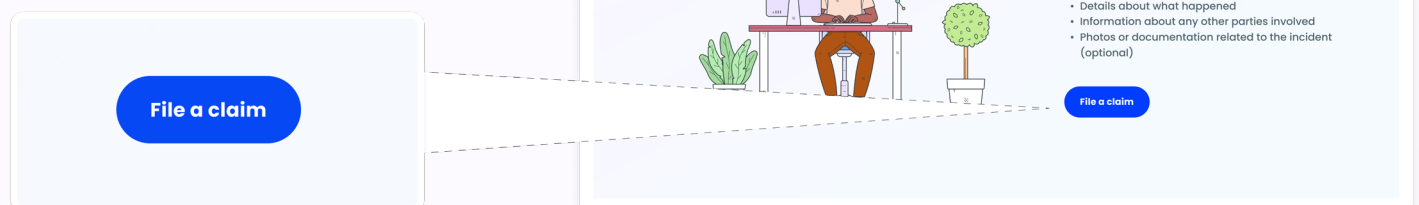
We'll review the step-by-step process to file a claim for a powersports product without being logged in.



To Initiate the Process



Make sure you have the indicated documents before proceeding, and select **'File a Claim'**.



Read and to accept the **State Fraud Warnings Message**.

A Quick Summary:



1

Identification

2

Loss details

3

Involved parties

4

Summary

Let's Review Each Step!



Step One: Identification

You'll be asked to complete information to identify the policy and about yourself.

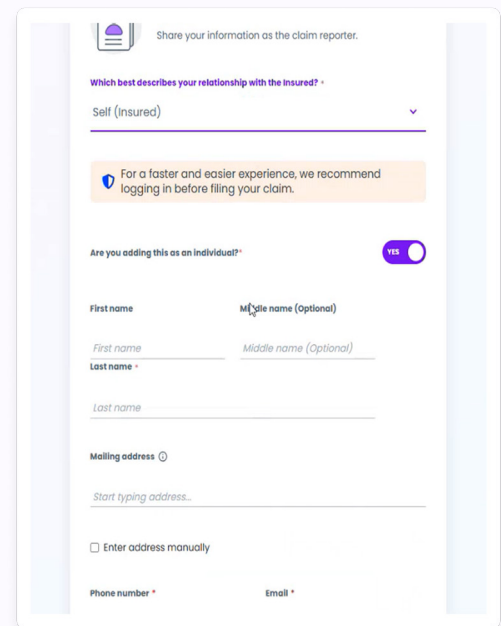
1. Notifier information

Since any person can initiate a claims process, we need to know under which role you are creating it.

Choose the option that best describes **your relationship with the insured**.

Select '**Continue.**'

The required information will vary depending on the role you selected. **Complete the indicated fields** and select '**Continue.**'



Share your information as the claim reporter.

Which best describes your relationship with the insured? *

Self (Insured) ▼

For a faster and easier experience, we recommend logging in before filing your claim.

Are you adding this as an individual? * ☒ YES ☐ NO

First name * Middle name (optional)

First name * Middle name (optional)

Last name *

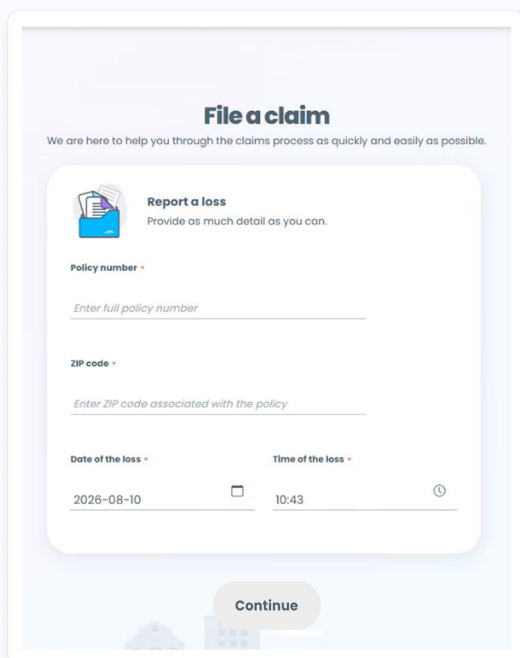
Last name

Mailing address ⓘ

Start typing address...

