

Total Recovery Solution[®] (TRS[®]) Navigation Guide for Filers in New York PIP



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Arbitration Forums, Inc. (AF) is excited to announce the transition of New York PIP from Online Filing (OLF) to Total Recovery Solution[®] (TRS[®]). Members are able to take advantage of a customized PIP application specific to the state of New York, along with the benefits of an intuitive user interface and the reduced cycle time associated with TRS.

This guide will help Recovering Parties (Applicants) navigate TRS by providing step-by-step instructions on completing each Workflow Step in the filing process.

Filing a Case in TRS

Go to www.arbfile.org and select Log in to My Arbfile.



Enter your username and password and select Sign In.



Select the Member Access tab and TRS Arbitration from the drop-down menu.





To start a New York PIP case, select +File New Damages.

ARBITRATION FORUMS, INC.		Case - Search	م 🚹 Jack Demander 🗸
Worklist Home / Worklist			+ File New Damages
My Cases	My Company's Cases	My Watched Cases	
Needs Attention Recovering Responding Open Cl	sed	Vie	w As 🔹 Order by 👻 Filter by 👻

Evidence Manager

The Evidence Manager is a storage location for evidence associated with an occurrence. It provides flexibility in how filers can upload evidence to their case.



IMPORTANT: Only evidence that is specifically attached to the case is presented to the arbitrator.

Evidence added to the Evidence Manager can be attached at the Case and Feature level throughout the submission process (e.g., Case Qualifiers, Liability/Recovery Arguments, and Feature Information).

The Evidence Manager allows you to:

Add Evidence⁽¹⁾: Offers users the ability to browse and add multiple evidence items in a one-step process relevant to the occurrence.

View Evidence⁽²⁾: Reduces attachment errors (e.g., evidence attached from the wrong occurrence).

Manage Evidence⁽³⁾: Evidence can be viewed in one location making it easier to see what items have/have not been attached to the TRS case.

Delete Evidence⁽⁴⁾: Evidence added to the Evidence Manager can be deleted by selecting the trash can icon. For evidence already attached at the case or feature level, select the "Yes" located in the **Attached Column.** Then select the **Delete Link** icon found to the right of the listed evidence item.



Evider	nce Manager 🔞			eturn to case
	must be associated with a case to be presented to the arbitrator.			
1 + Add	d Evidence 🛛 🤁 Refresh			All Evidence Types 🛛 🗸
	Evidence Types ^ (show descriptions)	Received Date 🗢	Attached 🗢	
2	Police Report	10/18/2022 via UPLOAD	3 Yes	4
ß	Statement - Driver	10/18/2022 via UPLOAD	Yes	Ť
2 evide	nce files			

Attach Evidence

The Attach Evidence tab ⁽¹⁾ is located in various steps in the Workflow (Case Qualifiers, Arguments, and Feature Information). As the Recovering Party, attach evidence relevant to a specific step (for example, a police report attached to the Liability Arguments Workflow Step to support your position on liability or medical bills attached to the Feature Information Workflow Step to support Company-Paid Damages).



Once a piece of evidence is attached, it will appear under the Attached Evidence ⁽²⁾ section.



The attached evidence list is a collection of the evidence that you attached and/or inserted into a specific workflow step. (See **Insert Evidence** for more information on this topic.)

In serted Evidence Denoted by the green box	Attached Evide	ence 😮			+ Attach Evidence
	View	ID	Evidence Types (show description)	Pages	Detach
Attached Evidence Does not have a green	Ø	1	Statement - Driver	Ø	8
box associated with it	A		Police Report		8

The adverse party(ies) will have access to view the evidence type only; it will not be able to view the evidence content.

To attach evidence, select the Attach Evidence tab.

Attach	ed Ev	idence 😧		+ Attach Evidence	
View	ID	Evidence Types (show description)	Pages	Detach	
ß	1	Adjusters Notes	•	\$ \$	

If evidence is displayed from this page, it was either added previously to the Evidence Manager or attached to a specific workflow step.



To select evidence from here, simply tap the radio button adjacent to a specific evidence item and select **Attach**. Once this action is performed, it will appear in the **Attached Evidence** section within that workflow step.

Atta	ach Evidence				×
	<u> </u>	Drop or <u>browse for files</u> @ , or <u>cre</u>	eate a placeholder		
The second of	Evidence Types (show descriptions)	Pages	File Name	Received Date	
۲	Adjusters Notes		Adjuster Notes.pdf	3/13/2018	
0	Police Report		Police Report.pdf	3/13/2018	
				Cancel	ttach

If evidence is not displayed or you wish to attach evidence different from what is shown, drag and drop them into the window or select **browse for files**.

Attach	Evidence				×
	Drop or browse for files), or <u>create a placeholder</u> 😧			
	Evidence Types (show descriptions)	File Name	File Size	Received Date	
	Police Report	Police Report TRS.pdf	0 B	10/18/2022	ß
	Statement - Driver	Recorded Statement TRS.pdf	0 B	10/18/2022	ß
				Cancel Att	tach

Select evidence items stored in your claims system by double-clicking on the desired evidence item.





