Premier Essential VSC

Claim Department

Hours of Operation: Monday - Friday, 8:00 a.m. - 8:00 p.m., EST

Saturday, 9:00 a.m. - 3:00 p.m., EST

Phone Number: 888-438-0100Claim Fax Number: 866-766-6982

Claim Payment Email: claimspayment@pdsadm.com

Claim Payment Fax: 866-764-0338
Claim Manager: Roger Gillman
Mailing Address: PO Box 23880

San Diego, CA 92193-3880 Attn: VSC Claim Department

To Initiate a Claim:

Provide your name and name of repair facility.

- Provide last 8 of VIN.
- Provide Repair Order Information:
 - Customer Name
 - Description of vehicle (year, make, model)
 - · Current odometer reading
 - Date of loss (date on repair order)
 - Repair order number
 - · Estimate of repair
 - · List of requested parts including part numbers
 - Labor rate and labor time requested (diagnosis time to be itemized with test results available)
- Provide the following information:
 - What is the customer's complaint listed on the RO?
 - · What is the technician's diagnosis for the cause of failure and the proposed repair?
 - Was the vehicle towed in?
 - · Is a rental car required?
 - Are there any other complaints listed on the RO?

What Premier Dealer Services will do.

- The adjuster will provide a claim authorization number and an approved amount for the repair, less the customer's applicable deduction.
- Request proof of maintenance as required in accordance with the terms and conditions of the agreement, if applicable to the reported breakdown.
- The adjuster will send an inspector to verify failure, if warranted.

Claim Payment for Approved Claims

- Authorized claims will be paid upon receipt of all documentation requested by adjuster including completed and signed invoice. Include the claim authorization number on all documents.
- Fax or email completed and signed invoice to the Payment Department email address fax number above or mail to the address above, Attention VSC Claim Payments.