☐ Enter address manually

Phone number * Email *



File a claim

We are here to help you through the claims process as quickly and easily as possible.

Report a loss
Provide as much detail as you can.

Policy number *

Enter full policy number

ZIP code *

Enter ZIP code associated with the policy

Date of the loss * Time of the loss *

2026-08-10 10:43

Continue

2. Policy information

We'll ask you to identify the policy information here.

Complete the **policy number** and the **zip code**.

Enter the **date and time** of the loss.

Select '**Continue.**'



Step Two: Loss Details

We'll ask you for some information related to the loss.

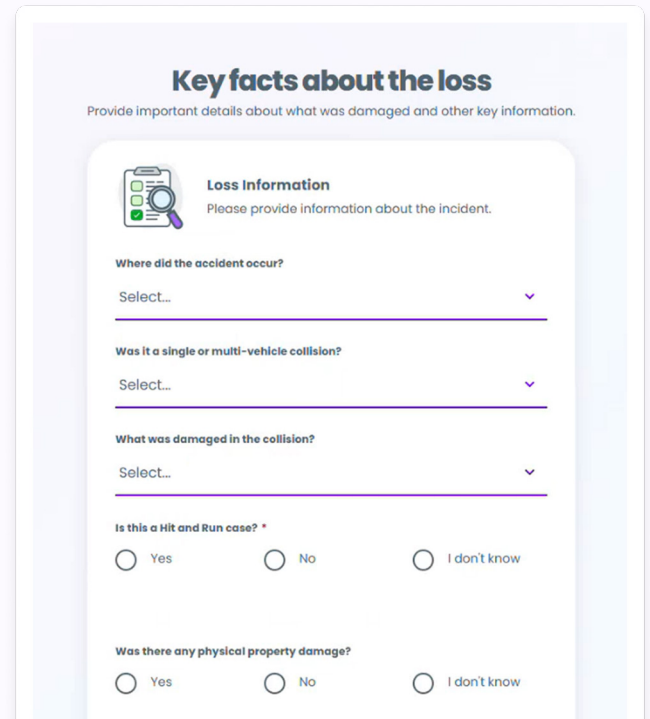
1. Loss overview

From the dropdown, choose the situation that best **describes what happened**.

In your own words, describe **what happened**.

Complete the **location where the incident took place**. If it's not found, check the box and enter the address manually.

Add a **description of the location**, if you consider it relevant. Then select '**Continue**.'



Key facts about the loss
Provide important details about what was damaged and other key information.

Loss Information
Please provide information about the incident.

Where did the accident occur?
Select... ▼

Was it a single or multi-vehicle collision?
Select... ▼

What was damaged in the collision?
Select... ▼

Is this a Hit and Run case? *

☐ Yes ☐ No ☐ I don't know

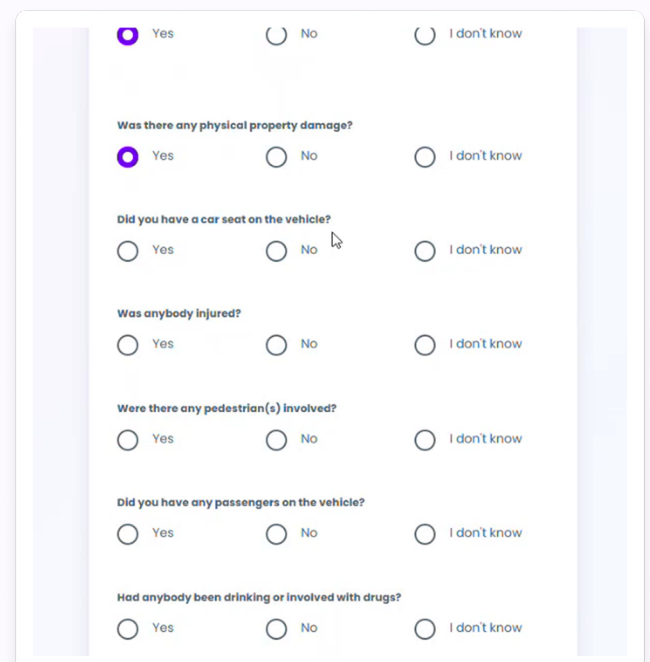
Was there any physical property damage?
☐ Yes ☐ No ☐ I don't know

2. Loss details

Complete the **questions related to the incident**. They will vary depending on the type of loss.