This brings the evidence into the Evidence Manager where filers are required to give it a type. Click the red link to reveal the evidence type options.

🟠 Droj	o or <u>browse for files</u> ② , or <u>create a placeholder</u> ④		
Evidence Types (show descriptions)	File Name	File Size	Received Date
Add Evidence Types	Vehicle Damage Photo.pdf	94.89 KB	ê

There are three ways to search for evidence types.

The **Search** box uses an incremental search to progressively find and filter through text. Enter the first few characters to identify a type from the list.

Select Evidence Types	1
	Q Search: Filter list
Favorite Types	
🚖 🗌 Adjusters Notes	★ 🗌 Scene Photograph(s)
🚖 🗌 Computerized Vehicle Registration Fee	🚖 🗌 Statement
🚖 🗌 Coverage Denial Letter	🚖 🗌 Statement - Other Driver
🛨 🗆 Estimate	🛨 🗌 Statement - Witness

Filers can scroll through the **Evidence Types** list. Check the box next to the corresponding type and click **Save** to bring it into the **Evidence Manager**.

🟠 🗹 Adjusters Notes	🟫 🗌 Proof of Damages
☆ □ Appraisal	☆ □ Proof of Litigation Filing
🟠 🗌 Bailment Form	☆ □ Proof of Loss
☆ 🗌 Bill of Ladings	🟠 🗌 Purchase Invoice
🟠 🗌 Denial Letter	☆ □ Statement - Other Passenger
🟠 🗌 Diminished Value Documentation	😭 🗌 Statement - Passenger
🟠 🗌 Employee Statement	😭 🗌 Wage Verification
🟠 🗌 Engineer's Report	😭 🗌 Written Consent Letter
🟠 🗌 Expert Report	🟠 🗌 Written Statement
😭 🗌 Explanation of Benefits	

Once evidence is saved in the Evidence Manager, Filers will need to select Attach to save evidence to the filing.



ttach Evidence			>
6 1	rop or <u>browse for files</u> 0 , or <u>create a placeholder</u>	2	
Evidence Types (show descriptions)	File Name	File Size	Received Date
Adjusters Notes (edit)	Adjuster Notes.pdf	84.82 KB	會
			Cancel Attach

Filers can also search for evidence types via the **Favorite Types** list. To use this as a search option, Filers must first save the evidence type to "Favorites" by selecting the gold star. Next, select the box adjacent to the evidence item and select save. Once saved, it will appear on your **Favorite Types** list.

Select Evidence Types		
		Q Search: Filter list
Evidence Types		
🚖 🗹 Adjusters Notes	🟠 🗌 Fire Marshall's Report	😭 🗌 Proof of Damages
☆ □ Appraisal	🟠 🗌 Inter-Company Reimbursement	😭 🗌 Proof of Litigation Filing
😭 🔲 Bailment Form	Notification Form	😭 🗌 Proof of Loss
😭 🔲 Bill of Ladings	🟠 🗌 Investigative Report	😭 🗌 Purchase Invoice
☆ 🗌 Bill of Sale		🟠 🗌 Rental Agreement

Evidence saved as a favorite is placed in a separate section for quicker access.

Favorite Types 3	★ □ Policy Declarations	🛨 🗌 Scene Photograph(s)
Computerized Vehicle Registration Fee	Policy Declarations Proof of Payment	Statement
Coverage Denial Letter	★ □ Recorded Statement	Statement - Other Driver
★ Estimate	🚖 🗌 Reference Material	🚖 🗌 Statement - Witness
🚖 🗌 Liability Denial Letter	🚖 🗌 Release Form	🚖 🗌 Statute
🚖 🗌 Medical Reports	🚖 🗌 Rental Bill/Receipt	🚖 🗌 Total Loss Evaluation
🚖 🗌 Payment History	🚖 🗌 Salvage Invoice	🚖 🗌 Tow and/or Storage Bill
🚖 🗌 Photograph(s)	🚖 🗌 Salvage Report	🚖 🗌 Video Evidence
🚖 🗌 Police Report	🚖 🗌 Scene Diagram	🚖 🗌 Witness Written Statement
🚖 🔲 Police Report Overlay		

Insert Evidence

Insert Evidence Attachment is used to strengthen and further support your arguments. When evidence is inserted into the Liability/Recovery Arguments Workflow Step, it will appear in the arguments section as a green box with a numerical value assigned. All inserted evidence requires the arbitrator to make a comment in the decision. This functionality is optional.





To insert evidence, select Insert Evidence Attachment.



Filers will choose specific evidence items from the Evidence Manager, if applicable or browse for additional evidence items. See Attach Evidence to learn how to upload and attach evidence to a case.

Add a Placeholder for Evidence

For those situations where there is known evidence to attach to a case, but it is unavailable at the time of entry, you can **Create a Placeholder**.

Attach	Evidence				×
	Drop or browse for files @), or <u>create a placeholder</u> 😧			
	Evidence Types (show descriptions)	File Name	File Size	Received Date	
	Police Report	Police Report TRS.pdf	0 B	10/18/2022	
	Statement - Driver	Recorded Statement TRS.pdf	0 B	10/18/2022	Å
				Cancel Atta	ach

A new File Name appears as Placeholder. Add an Evidence Type by tapping the red link and follow the steps provided under the Attach Evidence section.

