



CLUE (ACCIDENT) RECONCILIATION PROCESS

Agent's Guide

1. Additional Fields for CLUE Reconciliation Process
2. How to proceed with Amending or Removing Claims
3. Amending Claims – Reassign to other rated driver
4. Amending Claims – Change “At Fault” Indication
5. Amending Claims – Car Parked
6. Amending Claims – Change Payout(s)
7. Removing Claims - Hyperlink for drop-down selections
8. Removing Claim – Driver in household, with own vehicle and insurance
9. Removing Claim – Driver not in household; Driver in household, but not licensed; or Other Type of Loss
10. Example of Amended/Removed Claims listed on Supplemental Page of Application

CLUE (ACCIDENT) RECONCILIATION PROCESS

Additional Fields

To support this new feature, we have added fields to the “Accidents / Convictions” screen.

1. The At Fault indicator is now displayed on this screen. This will provide quick reference of the negligence, without going into the individual accident detail.
2. We have added a Reconcile Status field. If you have amended a claim (Driver changed, At Fault changed, Payout(s) changed, Vehicle Parked), this field will indicate a “Y” for Yes.

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status	
DONALD RUBIN	5/12/2015	Conviction	FLD COMPLY WITH ORD	N/A	NY		MVR	N	N/A	
DONALD RUBIN	6/23/2012	Accident	UNCLASSIFIED - PLEASE REVIEW	N	NY	3,747	Clue	N	N/A	
DONALD RUBIN	6/23/2012	Accident	GLASS DAMAGE	N	NY	420	Clue	N	N/A	
PAMELA SAVOIC	2/17/2015	Conviction	NO SEAT BELT DRIVER	N/A	NY		MVR	N	N/A	
PAMELA SAVOIC	11/25/2015	Accident	OTHER VEHICLE HIT INSURED'S VEHICLE	N	NY	3,376	Clue	N	N/A	
PAMELA SAVOIC	6/10/2015	Accident	TOWING	N	NY	75	Clue	N	Y	
COLLEEN SCATENA	5/15/2015	Conviction	OPERAT W/O A LICENSE	N/A	NY		MVR	N	N/A	

Save & Exit

Continue

Add Incident

To

DONALD RUBIN

PAMELA SAVOIC

COLLEEN SCATENA

Car Parked

Add Driver

Contact Us

Phone

Email

Live Help

3. We also corrected the Add Incident drop-down to allow the addition of incidents for rated drivers and “Car Parked”.

Please note that losses coded in red as “Unclassified – Please Review”, will still require review just as they do today. The purpose of the new CLUE Reconciliation tool is to allow the ability to amend claims where the Driver, At Fault, or Payout needs to be changed.

How to proceed with Amending or Removing a Claim

The ability to amend or remove Claims have been added to the individual accident screen.

Accidents / Convictions

*Required Information
**Conditionally Required Information



Information returned from the MVR and Clue in grey area cannot be changed.
If applicable you may select amend or delete claims below to change data.



Incident # [1](#) [2](#) [3](#) [4](#)

Incident* : Accident

Accident State* : NEW YORK

Incident Description* : INSURED'S VEHICLE HIT OTHER VEHICLE

Date of Accident** : 6/07/2013  Date of Conviction** : 

Violation/Suspension Date** :  Reinstatement Date : 

At Fault** : ☒ Yes ☐ No

Incident Source : Clue

Please enter the whole dollar amount for the following Loss types:

Bodily Injury** : 	Uninsured Motorist BI** :
Property Damage** : 527	Underinsured Motorist PD** :
No Fault** : 	Uninsured Motorist PD** :
Medical Payments** : 	
Comp, Glass and Towing** : 	
Collision** : 	

Payout Amount Unknown : ☐ Fatality : ☐ Yes

No Payout : ☐ Open Claim : ☐ Yes

Amending and Deleting Claims:

☐ Do you want to amend this claim?