Indicate whether the **authorities were contacted**. In case they were, detail who received the notification and provide the **report number**.

Then select '**Continue**.'



☒ Yes ☐ No ☐ I don't know

Was there any physical property damage?
☒ Yes ☐ No ☐ I don't know

Did you have a car seat on the vehicle?
☐ Yes ☐ No ☐ I don't know

Was anybody injured?
☐ Yes ☐ No ☐ I don't know

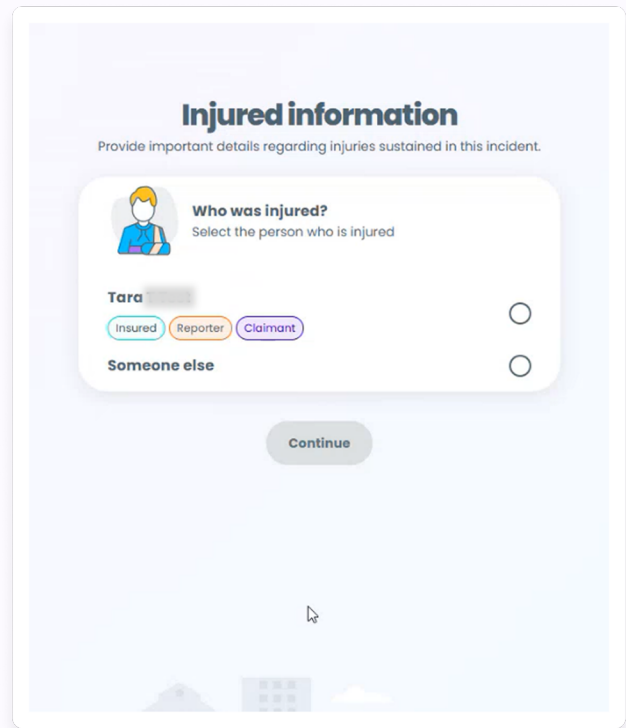
Were there any pedestrian(s) involved?
☐ Yes ☐ No ☐ I don't know

Did you have any passengers on the vehicle?
☐ Yes ☐ No ☐ I don't know

Had anybody been drinking or involved with drugs?
☐ Yes ☐ No ☐ I don't know

3. Injured information

Choose who was damaged during the incident. You will be able to detail if it's the same person notifying the accident or someone else. Select 'Continue'.



Injured information
Provide important details regarding injuries sustained in this incident.

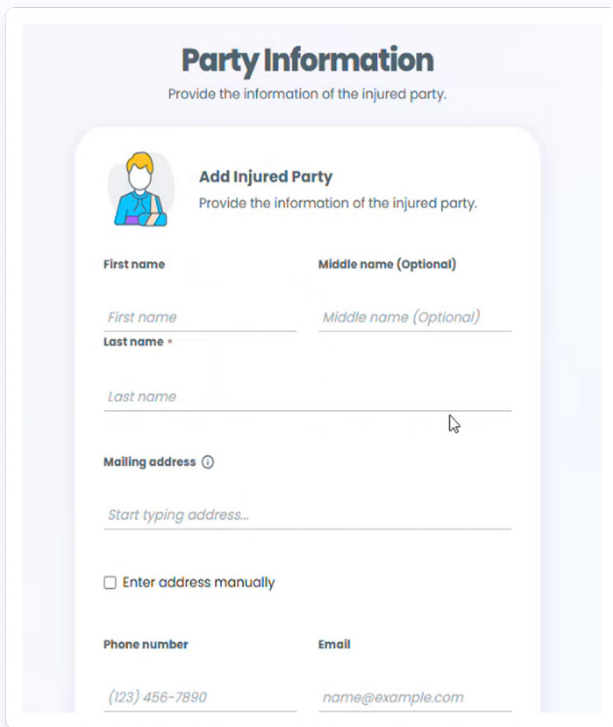
Who was injured?
Select the person who is injured

Tara ☐

☒ Insured ☐ Reporter ☐ Claimant

Someone else ☐

Continue



Party Information
Provide the information of the injured party.

Add Injured Party
Provide the information of the injured party.

First name Middle name (Optional)

First name Middle name (Optional)

Last name

Last name

Mailing address ⓘ

Start typing address...