Attach	Evidence				×
	Drop or <u>browse for files</u>	, or <u>create a placeholder</u> ②			
	Evidence Types (show descriptions)	File Name	File Size	Received Date	
	Add Evidence Types	Placeholder	0 B		创
	Police Report	Police Report TRS.pdf	0 B	10/18/2022	Å
	Statement - Driver	Recorded Statement TRS.pdf	0 B	10/18/2022	
All files m	ust have at least one evidence type.			Cancel Atta	ach

This workflow will allow you to identify the evidence types and optional descriptions and save. The placeholder can be added into the argument text section as an inserted evidence attachment.



IMPORTANT: Replace the Placeholder with the evidence item and attach it prior to submission.

TRS Workflow Steps

WORKFLOW STEPS is a navigation window that allows Recovering Parties (Filers) to easily find where they are in the filing process.



Incident Details and My Party Information



The Filing Company will enter required information in the fields provided. There is no "save" button in TRS. As you enter information into each section, it auto saves. If you need to leave the workflow for any reason, select **Exit Workflow**.



To reaccess your case and submit, enter the AF Case ID number, Claim Number, Policy Number, or Internal Reference number in the field provided.





Once found, select the blue ellipsis to the right and Enter Filing from the drop-down menu.

I220000D477-C1 Loss State: New York Loss Date: 9/3/2022	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEL KINDLY	F NYPIP FEATURE 1 Claim #: <mark>OCT182022A</mark>	JOHN DEMANDER	In Progress	•
Loss Date: 9/3/2022		View Features From All Parties ݢ		Assign Claim Rep Delete Feature	
				Enter Filing	

It's easy to know where you left off by looking at the Workflow Steps. Boxes with a check mark are fields already completed. Simply start at the workflow step with an empty box.

	WORKFLOW STEPS	
V	Incident Details and My Party Information	
V	Case Qualifiers	
	Select Coverages	
	Add Additional Parties	
	Party Information for BETA INSURANCE OF COLORADO (SARA HATTINGTON)	
	Liability Arguments	
	Coverage Information - NYPIP	
	Feature Information - FEATURE 1	Start Here
	Select Features To Submit	
	Filing Options & Billing	
	Review & Submit	

We'll start with the Incident Details and My Party Information Workflow Step.

Incident Details and My Part	y Information 🔞	
Case Type		
🛠 Coverage Group 🕑	~	
★ Right of Recovery	~	
Incident Details		
★ Loss Date	mm/dd/yyyy	
★ Loss State	~	
Loss County	Loss County	
Loss City	Loss City	

Note: Required fields are denoted with an (*). Once the field is completed, the * becomes a \checkmark .



Under Case Type, select New York PIP as the Coverage Group using the drop-down menu.

Case Type		
🗸 Coverage Group 😧	New York PIP	~
	Collision, Comprehensive/OTC PIP MedPay New York PIP	

Next, select the **Right of Recovery** using the drop-down arrow. When New York PIP is selected, the following options will appear.

★ Right of Recovery		~
	Loss Transfer Priority of Payment	

Enter **Incident Details** including the Loss Date and Loss State. The fields with an asterisk are required. Entry fields for Loss County and Loss City are optional.

New York PIP view	≭ Loss Date		oss State is automatically lled in New York PIP
	✔ Loss State	New York cases	
	Loss County	Loss County	
	Loss City	Loss City	

Party Information is auto filled based on user login credentials.

Party Information				
Company	04513 - ALPHA INSURANCE CO			
Subsidiary	0002 - ALPHA INSURANCE OF FLORIDA			



Third-Party Adminstrators (TPA)

For TPAs there is an additional step in the filing process. When filing on behalf of a member company, select the down arrow. A drop-down menu appears where you will select the Company and Subsidiary Name.

		Please Select a Company 00002 - ONE BEACON GROUP
Party Information		00074 - SAFECO INSURANCE COMPANIES 00232 - LIBERTY MUTUAL COMPANIES
Admin Company	04515 - PARADOX INSURANCE SERVICES	03592 - PERMANENT GENERAL ASSURANCE CORPORATION 04513 - ALPHA INSURANCE CO
Admin Subsidiary	0002 - PARADOX INSURANCE SERVICES OF CALIFORNIA	04514 - BETA INSURANCE CO 05110 - OTP ALPHA INSURANCE CO
🗸 Company	04513 - ALPHA INSURANCE CO	05111 - QTP BETA INSURANCE CO 05473 - QTP DI ALPHA INSURANCE
🗸 Subsidiary	0002 - ALPHA INSURANCE OF FLORIDA	

Enter the **Policy Information** starting with the Claim Number, Line of Insurance, and Insured's information. The Policy Number and Policy Issue State are **not** required.

