

<https://autoweb.ncaia.com/login>

← → ↻ 🏠 <https://autoweb.ncaia.com/login> 🔍 ⭐ 👤 ⋮

📱 Apps 🏠 Home Page - NCAI... 🏠 FCB 🔄 GAM ACCT 🗨️ GEOBLUE Broker Po... 🏠 WF Bank 🏠 GAM Bonds 🏠 GEOBLUE STUDENT 🗨️ TAM CHAT 🏠 Travelers ECarma 🏠 Google

NORTH CAROLINA ASSOCIATION OF INSURANCE AGENTS | Trusted Choice

Enter your credentials in the fields below

User ID

Password

In consideration of access to NCAIA, I hereby acknowledge and agree with [Terms&Conditions](#).

LOG IN

If you do not know your login and password - contact us at AgentHQ@iianc.com
Please allow up to 24 hours to process claims.

[Recover/Set Password](#)

[Click here if you have not setup an account in the new system yet](#)

[Manual to Set Up Login](#)
[Manual to Add a Claim](#)
[Manual to Add a Vehicle](#)
[Manual to Delete a Vehicle](#)
[Additional Audit Instructions](#)

[Help Documents](#)

NORTH CAROLINA
DEPARTMENT OF INSURANCE
OSFM

Claims Disclaimer must be agreed to

NORTH CAROLINA ASSOCIATION OF INSURANCE AGENTS | Trusted Choice

LOG OUT | SETTINGS

Claim Disclaimer

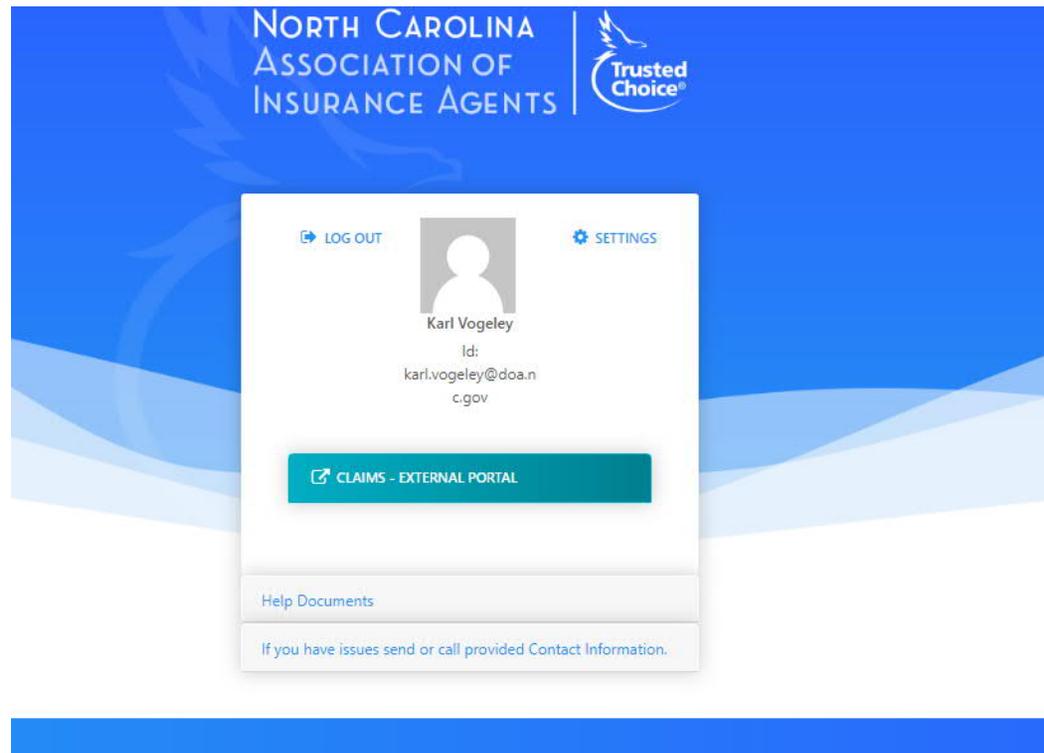
In consideration of your access to the State of North Carolina Auto Claim Web, you hereby acknowledge and agree to the following:

- You are authorized person for the State of North Carolina for which information is maintained on the claim system.
- You will maintain the confidentiality of the any and all information contained within the system.
- You will use the information only for the intended purpose using of account claims management.
- You will not further disclose the information to any unauthorized person or entity, unless required by law.
- You will comply with any applicable laws or regulations regarding the access to or disclosure of the information contained in this claims system.