☐ Enter address manually

Phone number Email

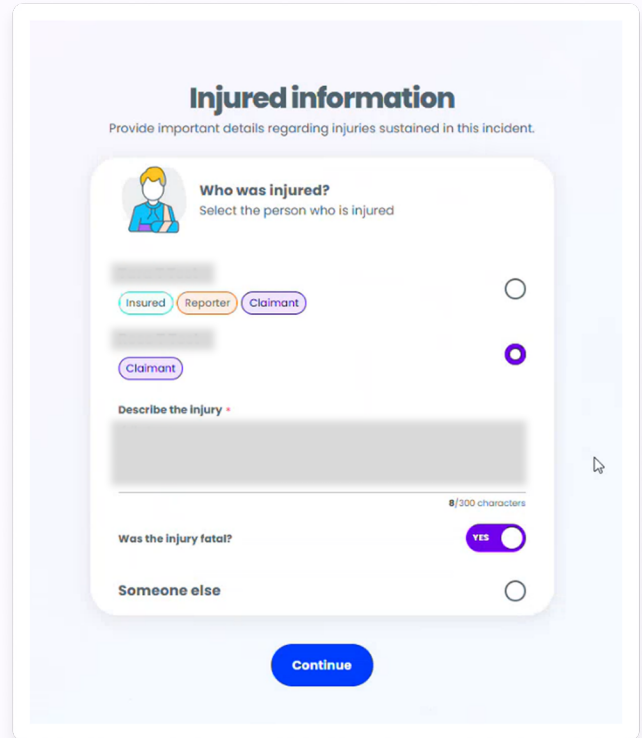
(123) 456-7890 name@example.com

If it's 'someone else', you will be required to complete their **name, mailing address, phone number, and email address**.

If that person was **injured during the incident**, move the toggle to 'Yes.' You will be required to describe the injury and select whether the incident was fatal.

After that, select 'Save party'.

If there were more than one injured person, you will be able to add them in that same screen, repeating the previous step as many times as needed. When you have all of them included, select '**Continue.**'



Injured information
Provide important details regarding injuries sustained in this incident.

Who was injured?
Select the person who is injured

☐ Insured ☐ Reporter ☐ Claimant

☐ Claimant

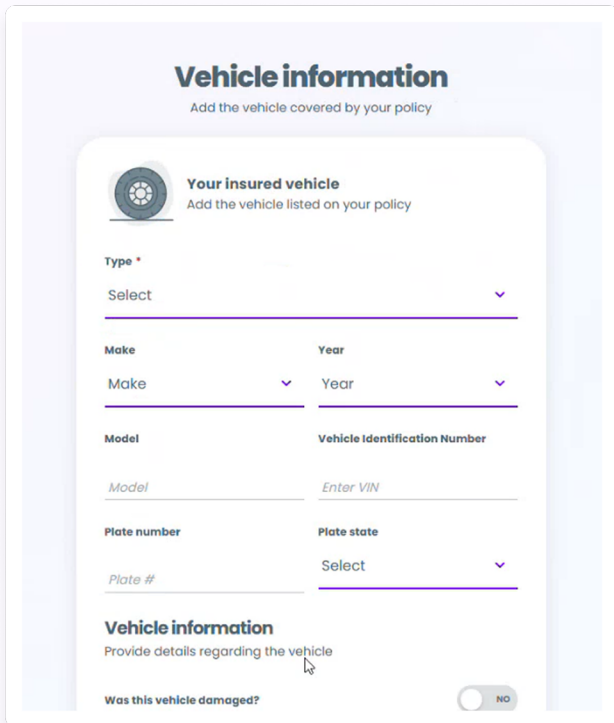
Describe the injury *

8/100 characters

Was the injury fatal? ☒ YES ☐ NO

Someone else ☐

Continue



Vehicle information
Add the vehicle covered by your policy

Your insured vehicle
Add the vehicle listed on your policy

Type *

Select

Make **Year**

Make Year

Model **Vehicle Identification Number**

Model Enter VIN

Plate number **Plate state**

Plate # Select

Vehicle information
Provide details regarding the vehicle

Was this vehicle damaged? ☐ YES ☒ NO

4. Vehicle information

Complete the **vehicle information** as requested in the form.

Select whether the **vehicle was damaged**. If it was, set the toggle to '**Yes**', and write in your own words a **description of the damage**.