Policy Information		Policy I	nformation	
Claim Number	8312022B		Claim Number	8312022B
Policy Number			Policy Number	
Policy Issue State		~	Policy Number	
✓ Line of Insurance	Personal/Individu O Commercial/Business		Policy Issue State	~
✓ Insured's First Name	HARRY		✓ Line of Insurance	 Personal/Individ al Commercial/Business
✓ Insured's Last Name	GREEN		✓ Insured's Company Name	ABC BUSINESS
	Individual is selected, you nsured's First/Last Name.			/Business is selected, you sured's Company Name.

Case Qualifiers (Loss Transfer Only)



In New York Loss Transfer cases, no-fault payments made to an injured party are recoverable so long as the accident or occurrence meets one of the following criteria:

- Involves a vehicle that weighs over 6,500 lbs. unloaded
- Involves a vehicle-for-hire used principally for the transportation of persons or property (including livery)

Complete the following steps in this section:

Step 1: Select Yes if one of the above qualifiers apply.



Step 2: Provide a Justification (optional) in the field provided.

Step 3: Attach Evidence (required). Evidence should support the case qualifier selected. For example, a police report is attached to support that the vehicle involved in the incident is a taxicab.

Case Qualifiers 💡								
Loss Transfer cases are filed to recover No-Fault Payments made to an injured party as a result of an accident or occurrence that meets at least one of the following criteria: Involves a vehicle that weighs over 6500 lbs. unloaded Involves a vehicle-for-hire used principally for the transportation of persons or property (Including livery) 								
Please confirm this filing sat	isfies one of the above qualifiers							
- •	Yes, this filing arises from an accident or occurrence that meets at least one of the required qualifiers O. No, this filing does not arise from an accident or occurrence that meets at least one of the required qualifiers							
Justification 🙎								
You may optionally provide a justific	ation. It is required that you attach evidence in support of your claim.							
A Justification is optional.								
Supporting evidence for Case Qua	liffers is required.							
Attached Evidence 🔞	+ Attach Evidence							
View	Evidence Types (show description) Police Report Detach							
14 14	Police Report							

If No is selected, the filing cannot proceed.

Case Qualifiers 🥑
Loss Transfer cases are filed to recover No-Fault Payments made to an injured party as a result of an accident or occurrence that meets at least one of the following criteria: • Involves a vehicle that weighs over 6500 lbs. unloaded • Involves a vehicle-for-hire used principally for the transportation of persons or property (Including livery)
Please confirm this filing satisfies one of the above qualifiers
 Yes, this filing arises from an accident or occurrence that meets at least one of the required qualifiers No, this filing does not arise from an accident or occurrence that meets at least one of the required qualifiers
If none of the above qualifying criteria apply, the filing cannot proceed under . Please review the above qualifying criteria.



Select Coverages



TRS has pre-selected the Coverage based on the selected Coverage Group from the Incident Details Workflow Step. Select New York PIP as the coverage. To add coverage, choose the **+Select** tab.

Coverages 😧	
Select Coverages o	Selected Coverages
Auto Policy	
NYPIP 😧 + Select	

Once selected, it will appear on the right side. To delete coverage, select the red trash can icon.

Coverages 😧			
Select Coverages 🛛		Selected Coverages	
Auto Policy		NYPIP	Û
NYPIP 😧	Coverage Selected		

Add Additional Parties



To add a party, simply enter the company code/name in the field titled Search Companies.

Case Parties 👔						
	Search Companies	Enter the company name of the adverse party				
Se	elect Parties 🛛	Can't find a company?	Selected Parties (0)			



The company will populate under the Select Parties section. To add the party, select the +Add tab.

Select Parties 🛛	Can't find a company?	
04514 BETA INSURANCE CO	1 of 1 subsidiaries	
04514-0002 BETA INSURANCE OF COLORADO		+ Add

It will then appear on the right side of the page. To remove the party, select the red trash can found to the right.

Select Parties 🛛	Can't find a company?	Selected Parties (1)
04514 BETA INSURANCE CO	1 of 1 subsidiaries	BETA INSURANCE OF COLORADO
04514-0002 BETA INSURANCE OF COLORADO	+ Add	

Party Information (Adverse Party)



Enter the **Policy Information** starting with the Claim Number, Line of Insurance, and Insured's information. The Policy Number and Policy Issue State are **not** required.

Policy Information		Po	licy Information	
Claim Number	8312022B		Claim Number	8312022B
Policy Number				
Policy Issue State		~	Policy Number	
✓ Line of Insurance	Personal/Individu O Commercial/Business		Policy Issue State	~
✓ Insured's First Name	HARRY		✓ Line of Insurance	 Personal/Individual Commercial/Business
✓ Insured's Last Name	GREEN		✓ Insured's Company Name	ABC BUSINESS
	Individual is selected, you nsured's First/Last Name.			/Business is selected, you sured's Company Name.



Your Liability/Recovery Arguments



Your Liability Arguments will appear in the Workflow Steps when Loss Transfer is selected as the Right of Recovery.

Recovery Arguments will appear in the Workflow Steps when **Priority of Payment** is selected as the **Right of Recovery.**

Enter either liability or recovery arguments and insert evidence, if desired.