☐ [Do you want to remove this claim?](#)

Save & Exit
Continue

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending Claims – Example 1 - Reassign to other rated driver

Example – Reassign Loss from Parent to Child

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
<input checked="" type="radio"/>	DONALD RUBIN	5/12/2015	Conviction	FLD COMPLY WITH ORD	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	DONALD RUBIN	6/23/2012	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	3,747	Clue	N	N/A
<input checked="" type="radio"/>	DONALD RUBIN	6/23/2012	Accident	GLASS DAMAGE	N	NY	420	Clue	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	2/17/2015	Conviction	NO SEAT BELT DRIVER	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	11/25/2015	Accident	OTHER VEHICLE HIT INSURED'S VEHICLE	N	NY	3,376	Clue	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	6/10/2015	Accident	TOWING	N	NY	75	Clue	N	N/A
<input checked="" type="radio"/>	COLLEEN SCATENA	5/15/2015	Conviction	OPERAT W/O A LICENSE	N/A	NY		MVR	N	N/A

To

Click the option button to get to the individual claim screen.

Accidents / Convictions																									
<p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p>Incident # 4 5 6</p> <p>Incident*: <input type="text" value="Accident"/></p> <p>Accident State*: <input type="text" value="NEW YORK"/></p> <p>Incident Description*: <input type="text" value="OTHER VEHICLE HIT INSURED'S VEHICLE"/></p> <p>Date of Accident**: <input type="text" value="11/25/2015"/> <input type="button" value="U2"/></p> <p>Date of Conviction**: <input type="text"/> <input type="button" value="U2"/></p> <p>Violation/Suspension Date**: <input type="text"/> <input type="button" value="U2"/></p> <p>Reinstatement Date: <input type="text"/> <input type="button" value="U2"/></p> <p>At Fault**: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Incident Source: Clue</p> <p>Please enter the whole dollar amount for the following Loss types:</p> <table><tr><td>Bodily Injury**:</td><td><input type="text"/></td><td>Uninsured Motorist BI**:</td><td><input type="text"/></td></tr><tr><td>Property Damage**:</td><td><input type="text"/></td><td>Underinsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>No Fault**:</td><td><input type="text"/></td><td>Uninsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>Medical Payments**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Comp, Glass and Towing**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Collision**:</td><td><input type="text" value="3376"/></td><td></td><td></td></tr></table> <p>Payout Amount Unknown: <input type="checkbox"/> Fatality: <input type="checkbox"/> Yes</p> <p>No Payout: <input type="checkbox"/> Open Claim: <input type="checkbox"/> Yes</p> <p>Amending and Deleting Claims:</p> <p><input checked="" type="checkbox"/> Do you want to amend this claim?</p> <p>Select from the following options*:</p> <p><input checked="" type="checkbox"/> Reassign to other rated driver</p> <p><input type="text" value="COLLEEN SCATENA"/></p> <p><input type="checkbox"/> Change "At Fault" indication to</p> <p><input type="checkbox"/> Car Parked</p> <p><input type="checkbox"/> Change Payouts</p> <p><input type="checkbox"/> Do you want to remove this claim?</p> <p><input type="button" value="Save & Exit"/> <input type="button" value="Continue"/></p>		Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>	Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>	No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>	Medical Payments**:	<input type="text"/>			Comp, Glass and Towing**:	<input type="text"/>			Collision**:	<input type="text" value="3376"/>		
Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>																						
Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>																						
No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>																						
Medical Payments**:	<input type="text"/>																								
Comp, Glass and Towing**:	<input type="text"/>																								
Collision**:	<input type="text" value="3376"/>																								

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending and Deleting Claims:

1 → ☒ Do you want to amend this claim?

2 → ☒ Reassign to other rated driver

COLLEEN SCATENA ▼ 3

☐ Change "At Fault" indication to

☐ Car Parked

☐ Change Payouts

☐ [Do you want to remove this claim?](#)

Save & Exit **Continue**

Steps to "Reassign to other rated driver":

1. Check the box "Do you want to amend this claim?"
2. Check the box "Reassign to other rated driver". The drop-down includes the other rated drivers in the quote – in this case, Donald Rubin and Colleen Scatena.
3. Choose Colleen Scatena from the drop-down.
4. Select "Continue" and the rated driver will be changed from Pamela Savoic to Colleen Scatena. Additionally, the Claim is considered "Reconciled".

Accidents / Convictions

INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.