Also inform if the vehicle is **drivable** and where it can **be seen**.

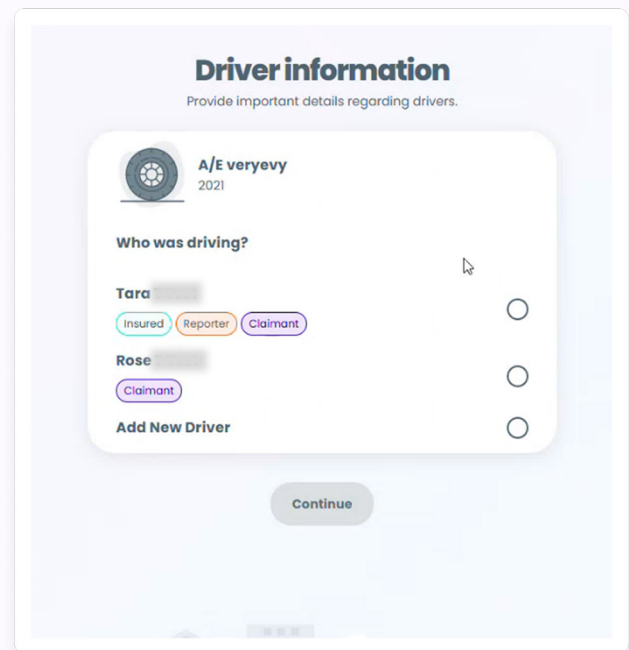
Then select '**Save vehicle.**'

5. Driver information

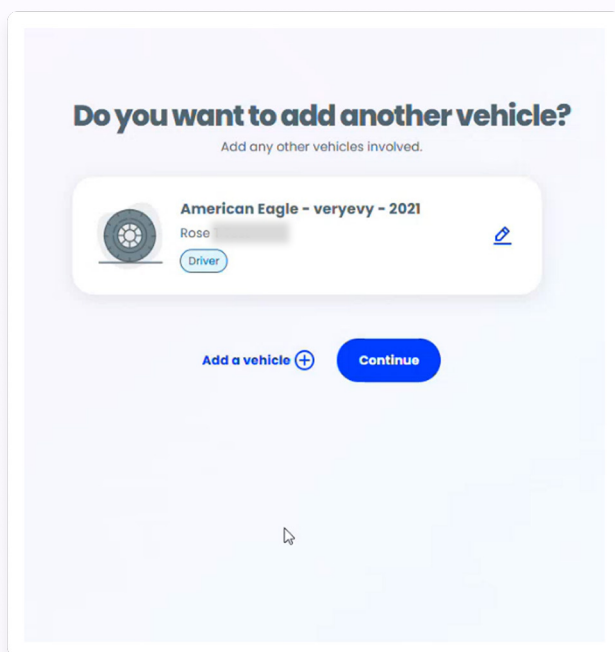
Choose who was driving

All the **drivers authorized in the policy** to drive the vehicle will be listed there. If one of them was driving when the incident took place, choose them and select '**Continue.**'

To inform which other drivers were involved, select '**Add new driver**' and then '**Continue**' to complete the form with their information.



The 'Driver information' form is titled 'Driver information' with the subtitle 'Provide important details regarding drivers.' It features a vehicle icon and the text 'A/E veryevy 2021'. Below this, the question 'Who was driving?' is followed by three radio button options: 'Tara' (with sub-options 'Insured', 'Reporter', and 'Claimant'), 'Rose' (with sub-option 'Claimant'), and 'Add New Driver'. A 'Continue' button is located at the bottom right of the form.



The 'Do you want to add another vehicle?' form is titled 'Do you want to add another vehicle?' with the subtitle 'Add any other vehicles involved.' It features a vehicle icon and the text 'American Eagle - veryevy - 2021' and 'Rose' (with a 'Driver' label). Below this, there is an 'Add a vehicle +' button and a 'Continue' button.

6. Additional vehicles

You will also be able to **add a new vehicle here.**

If you need to do it, select '**Add a new vehicle**' and complete the steps described in section 4 of this second step.