AGREE | LOGOUT

2009-2016 North Carolina Association of Insurance Agents, Inc. Privacy - This information is only intended for use by North Carolina State Agencies.

LANDING PAGE



Entering a Claim

Below are tips to make the system easier to use

- When entering a claim, any text box with a red asterisk " *" is a required field
- When putting in accident description, be brief. You can provide more details when you speak to a claims adjustor. (IE: backed into telephone pole; ran a stop sign and hit another vehicle)
- Even if the text box gives plenty of lines for typing, the carrier system limits the amount of characters in these fields. For simplifying descriptions:
 - use the letters "IV" instead of insured's vehicle (which is your vehicle)
 - use the letters "CV" instead of claimants vehicle (which is the other parties vehicle)
- You must know whether the state vehicle you are filing a claim for is owned by your state entity or is owned by the Motor Fleet Management Division. These are different, so check to make sure which type it is.
- DO NOT click the save button on the bottom of the screen unless you need to exit the claim to get more information.
- To get from one screen to another, please click along the top tabs
- When entering a phone number DO NOT enter the dashes. Put the numbers directly together – 8005551212
- When entering a time, use military time. IE 3pm is 15:00 or 10 pm is 22:00

Motor Fleet Management Vehicles

- All Accidents involving Agency owned must be reported directly to Travelers Insurance Company. The preferred reporting method is using the online portal
- Any liability accidents involving Motor Fleet Management (MFM) vehicles must be reported to Travelers using the online portal.
- For Physical Damage claims involving a MFM vehicle, you are required to follow the procedures provided by the MFM department. These should be located in the MFM vehicle or you should contact MFM directly.
- Information which should be obtained from the other driver involved in the accident is name, address, telephone number, license plate number, insurance company and policy number.

Adding a New Claim

To start a new claim click "New Claim"

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CLAIMS - EXTERNAL PORTAL

Barbra Abrahams
Id: Barbra

- Claims
- Saved Claims
- Processed Claims
- Reports
- Maintain Logons
- Logout

SEARCH OPTIONS

SAVED CLAIMS FOR CUSTOMER: 001 : ADMINISTRATION / FEDERAL SURPLUS PROPERTY

PRINT

+ NEW CLAIM

Id	Claim #	Accident Date	Vin #	Claim Type	Plate #	Status	Claimant Name	Driver Name	Claim Amount

Results: 1 - 0 / 10

Limit: 10

This should be your user info and your department

Internal Department & Location Code

At this screen you will click the drop down box and select your Internal Department /Location Code. (Be sure to select either entity owned or Motor Fleet Management Owned. If you don't know, ask who owns this vehicle?)

What type of vehicle is involved in the claim.

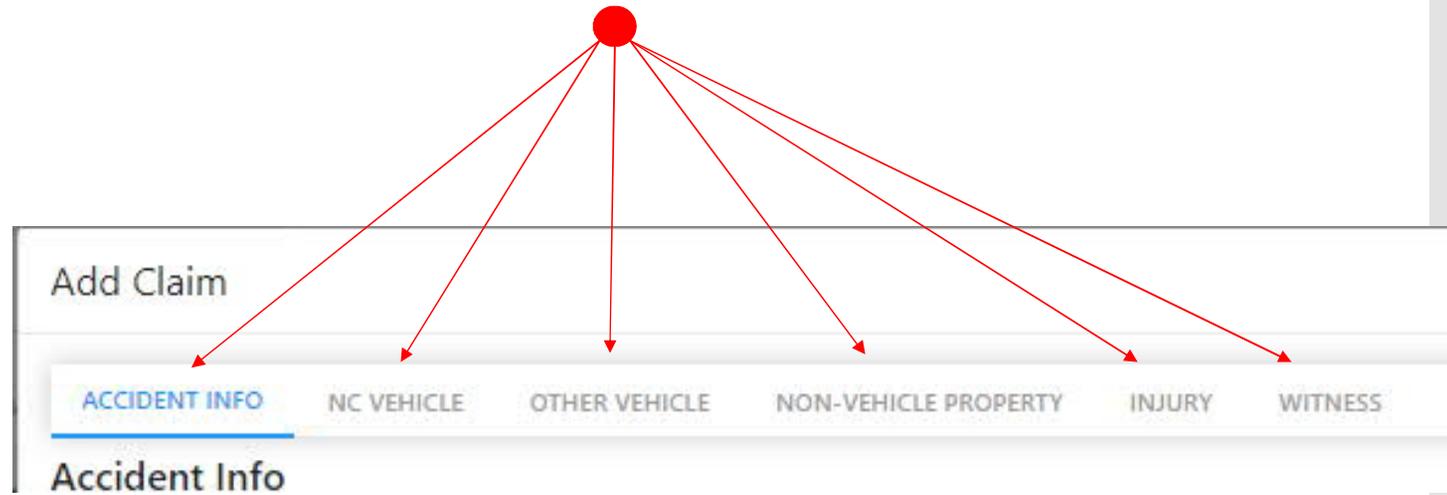
The screenshot shows a web form titled '+ New Claim' with a close button (X) in the top right corner. The form contains two main sections. The first section is labeled 'Select Internal Department/Location Code' and features a dropdown menu. The second section is labeled 'What type of Vehicle does this Claim Involve?' and contains three radio button options: 'State Owned' (which is selected), 'Hired (Leased)', and 'Personal (On State Business)'. At the bottom of the form is a blue button labeled 'CREATE CLAIM'. Three red arrows are overlaid on the image: one points from the text above to the dropdown menu, another points from the text above to the radio button options, and a third points from the text below to the 'CREATE CLAIM' button.