Note: Arbitrators are required to make a comment about specific evidence items inserted in this section.



As New York PIP does not allow counterclaims, Filers do not need to admit liability for adverse parties' damages.

Liability Arguments 💡													
🗸 Argun	✓ Arguments												
Normal	\$	в	I	U	S	<u>A</u>	A	X		≣	G	Insert Evidence	
Admitte	d lia ^l	bilit	Y										
			-	A (JOI	EL KIND	LY) do	oes n	ot nee	d to a	dmit lia	ability	/ for any adverse parties' damages.	

When **Priority of Payment** is selected as the **Right of Recovery**, the admitted liability section will not be present. Arguments raised under this Right of Recovery relate only to coverage disputes and not liability.

Recovery Arguments 🥑	Show Adverse Party's Arguments	
★ Arguments		
Normal 🔹 B I U & A 🕷 🏋 🗄 🖉 Insert Evidence		
		The Admitted Liability question is not present under Recovery
Attached Evidence 😧	+ Attach Evidence	
Evidence items have not been attached.		

Next, attach evidence relevant to your liability or recovery arguments by selecting +Attach Evidence. See Attach Evidence or Add a Placeholder for more information on this topic.



Attached Evidence 😮	+ Attach Evidence
Evidence items have not been attached.	

Once evidence is attached, it will appear in the **Attached Evidence** section. Filers can view evidence attached to the case by selecting the PDF icon. Evidence can also be deleted, once attached. To delete evidence, select the red paperclip.

Attac	ched Evidence				+ Attach Evidence
Vie	ew	ID	Evidence Types (show description)	Pages	Detach
Z			Police Report		8
Ø			Statement - Driver		8

Coverage Information – NY PIP (Loss Transfer only)



For New York PIP filings, the Optional Basic Economic Loss (OBEL) question appears.

OBEL coverage provides a person with an additional \$25,000 of coverage beyond the no-fault PIP \$50,000 limit.

• Select <u>Yes</u> if OBEL applies to your policy. Attach evidence in support of this assertion.





• Select No if OBEL does not apply to your policy.



Feature Information - Feature 1



Enter the injured party's first/last name and party status.

- Driver
- Occupant
- Pedestrian

Feature - JOE BLAZZIO 🔞	
✓ Injured Party First Name	JOE
✓ Injured Party Last Name	BLAZZIO
Injured Party Suffix	
\star Injured Party Status	· · · · · · · · · · · · · · · · · · ·
	Driver
	Occupant Pedestrian

The vehicle information section is optional not required.

Vehicle Year 🕑		
Vehicle Make/Model	Make	Model
Vehicle Color	Color	



Remittance address is saved based on the Filer's login information.

Remittance Address			✓ Verify Address
Attention	Attn Line		
✔ Address 1	3820 Northdale Blvd		
Address 2	200A		
✔ City, State	Tampa	Florida	/
✓ Zip, Country	33624	United States	/

Enter Company-Paid Damages.

For New York PIP, the following Company-Paid Damages fields will be present:

Company-Paid Damages		
Medical Expenses		Itemize damages based on the categories listed. For example, lost wages should be entered in the Loss Wages field .
Lost Wages		
Replacement Benefits and Services 🚱		Important: The arbitrator may not consider damages added to unrelated categories.
Death Benefit		damages added to un erated categories.
Allocated Expenses 🚱		
Workers Comp Legal Fees		
Calculated Company-Paid Damages	\$0.00	In situations where you know the adverse party will raise a damage dispute in its response, you can enter a rebuttal under the
Damages Justification/Dispute Rebuttal O		Damages Justification/Dispute Rebuttal field. This eliminates the need to revisit the case. See Revisits for more information on this topic.
	Characters remaining: 12000	

Total Prior Payment Received

This section allows Filers to acknowledge prior payments received from adverse parties.

When a Responding Party issues a payment for your insured's damages, you will enter the amount by selecting Add Prior Payment Received.



Next, enter the payment amount along with a description.



BETA INSURANCE OF COLORADO (FIRST PARTY)
✔ Payment Amount	\$ 2,500.00 🔟 Delete Payment
Payment Description	Responding party paid \$2500.00 for my insured's vehicle damages. This payment represents 50% of the total damages.

Note: Even when a partial payment is made by the adverse party, enter the total damages sought in the Company-Paid Damages section. TRS functionality will automatically deduct amounts at the award level.

Attach Evidence supporting company-paid damages. See Attach Evidence for more information on attaching evidence.

Attached Evide	nce 😮	+ Attach Evidence
View	Evidence Types (show description)	Detach
ß	Medical Bills	8
A	Medical Bills	8

Select Features to Submit



TRS automatically selects the **Features** to include in this submission. Check the appropriate boxes if you want to **Revisit** responses that raise:

- Jurisdictional Exclusions
- Damage Disputes





Filing Options and Billing



In New York PIP, a Panel of Three can be requested without a qualifying dollar amount. Select the box to make the request next to the appropriate feature. If you select a Panel of Three, this will result in a scheduled hearing where three panelists will hear the filing collaboratively.