Otherwise, select '**Continue.**'

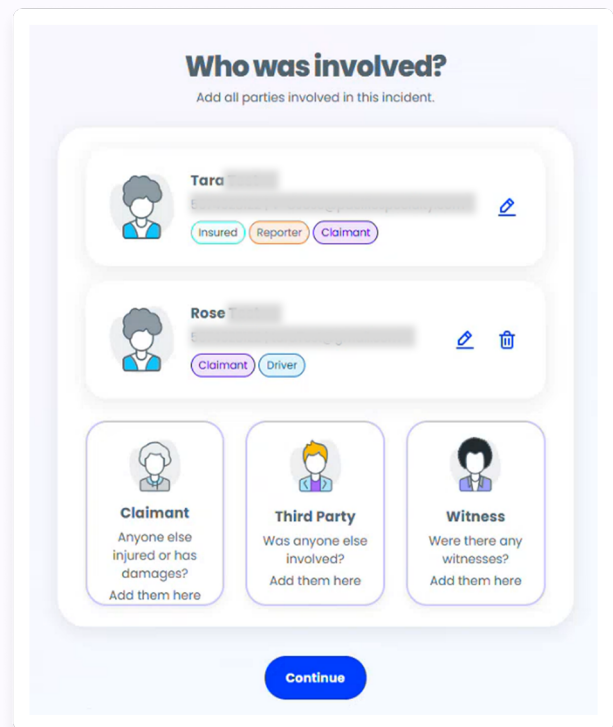


Step Three: Involved Parties

You'll be able to include everyone involved in the incident. The people you included in the previous steps will appear on the screen.

1. Additional parties

You can add as many **claimants**, **third parties**, and **witnesses** as needed.



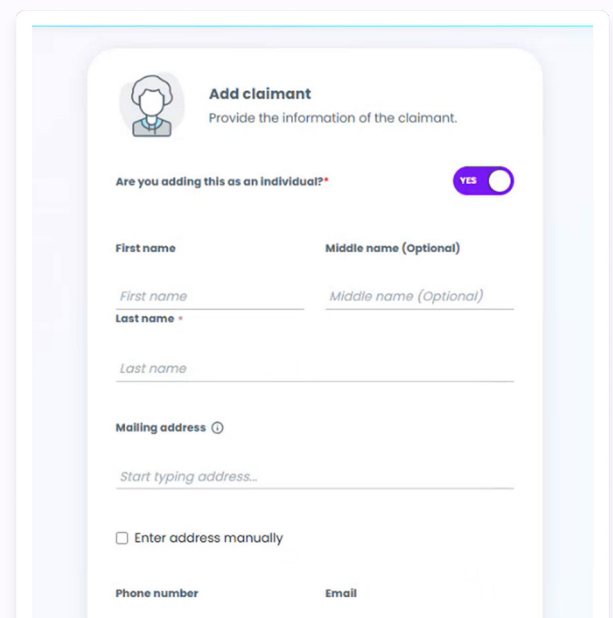
2. Form details

For each person you add, you will be required to complete their **name**, **mailing address**, **phone number**, and **email address**.

If that person was **injured during the incident**, move the toggle to 'Yes.'

If there's at least one injured person, you must include **at least one third party and one witness**.

Also keep in mind that there must be **at least one claimant reported**.