	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
●	DONALD RUBIN	5/12/2015	Conviction	FLD COMPLY WITH ORD	N/A	NY		MVR	N	N/A
●	DONALD RUBIN	6/23/2012	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	3,747	Clue	N	N/A
●	DONALD RUBIN	6/23/2012	Accident	GLASS DAMAGE	N	NY	420	Clue	N	N/A
●	PAMELA SAVOIC	2/17/2015	Conviction	NO SEAT BELT DRIVER	N/A	NY		MVR	N	N/A
●	PAMELA SAVOIC	6/10/2015	Accident	TOWING	N	NY	75	Clue	N	N/A
●	COLLEEN SCATENA	11/25/2015	Accident	OTHER VEHICLE HIT INSURED'S VEHICLE	N	NY	3,376	Clue	N	Y
●	COLLEEN SCATENA	5/15/2015	Conviction	OPERAT W/O A LICENSE	N/A	NY		MVR	N	N/A

Save & Exit **Continue**

Add Incident To: DONALD RUBIN ▼ **Add Driver**

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CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending Claims – Example 2 - Change “At Fault” Indication

Example – Deer Loss with At Fault indicator as “Yes”

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status	
P PALAMORE	10/31/2015	Conviction	DISOBEYED TRAF DEV	N/A	NY		MVR	N	N/A	
P PALAMORE	12/23/2014	Accident	DAMAGE BY ANIMAL OR FOWL	Y	NY	7,325	Clue	N	N/A	
P PALAMORE	12/02/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	1,749	Clue	N	N/A	
P PALAMORE	6/24/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	8,023	Clue	N	N/A	
STELLA MUMMEY	5/10/2011	Conviction	OPER W/O INS - INF ORDER #: A0303150000	N/A	NY		MVR	N	N/A	
STELLA MUMMEY	1/12/2012	Conviction	CL/RL-CONV TRAF INF ORDER #: A0311150000	N/A	NY		MVR	N	N/A	

[Save & Exit](#) [Continue](#)

[Add Incident](#) To [P.PALAMORE](#) [Add Driver](#)

Click the option button to get to the individual claim screen.

Accidents / Convictions																									
<p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p>Incident # 1 2 3 4</p> <p>Incident*: Accident</p> <p>Accident State*: NEW YORK</p> <p>Incident Description*: DAMAGE BY ANIMAL OR FOWL</p> <p>Date of Accident**: 12/23/2014 Date of Conviction**: 12/23/2014</p> <p>Violation/Suspension Date**: 12/23/2014 Reinstatement Date: 12/23/2014</p> <p>At Fault*: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Incident Source: Clue</p> <p>Please enter the whole dollar amount for the following Loss types:</p> <table><tr><td>Bodily Injury**:</td><td><input type="text"/></td><td>Uninsured Motorist BI**:</td><td><input type="text"/></td></tr><tr><td>Property Damage**:</td><td><input type="text"/></td><td>Underinsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>No Fault**:</td><td><input type="text"/></td><td>Uninsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>Medical Payments**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Comp, Glass and Towing**:</td><td><input type="text" value="7325"/></td><td></td><td></td></tr><tr><td>Collision**:</td><td><input type="text"/></td><td></td><td></td></tr></table> <p>Payout Amount Unknown: <input type="checkbox"/> Fatality: <input type="checkbox"/> Yes</p> <p>No Payout: <input type="checkbox"/> Open Claim: <input type="checkbox"/> Yes</p> <p>Amending and Deleting Claims:</p> <p><input checked="" type="checkbox"/> Do you want to amend this claim?</p> <p>Select from the following options*:</p> <p><input type="checkbox"/> Reassign to other rated driver</p> <p><input checked="" type="checkbox"/> Change "At Fault" indication to</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="checkbox"/> Car Parked</p> <p><input type="checkbox"/> Change Payouts</p> <p><input type="checkbox"/> Do you want to remove this claim?</p> <p>Save & Exit Continue</p>		Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>	Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>	No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>	Medical Payments**:	<input type="text"/>			Comp, Glass and Towing**:	<input type="text" value="7325"/>			Collision**:	<input type="text"/>		
Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>																						
Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>																						
No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>																						
Medical Payments**:	<input type="text"/>																								
Comp, Glass and Towing**:	<input type="text" value="7325"/>																								
Collision**:	<input type="text"/>																								

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending and Deleting Claims:

1 → ☒ Do you want to amend this claim?