Panel of Three 🛿
I would like to request a Panel of Three hearing for the following qualified features

Filers can request to personally appear virtually at the hearing by selecting Yes or No.

Persona	l Rep	
	Personal Rep at Hearing?	🔿 Yes 💿 No
Billing		
✓ B	illing Code to be Invoiced	004513 - ALPHA INSURANCE CO



Review and Submit



Each section is expanded or collapsed using the down arrow to the right of the page.

Incident Deta	ils	~
oss Date: 9/3/2022 .oss State: New York legligence Laws: Pure loverage Group: New ' tecovery Type: Loss Tr	r Comparative York PIP	
Case Qualifier		~
	FLORIDA (JOEL KINDL'I) has asserted that this filing qualifies for New York PIP Loss Transfer.	~
LPHA INSURANCE OF	FLORIDA (JOEL KINDL'I) has asserted that this filing qualifies for New York PIP Loss Transfer.	~
ALPHA INSURANCE OF	FLORIDA (JOEL KINDLY) has asserted that this filing qualifies for New York PIP Loss Transfer.	~
Attached Evidence	FLORIDA (JOEL KINDL'I) has asserted that this filing qualifies for New York PIP Loss Transfer. Police Report Fullor Report Folice Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report Fullor Report	~

Proofread for spelling or grammatical errors. To correct an error, navigate to the specific section from the Workflow Steps.

WORKFLOW STEPS	+		Update the appropriate section from within the Workflow Step.
Incident Details and My Party Information	Feature - JOEL KINDLY 🔞		Enometer
☑ Case Qualifiers			Example:
Select Coverages	🗸 Injured Party First Name	IOEL	Error: Occupant was selected.
 Add Additional Parties 		JOLL	Correction: Changed to Driver.
Party Information for BETA INSURANCE OF COLORAD (SARA HATTINGTON)	✓ Injured Party Last Name Injured Party Suffix	KINDLY	
Liability Arguments	✓ Injured Party Status	Driver	
Coverage Information - NYPIP			
Feature Information - JOEL KINDLY			
Select Features To Submit			
Filing Options & Billing			
Review & Submit			

Note: All corrections must be made prior to submitting the case. There are **no amendments** in TRS.

Select **Submit**. Your filing is now complete. Once submitted, no amendments can be made. You can only revisit the case for specific reasons. (See **Revisits**.)



~
✓ Submit

Deferments

Parties can postpone (one year) a hearing by adding a Deferment.

The documents linked below provide step-by-step instructions on how to complete this process.

How to Request a Deferment

How to Challenge a Deferment

How to Withdraw a Deferment

There are two ways to add a Deferment to a case:

• From the Case Actions Tab and Add Deferment or,



• From the blue ellipsis drop-down menu, select Defer Case.

Add/Edit a Supplement Assign Case Case Overview Create Case Support Inquiry
Create Case Support Inquiry Defer Case
Occurrence Overview Print Case



Select a **Deferment Reason** and provide a **Justification**. Attach Evidence to support the reason for the selected deferment.

Defer Case		×	Pending Coverage Investigation
during the filing and/or respon	uesting a deferment, you will not be required to complete a nding process. Once the deferment ends, please review the e status reflects "pending" or "in progress", your submissio tention.	e current	Pending Litigation Policy Limits Issue Toll statute for reason not listed
* Deferment Reason	Please select a reason	•	
Deferment Justification		6	
	Eferment request must be added at this time. You will not b the deferment once this request is submitted.	be able to	
Evidence items have not been			
		Submit	

To confirm the deferment is added, an email notification is sent.

Send Date: 08/29/2022 04:01:04 PM Subject: Your File Number: 8262022A; Case Deferred; Your Insured: KIM KINDLY; AF Case Number: A22000085C3-C1
This serves as notice that your case has been deferred. If you submitted any features or responses with or during the deferment, you will be required to resubmit them once the deferment has ended.
Case Information: AF case Number: A22000085C3-C1 Recovery Type: Negligence Your File Number: 826202A Your Folicy Number: Your Insured: KIM KINDLY Date of Loss: 08/01/2022 Loss State: AZ
Deferment Information: Party Requesting the Deferment: 04513-ALPHA INSURANCE OF FLORIDA (KIM KINDLY) Deferment Reason: Pending Coverage Investigation Deferment Expiration Date: 08/29/2023
You can view additional case details using the following link: https://trsuat08.arbfile.org/trs/web/overview/46251
AF is dedicated to ensuring that our people, products, processes, and services provide best-in-class member service. Please visit <u>www.arbfile.org</u> or contact us at 1-866-977-3434 with specific inquiries.
DO NOT reply or forward this e-mail as responses are not monitored.

A deferment verification is also confirmed by the case status.

A220000B5C3-C1 Loss State: Arizona	04513 ALPHA INSURANCE OF FLORIDA Insured: KIM KINDLY	F	Collision 2018 FORD Claim #: <mark>82620224</mark>	CINE	יכ	Deferred - Submitted	:
Loss Date: 8/1/2022							

To withdraw a Deferment before the one year expiration, select Withdraw Deferment from the blue ellipsis.