Step Four: Summary

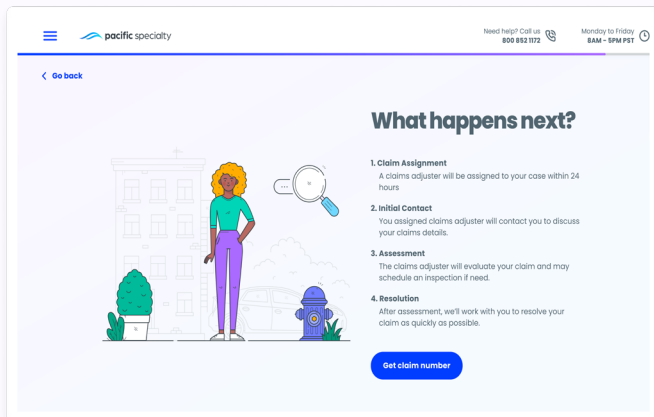
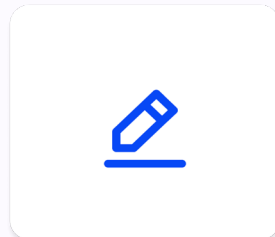
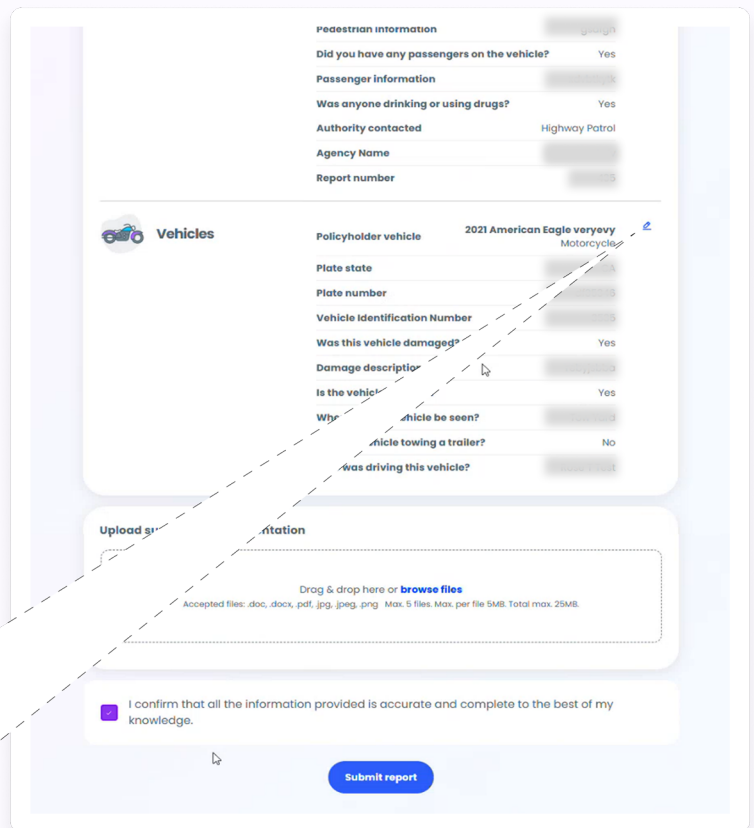
Now that you entered all the information, you can check it and keep a copy for your records.

1. Final review

Once you have completed all the required information, you will be able to **review the report and edit any section**. To do this, select the pencil icon and make the required changes.

You will also have the possibility to **upload supporting documents**.

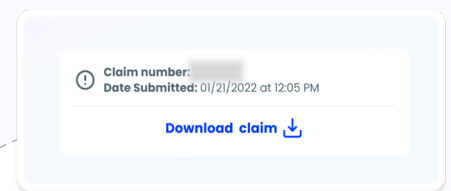
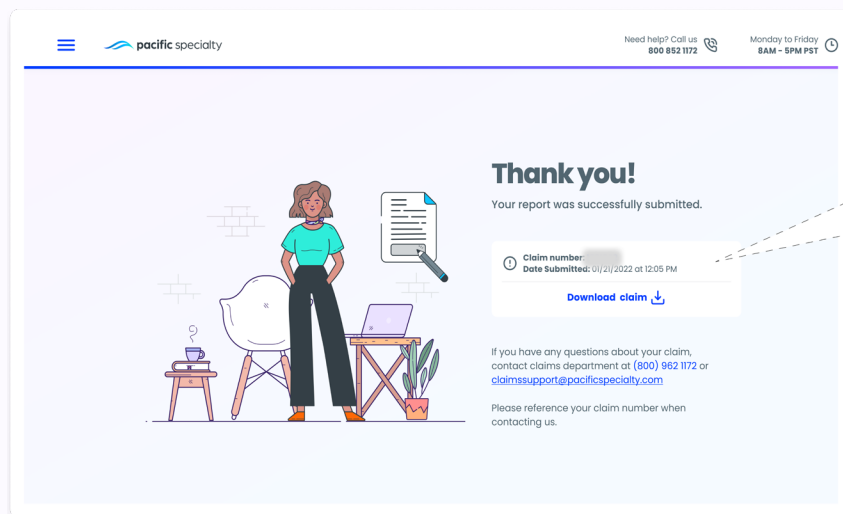
Finally, confirm that the provided information is correct, and select 'Submit report.'



2. Next steps

We'll detail the **next steps** of the process in the following screen.

Select '**Get claim number**' to finalize the process.



You'll be redirected to a page where you'll see the **claim number**, and you will be able to **download a copy of the claim report**. We recommend you save that copy.

Congratulations! You have completed the process. You can now exit the screen.