Select from the following options* :

2 → ☒ Change "At Fault" indication to

○ Yes ● No ← 3

☐ Car Parked

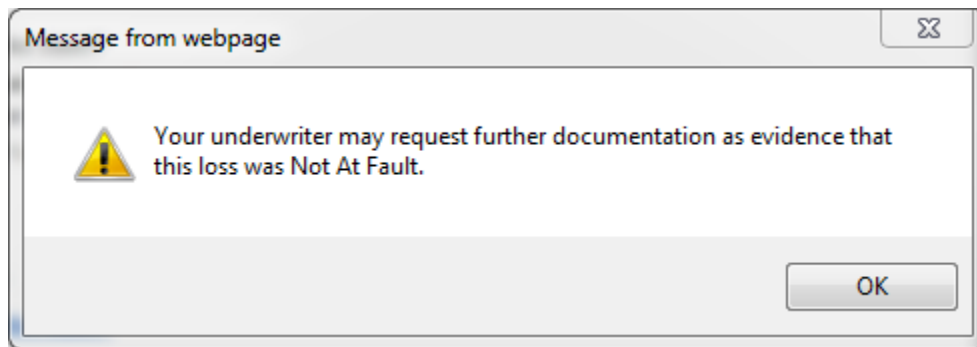
☐ Change Payouts

☐ [Do you want to remove this claim?](#)

Save & Exit **Continue**

Steps to "Change At Fault indication":

1. Check the box "Do you want to amend this claim?"
2. Check the box "Change At Fault indication to".
3. Select "No". When the "At Fault" indicator is changed from "Yes" to "No", the following pop-up message appears:



4. Select "OK" on the pop-up and then "Continue" and the At Fault will be changed. Additionally, the Claim is considered "Reconciled".

Accidents / Convictions									
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.									
Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
P PALAMORE	10/31/2015	Conviction	DISOBEYED TRAF DEV	N/A	NY		MVR	N	N/A
P PALAMORE	12/23/2014	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	7,325	Clue	N	Y
P PALAMORE	12/02/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	1,749	Clue	N	N/A
P PALAMORE	8/24/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	8,023	Clue	N	N/A
STELLA MUMMEY	5/10/2011	Conviction	OPER W/O INS - INF ORDER #: A0303150000	N/A	NY		MVR	N	N/A
STELLA MUMMEY	1/12/2012	Conviction	CL/RL-CONV TRAF INF ORDER #: A0311150000	N/A	NY		MVR	N	N/A

4 →

Save & Exit **Continue**

Add Incident To: P. PALAMORE **Add Driver**

CLUE (ACCIDENT) RECONCILIATION PROCESS


Amending Claims – Example 3 - Car Parked

Example – Collision only Loss with At Fault indicator as “Yes” where vehicle was Legally Parked

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
<input checked="" type="radio"/>	P PALAMORE	10/31/2015	Conviction	DISOBEYED TRAF DEV	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	P PALAMORE	12/23/2014	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	7,325	Clue	N	Y
<input checked="" type="radio"/>	P PALAMORE	12/02/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	1,749	Clue	N	N/A
<input checked="" type="radio"/>	P PALAMORE	6/24/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	8,023	Clue	N	N/A
<input checked="" type="radio"/>	STELLA MUMMEY	5/10/2011	Conviction	OPER W/O INS - INF ORDER # A0303150000	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	STELLA MUMMEY	1/12/2012	Conviction	CL/RL-CONV TRAF INF ORDER # A0311150000	N/A	NY		MVR	N	N/A

To

Click the option button to get to the individual claim screen. Amend the Incident Description.

Accidents / Convictions	
<p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p style="text-align: right;">*Required Information **Conditionally Required Information</p> <p style="text-align: right;">Incident # 1 2 3 4</p> <p>Incident*: <input type="text" value="Accident"/></p> <p>Accident State*: <input type="text" value="NEW YORK"/></p> <p>Incident Description*: <input type="text" value="INSURED'S VEHICLE WAS HIT WHILE PARKED"/></p> <p>Date of Accident**: <input type="text" value="12/02/2014"/> <input type="button" value="Calendar"/></p> <p>Violation/Suspension Date**: <input type="text"/> <input type="button" value="Calendar"/></p> <p>Date of Conviction**: <input type="text"/> <input type="button" value="Calendar"/></p> <p>Reinstatement Date: <input type="text"/> <input type="button" value="Calendar"/></p> <p>At Fault**: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Incident Source: Clue</p> <p>Please enter the whole dollar amount for the following Loss types:</p> <p>Bodily Injury**: <input type="text"/></p> <p>Uninsured Motorist BI**: <input type="text"/></p> <p>Uninsured Motorist PD**: <input type="text"/></p> <p>Uninsured Motorist PD**: <input type="text"/></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p>Message from webpage</p> <p> Your underwriter may request further documentation as evidence that this loss was Not At Fault.</p> <p><input type="button" value="OK"/></p> <p>Amending and Deleting Claims:</p> <p><input checked="" type="checkbox"/> Do you want to amend this claim?</p> <p><input type="checkbox"/> Change "At Fault" indication to</p> <p><input checked="" type="checkbox"/> Car Parked</p> <p>Was the car parked illegally?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="checkbox"/> Change Payouts</p> <p><input type="checkbox"/> Do you want to remove this claim?</p> <p><input type="button" value="Save & Exit"/> <input type="button" value="Continue"/></p>	