A220000B5F5-C1 Loss State: Arizona	04513 ALPHA INSURANCE C Insured: CHUCK JONES	PF FLORIDA	Collision 2020 FORD Claim #: <mark>8292022A</mark>
Loss Date: 8/4/2022	Add/Edit a Feature Assign Case	¥ Vie	w Features From All Parties 🛠
	Case Overview		
	Create Case Support Inquiry		
	Occurrence Overview		
	Print Case		
	Withdraw Deferment		

Deferments can also be withdrawn from within the case by selecting **Withdraw Deferment** from the blue banner.

Case Deferred: The case has been deferred by ALPHA INSURANCE OF FLORIDA due to Pending Litigation until 8/30/2023. Once the deferment ends, please review the current status on this case. If your case status reflects "Pending" or "In Progress", your submission is not complete and requires your attention.	<u>Withdraw Deferment</u>
Case Summary: A220000B5F5-C1 Coverage Group: Collision, Comprehensive/OTC	~

Revisits

The video link below provides step-by-step instructions on how to complete this process.

Revisits

Filers have limited circumstances in which to "revisit" a filing (i.e., where adverse parties have raised a damage dispute or jurisdictional exclusion).

In New York PIP cases, a Revisit is automatic when the responding party disputes OBEL or a Case Qualifier.

Case ID	Company	Feature	Claim Rep	Due Date	Status	
☆ I220000D369-C1 Loss State: New York	04513 ALPHA INSURANCE OF FLORIDA	RV Rebut qualifier dispute		10/7/2022	Revisit	:
Loss Date: 9/3/2022		F NYPIP JJ RIDER Claim #: <mark>9302022A</mark>	JOHN DEMANDER		Submitted	:
		Solve View Features From All Parties Solve $\boldsymbol{\diamondsuit}$				

Filers have seven calendar days to revisit and complete the task.



To view files with a revisit, go to the TRS Worklist.



Under My Cases, filter your search by selecting Needs Attention.

∷ Filters	
Filter Presets	+ Add
Selected Filters	Tlear
NeedsAttn X	
Assignment	^
Assigned to Me	
Watches	^
O My Watched Cases	
Case Status	^
Needs Attention	
Recovering	
Responding	
🗆 Open	
Closed	

If a case has a revisit, it will appear on the right side.





Select the blue ellipsis to the right, and then select Revisit.

Revisit :	
Add Supplement	
Assign Claim Rep	
Revisit	
Withdraw Feature	

Supplements

The video link below provides step-by-step instructions on how to complete this process.

How to File a Supplement

Additional payments, known as supplements, can be filed after a case is submitted.

Note: Evidence to support or dispute supplement damages are viewable by the parties.

There are two ways to add supplements depending on the case status **Submitted** or **Decision Published**.

Case Status: Submitted (Decision not Published)

Supplements can be added after the case is submitted (3 year Statute of Limitations). The filing company will select the blue ellipsis to start the process.

Due Date	Status	
	Submitted	:



From the drop-down meun, select Add Supplement.



The following message appears. To save time, Filers can add supplements but cannot submit them until the liability decision is published. This avoids unecessary review of cases involving supplements where liability has not been proven, improving arbitrator cycle time.

Select Proceed and continue to add supplements.

Warning	×
Supplements cannot be submitted until the liability decision	has been published
	Cancel Proceed

Complete each workflow step to add a supplement to a case.

The first Workflow Step, **Select Features**, is automatically pre-filled. This is verified by the word **Added** displayed next to the **Available Feature**. A yellow banner appears at the top of each Workflow Step as a reminder that Supplements cannot be submitted until the liability decision has been published.

	WORKFLOW STEPS
	Select Features
	▲ Supplements cannot be submitted until the liability decision has been published Case Actions - I I Evidence Manager
Add All	Selected Features (1) Remove All
ADDED	JOEL KINDLY Remove 🔒



Go to the next step: Coverage Information.

Change previously submitted answers by selecting the applicable radio button. If there are no changes, go to the next step: **Supplement Information**.

		WORKFLOW STEPS
Supplement	Coverage - NYPIP 💡	Coverage Information - NYPIP
	Policy Limits apply to all Pedestrians. OBEL limits apply only to Drive our Policy, it is recommended that you attach evidence in support of	
✔ Does Optional Basi	ic Economic Loss (OBEL) apply to 💿 Yes 🔷 No this Policy?	
Attached Evidence	e 😮	+ Attach Evidence
View	Evidence Types (show description)	Detach
	Policy Declarations	8

From the **Supplement Information** workflow step, scroll down to the **Company-Paid Damages** section; enter the supplement payment in the appropriate category.

Next, enter supplement(s) amounts in the appropriate fields below.

		WORKFLOW STEPS	
Company-Paid Damages		Supplement Information - JOEL KINDLY	
Medical Expenses	\$ 1,500.00		
Lost Wages			
Replacement Benefits and Services $oldsymbol{arGamma}$			
Death Benefit			
Allocated Expenses 🚱			
Workers Comp Legal Fees			
Calculated Company-Paid Damages	\$1,500.00		



Attach Evidence to support supplement amounts. (See Attach Evidence for more information on this topic.)