CLUE (ACCIDENT) RECONCILIATION PROCESS

Your underwriter may request further documentation as evidence that this loss was Not At Fault.

4

OK

Amending and Deleting Claims:

1

☒ Do you want to amend this claim?

☐ Change "At Fault" indication to

2

☒ Car Parked

Was the car parked illegally?

☐ Yes ☒ No

3

☐ Change Payouts
 ☐ [Do you want to remove this claim?](#)

Save & Exit

Continue

Steps to "Change to Car Parked":

1. Check the box "Do you want to amend this claim?"
2. Check the box "Car Parked".
3. Answer the question, "Was the car parked illegally?". In this example, select "No".
4. This will generate the pop-up message.
5. Select "OK" on the pop-up and the At-Fault changes from "Yes" to "No". Select "Continue" and the Claim is considered "Reconciled"..

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status	
P PALAMORE	10/31/2015	Conviction	DISOBEYED TRAF DEV	N/A	NY		MVR	N	N/A	
P PALAMORE	12/23/2014	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	7,325	Clue	N	Y	
P PALAMORE	12/02/2014	Accident	INSURED'S VEHICLE WAS HIT WHILE PARKED	N	NY	1,749	Clue	N	Y	
P PALAMORE	6/24/2014	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	8,023	Clue	N	N/A	
STELLA MUMMEY	5/10/2011	Conviction	OPER W/O INS - INF ORDER #: A0303150000	N/A	NY		MVR	N	N/A	
STELLA MUMMEY	1/12/2012	Conviction	CL/RL-CONV TRAF INF ORDER #: A0311150000	N/A	NY		MVR	N	N/A	

Save & Exit

Continue

Add Incident

To P PALAMORE

Add Driver

5

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending Claims – Example 4 - Change Payouts

Example – Collision only Loss that was fully subrogated

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
<input checked="" type="radio"/>	DONALD RUBIN	5/12/2015	Conviction	FLD COMPLY WITH ORD	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	DONALD RUBIN	6/23/2012	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	3,747	Clue	N	N/A
<input checked="" type="radio"/>	DONALD RUBIN	6/23/2012	Accident	GLASS DAMAGE	N	NY	420	Clue	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	2/17/2015	Conviction	NO SEAT BELT DRIVER	N/A	NY		MVR	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	11/25/2015	Accident	INSURED'S VEHICLE WAS REAR-ENDED	N	NY	3,376	Clue	N	N/A
<input checked="" type="radio"/>	PAMELA SAVOIC	6/10/2015	Accident	TOWING	N	NY	75	Clue	N	N/A

To

Click the option button to get to the individual claim screen.

Accidents / Convictions																									
<p><small>*Required Information</small> <small>**Conditionally Required Information</small></p> <p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p>Incident # 4 5 6</p> <p>Incident*: <input type="text" value="Accident"/></p> <p>Accident State*: <input type="text" value="NEW YORK"/></p> <p>Incident Description*: <input type="text" value="INSURED'S VEHICLE WAS REAR-ENDED"/></p> <p>Date of Accident**: <input type="text" value="11/25/2015"/> </p> <p>Date of Conviction**: <input type="text"/> </p> <p>Violation/Suspension Date**: <input type="text"/> </p> <p>Reinstatement Date: <input type="text"/> </p> <p>At Fault**: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Incident Source: Clue</p> <p>Please enter the whole dollar amount for the following Loss types:</p> <table><tbody><tr><td>Bodily Injury**:</td><td><input type="text"/></td><td>Uninsured Motorist BI**:</td><td><input type="text"/></td></tr><tr><td>Property Damage**:</td><td><input type="text"/></td><td>Underinsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>No Fault**:</td><td><input type="text"/></td><td>Uninsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>Medical Payments**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Comp, Glass and Towing**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Collision**:</td><td><input type="text" value="3376"/></td><td></td><td></td></tr></tbody></table> <p>Payout Amount Unknown: <input type="checkbox"/> Fatality: <input type="checkbox"/> Yes</p> <p>No Payout: <input type="checkbox"/> Open Claim: <input type="checkbox"/> Yes</p> <p>Amending and Deleting Claims:</p> <p><input checked="" type="checkbox"/> Do you want to amend this claim?</p> <p>Select from the following options*:</p> <p><input type="checkbox"/> Reassign to other rated driver</p> <p><input type="checkbox"/> Change "At Fault" indication to</p> <p><input type="checkbox"/> Car Parked</p> <p><input checked="" type="checkbox"/> Change Payouts</p> <p><input type="checkbox"/> Do you want to remove this claim?</p> <p><input type="button" value="Save & Exit"/> <input type="button" value="Continue"/></p>		Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>	Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>	No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>	Medical Payments**:	<input type="text"/>			Comp, Glass and Towing**:	<input type="text"/>			Collision**:	<input type="text" value="3376"/>		
Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>																						
Property Damage**:	<input type="text"/>	Underinsured Motorist PD**:	<input type="text"/>																						
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Comp, Glass and Towing**:	<input type="text"/>																								
Collision**:	<input type="text" value="3376"/>																								

CLUE (ACCIDENT) RECONCILIATION PROCESS

Please enter the whole dollar amount for the following Loss types:

Bodily Injury** : <input type="text"/>	2 →	Uninsured Motorist BI** : <input type="text"/>
Property Damage** : <input type="text"/>		Underinsured Motorist PD** : <input type="text"/>
No Fault** : <input type="text"/>		Uninsured Motorist PD** : <input type="text"/>
Medical Payments** : <input type="text"/>		
Comp, Glass and Towing** : <input type="text"/>		
Collision** : <input type="text" value="3376"/>	3 →	

Payout Amount Unknown : ☐ Fatality : ☐ Yes
 No Payout : ☐ Open Claim : ☐ Yes

Amending and Deleting Claims:

1 → ☒ Do you want to amend this claim?

Select from the following options* :

☐ Reassign to other rated driver
☐ Change "At Fault" indication to
☐ Car Parked
 2 → ☒ Change Payouts
☐ [Do you want to remove this claim?](#)

Save & Exit **Continue**

Steps to "Change Payouts":

1. Check the box "Do you want to amend this claim?"
2. Check the box "Change Payouts". Note that the payout fields are no longer greyed out.
3. Amend the applicable payout(s). In this case, remove the collision payout.
4. Select "Continue" and the claim will now reflect no collision payout. Additionally, the Claim is considered "Reconciled".

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
●	DONALD RUBIN	5/12/2015	Conviction	FLD COMPLY WITH ORD	N/A	NY		MVR	N	N/A
●	DONALD RUBIN	6/23/2012	Accident	DAMAGE BY ANIMAL OR FOWL	N	NY	3,747	Clue	N	N/A
●	DONALD RUBIN	6/23/2012	Accident	GLASS DAMAGE	N	NY	420	Clue	N	N/A
●	PAMELA SAVOIC	2/17/2015	Conviction	NO SEAT BELT DRIVER	N/A	NY		MVR	N	N/A
●	PAMELA SAVOIC	11/25/2015	Accident	INSURED'S VEHICLE WAS REAR-ENDED	N	NY	75	Clue	N	Y
●	PAMELA SAVOIC	6/10/2015	Accident	TOWING	N	NY		Clue	N	N/A

4 →

Save & Exit **Continue**

Add Incident To: **Add Driver**

CLUE (ACCIDENT) RECONCILIATION PROCESS

Removing Claims – Example 1 - Driver in household, with own vehicle and insurance

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
<input checked="" type="radio"/>	PATRICIA BLAIR	9/23/2013	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	1,062	Clue	N	N/A
<input checked="" type="radio"/>	PATRICIA BLAIR	6/07/2014	Conviction	FOLLOWED TOO CLOSELY	N/A	NY		MVR	N	N/A


To

Click the option button to get to the individual claim screen.