Attached Evide	ence 🕜	+ Attach Evidence
View	Evidence Types (show description)	Detach
ß	Medical Bills	8

The next workflow step, **Select Supplements to Submit**, indicates the damage decision must be published before you can submit the supplement. Exit the workflow and wait for the decision to publish.

Select Supplements to Submit Filing Parties: (2) * ALPHA INSURANCE OF FLORIDA (IOEL KINDLY) BETA INSURANCE OF COLORADO (SARA HATTINGTON) AF Case ID: (220000477-C1 Negligence Lwss: Pure Comparative Supplement Selection ③ Supplement Selection ④ Image: Existence Manager Select the damage sets to include in this submission. Image: Sought: \$1,500.00 NYPIP Include in Filing JOEL KINDLY Total Damages Sought: \$1,500.00 The following issues must be corrected in order to submit this supplement: Image: Sought: \$1,500.00			WORKFLOW STEPS
Case Actions Evidence Manager Supplement Selection Select the damage sets to include in this submission. NYPIP Include in Filing Include in Filing JOEL KINDLY The following issues must be corrected in order to submit this submission The following issues must be corrected in order to submit this submission	Filing Parties: (2) * ALPHA INSURANCE OF FLORIDA (JOEL KINDLY)		
Select the damage sets to include in this submission. NYPIP Total Damages Sought \$1,500.00 The following issues must be corrected in order to submit this supplement: \$1,500.00 \$1,500.00	BETA INSURANCE OF COLORADO (SARA HATTINGTON)	▲ Supplements cannot be submitted until the	
NYPIP Indude in Filing JOEL KINDLY Total Damages Sought: \$1,500.00 The following issues must be corrected in order to submit this supplement:	Supplement Selection 📀		
Include in Filing JOEL KINDLY Total Damages Sought: \$1,500.00 The following: issues must be corrected in order to submit this supplement: \$1,500.00	Select the damage sets to include in this submission.		
The following issues must be corrected in order to submit this supplement:	NYPIP		
	The following issues must be corrected in order to submit this supplement:	Total Damages Sought:	\$1,500.00

The supplement filing will appear in your Worklist with a case status of "In-Progress" until the decision is published and you submit the supplement filing.

☆ I220000D477-C1 Loss State: New York Loss Date: 9/3/2022	:	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEL KINDLY	F	NYPIP JOEL KINDLY Claim #: <mark>OCT182022A</mark>	Decision Published	:
			F	NYPIP JOEL KINDLY S Claim #: <mark>OCT182022A</mark>	In Progress	:
			😽 Viev	w Features From All Parties 🛠		



Case Status: Decision Published

In cases where the decision has already been published and is favorable to you, a supplement can be added by selecting the blue ellipsis and **Edit Supplement** from the drop-down menu.

 I220000D477-C1 Loss State: New York Loss Date: 9/3/2022 	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEL KINDLY	NYPIP JOEL KINDLY Claim #: OCT182022A	Decision Published
		F NYPIP JOEL KINDLY S Claim #: OCT182022A	In Progress
	Solve View Features From All Parties Solve Solve Teacher Solve So		Assign Claim Rep Delete Supplement
	Edit Supplement		

The case status will display as "In-Progress."

☆ I220000D477-C1 Loss State: New York Loss Date: 9/3/2022	:	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEL KINDLY	F	NYPIP JOEL KINDLY Claim #: <mark>OCT182022A</mark>	Decision Published	:	
			F	NYPIP JOEL KINDLY 5 Claim #: <mark>OCT182022A</mark>	In Progress	:	
			∛ Viev	v Features From All Parties 🕇			

Select the blue ellipsis and Edit Supplement from the drop-down menu.

 I220000D477-C1 Loss State: New York Loss Date: 9/3/2022 	04513 ALPHA INSURANCE OF FLORIDA Insured: JOEL KINDLY	F NYPIP JOEL KINDLY Claim #: <mark>OCT182022A</mark>	Decision Published
		F NYPIP JOEL KINDLY S Claim #: OCT182022A	In Progress
		♥ View Features From All Parties ♥	Assign Claim Rep Delete Supplement
			Edit Supplement

Review the information saved on each workflow step. Filers can make changes, add, edit, or delete supplement amounts. The last step is to submit your supplement filing.

	WORKFLOW STEPS
V	Select Features
V	Coverage Information - NYPIP
V	Supplement Information - JOEL KINDLY
V	Select Supplements to Submit
☑	Filing Options & Billing
	Review & Submit

Once the supplement is submitted, it will appear in your Worklist with an "S" badge and a Case Status of "Submitted."



A220000B799-C1	04513 ALPHA INSURANCE OF FLORIDA Insured: TISH BLACKWELL	F Collision 2021 FORD Claim #: 9202022A	Decision Published
Loss Date: 9/1/2022		Collision 2021 FORD	Submitted
		$igstar{igstar{a}}$ View Features From All Parties $igstar{igstar{a}}$	

For assistance, please contact Member Services at 866-977-3434.