Accidents / Convictions	
<p><small>*Required Information</small> <small>**Conditionally Required Information</small></p> <p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p style="text-align: right;">Incident # 1 2</p> <p>Incident* : <input type="text" value="Accident"/></p> <p>Accident State* : <input type="text" value="NEW YORK"/></p> <p>Incident Description* : <input type="text" value="INSURED'S VEHICLE HIT OTHER VEHICLE"/></p> <p>Date of Accident** : <input type="text" value="9/23/2013"/> <input type="button" value="Calendar"/></p> <p>Date of Conviction** : <input type="text"/> <input type="button" value="Calendar"/></p> <p>Violation/Suspension Date** : <input type="text"/> <input type="button" value="Calendar"/></p> <p>Reinstatement Date : <input type="text"/> <input type="button" value="Calendar"/></p> <p>At Fault** : <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Incident Source : Clue</p> <p>Please enter the whole dollar amount for the following Loss types:</p> <p>Bodily Injury** : <input type="text"/></p> <p>Uninsured Motorist BI** : <input type="text"/></p> <p>Uninsured Motorist PD** : <input type="text"/></p> <p>Uninsured Motorist PD** : <input type="text"/></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p>Amending and Deleting Claims:</p> <p><input type="checkbox"/> Do you want to amend this claim?</p> <p><input checked="" type="checkbox"/> Do you want to remove this claim?</p> <p>Choose one that applies* :</p> <p><input type="text" value="Driver in household, with own vehicle and insurance"/></p> <p><input type="button" value="Save & Exit"/> <input type="button" value="Continue"/></p>	

CLUE (ACCIDENT) RECONCILIATION PROCESS

Message from webpage

 Your underwriter may request further documentation, such as a copy of a Dec Page or ID Card.

3

OK

Amending and Deleting Claims:

☐ Do you want to amend this claim?

1 ☒ Do you want to remove this claim?

2 Choose one that applies * :
Driver in household, with own vehicle and insurance

Save & Exit Continue

Steps to “Remove the Claim – Driver in household, with own vehicle and insurance”:

1. Check the box “Do you want to remove this claim?”
2. From the drop-down, choose “Driver in household, with own vehicle and insurance”.
3. This selection from the drop-down menu will generate the pop-up message.
4. Select “OK” on the pop-up and two additional fields appear. Please note that these fields are not mandatory.

Amending and Deleting Claims:

☐ Do you want to amend this claim?

☒ Do you want to remove this claim?

Choose one that applies * :
Driver in household, with own vehicle and insurance

4

Insurance Company
Name :
Policy
Number :

Save & Exit Continue

5. Select “Continue” and the claim will be removed. Please note that removal of Claims returned from CLUE will be subject to Underwriting review.

Accidents / Convictions

INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.

Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
PATRICIA BLAIR	6/07/2014	Conviction	FOLLOWED TOO CLOSELY	N/A	NY		MVR	N	N/A

Save & Exit Continue

Add Incident To PATRICIA BLAIR Add Driver

5

CLUE (ACCIDENT) RECONCILIATION PROCESS

Removing Claims – Example 2 – Driver not in household; Driver in household, but not licensed; or Other Type of Loss

Accidents / Convictions										
INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.										
	Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
<input checked="" type="radio"/>	PATRICIA BLAIR	9/23/2013	Accident	INSURED'S VEHICLE HIT OTHER VEHICLE	Y	NY	1,062	Clue	N	N/A
<input checked="" type="radio"/>	PATRICIA BLAIR	6/07/2014	Conviction	FOLLOWED TOO CLOSELY	N/A	NY		MVR	N	N/A

To

Click the option button to get to the individual claim screen.

Accidents / Convictions																									
<p>Information returned from the MVR and Clue in grey area cannot be changed. If applicable you may select amend or delete claims below to change data.</p> <p style="text-align: right;">Incident # 1 2</p>																									
<p>Incident*: <input type="text" value="Accident"/></p> <p>Accident State*: <input type="text" value="NEW YORK"/></p> <p>Incident Description*: <input type="text" value="INSURED'S VEHICLE HIT OTHER VEHICLE"/></p> <p>Date of Accident**: <input type="text" value="9/23/2013"/> <input type="button" value="Calendar"/></p> <p>Violation/Suspension Date**: <input type="text" value=""/> <input type="button" value="Calendar"/></p> <p>At Fault**: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Incident Source: Clue</p>																									
<p>Please enter the whole dollar amount for the following Loss types:</p> <table><tbody><tr><td>Bodily Injury**:</td><td><input type="text"/></td><td>Uninsured Motorist BI**:</td><td><input type="text"/></td></tr><tr><td>Property Damage**:</td><td><input type="text" value="1062"/></td><td>Underinsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>No Fault**:</td><td><input type="text"/></td><td>Uninsured Motorist PD**:</td><td><input type="text"/></td></tr><tr><td>Medical Payments**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Comp, Glass and Towing**:</td><td><input type="text"/></td><td></td><td></td></tr><tr><td>Collision**:</td><td><input type="text"/></td><td></td><td></td></tr></tbody></table> <p>Payout Amount Unknown: <input type="checkbox"/> Fatality: <input type="checkbox"/> Yes</p> <p>No Payout: <input type="checkbox"/> Open Claim: <input type="checkbox"/> Yes</p>		Bodily Injury**:	<input type="text"/>	Uninsured Motorist BI**:	<input type="text"/>	Property Damage**:	<input type="text" value="1062"/>	Underinsured Motorist PD**:	<input type="text"/>	No Fault**:	<input type="text"/>	Uninsured Motorist PD**:	<input type="text"/>	Medical Payments**:	<input type="text"/>			Comp, Glass and Towing**:	<input type="text"/>			Collision**:	<input type="text"/>		
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Medical Payments**:	<input type="text"/>																								
Comp, Glass and Towing**:	<input type="text"/>																								
Collision**:	<input type="text"/>																								

Amending and Deleting Claims:	
<input type="checkbox"/>	Do you want to amend this claim?
<input checked="" type="checkbox"/>	Do you want to remove this claim?
<input type="button" value="Save & Exit"/>	<div><div>Driver not in household</div><div>Driver in household, but not licensed: License Expired</div><div>Driver in household, but not licensed: License Surrendered</div><div>Driver in household, but not licensed: License Suspended</div><div>Driver in household, but not licensed: Never Licensed</div><div>Driver in household, with own vehicle and insurance</div><div>Driver deceased</div><div>Motorcycle loss</div><div>Commercial Auto loss</div><div>Emergency Response loss</div></div>

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amending and Deleting Claims:

☐ Do you want to amend this claim?

1 → ☒ **Do you want to remove this claim?**

2 →

- Driver not in household
- Driver in household, but not licensed: License Expired
- Driver in household, but not licensed: License Surrendered
- Driver in household, but not licensed: License Suspended
- Driver in household, but not licensed: Never Licensed
- Driver in household, with own vehicle and insurance
- Driver deceased
- Motorcycle loss
- Commercial Auto loss
- Emergency Response loss

Save & Exit

Steps to “Remove the Claim – Other than Driver in household, with own vehicle and insurance”:

1. Check the box “Do you want to remove this claim?”
2. From the drop-down, choose “Driver not in household; Driver in household, but not licensed; or Other Type of Loss”.
3. Select “Continue” and the claim will be removed. Please note that removal of Claims returned from CLUE will be subject to Underwriting review.

Accidents / Convictions

INCLUDE ALL ACTIVITY OVER THE LAST 5 YEARS.

Driver	Date of Incident	Incident Type	Incident Description	At Fault	State	Claim Amt	Source	Open Claim	Reconcile Status
PATRICIA BLAIR	6/07/2014	Conviction	FOLLOWED TOO CLOSELY	N/A	NY		MVR	N	N/A

Save & Exit **Continue**

Add Incident To **PATRICIA BLAIR** **Add Driver**

3

CLUE (ACCIDENT) RECONCILIATION PROCESS

Amended/Removed Claims listed on Supplemental page of the Application



DONALD L RUBIN
PAMELA SAVOIC
Quote Period: 08/01/2016 To 08/01/2017

Amended Claims:

Claim Date: Change:
11/25/2015 Reassigned to driver - 002
 At Fault changed

Removed Claims:

06/23/2012 Driver not in household
 Insurance company name - ALLSTATE INSURANCE
 Policy number - 123456789

Amended and Removed Claims
documented on the Application

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU IN WRITING.

Applicant's Signature		Date	Producer's Signature	
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We look forward to becoming your Automobile Insurance Carrier