Once you have selected your Internal Department/Location code and vehicle type click "Create Claim" to begin entering information for the claim.

Section Update Notification

These are the tabs you will click to go from one screen to the next.

Only the Accident Info and NC Vehicle Info need to be completed to send the claim to Travelers



Do not enter dashes in the phone number

Use Military Time

Date format is mm/dd/yyyy

The information tabs will automatically open to the "Accident Info" tab.

You will need to put your information in this section.

All sections with a "*" beside them must be completed but please complete as many of the sections as possible.

When entering the accident description, you need to be very brief.

Use "IV" for your entities vehicle (insured vehicle)

Use "CV" for the other parties vehicle (claimant vehicle)

IE: IV hit CV causing damage to right front fender

IE: IV ran into claimants mailbox, breaking it off post.

Add Claim

ACCIDENT INFO NC VEHICLE OTHER VEHICLE NON-VEHICLE PROPERTY INJURY WITNESS

Accident Info

Email claim # to
Email Claim

Phone Number for Insured Contact*
Reported By Phone

Reported by First Name*
Reported by First Name

Reported by Last Name*
Reported by Last Name

Accident Location/Description*
Location

Accident City*
Accident City

Accident Zip*
Accident Zip

Accident State*
North Carolina

Accident County*
Accident County

Claim Date*
month/day/year hour:minute

Accident Description*
Accident Description
IV ran a red light and rearended CV

Auto Garage (housed) State*
North Carolina

Authorities Notified
Authorities Notified

Close Save Send to Travelers

The next tab will be the "NC Vehicle" tab where you will enter the information about **YOUR** state vehicle that was involved with the claim. This is not where you enter the claimants vehicle information

NC Vehicle Information

Add Claim

ACCIDENT INFO **NC VEHICLE** OTHER VEHICLE NON-VEHICLE PROPERTY INJURY WITNESS

NC Vehicle

NC Driver Name*
Driver Name

Lookup Vehicle Vin
Enter partial Vehicle Vin to lookup

NC Driver License
DO NOT ENTER DL#

Vehicle Vin*

NC Driver Street Address
Driver Address

Vehicle Model
Vehicle Model

NC Driver City
Driver City

Vehicle Year
Vehicle Purchase Year

NC Driver State

Vehicle Number
Vehicle Number

NC Driver Zip
Driver Zip

Vehicle Make
Vehicle Make

Vehicle Color
Vehicle Color

Vehicle Damage
Vehicle Damage

← →

We do not need driver home information

Close Save Send to Travelers

Additional Information

- After the “NC Vehicle Information” tab has been completed and saved, there is enough information to send the claim to Travelers.

*** Even though this is enough information please fill out as many tabs as possible ***

Please fill out there other tabs which pertain to your claim:

- Other Vehicle (This is only if you had another vehicle involved)
- Property (This is for property such as a mailbox, telephone pole, etc. Not for vehicles)
- Injuries (This is for injuries to other than state employees)
- Witnesses (This is for anyone that witnessed the incident, if you have their information)

Other Vehicle

You complete either the name of the Business that the vehicle is owned by
OR

The first and last name of the vehicle owner.
DO NOT ENTER BOTH

If the vehicle owner and vehicle driver are the same, you do not need to re-enter this information on both sides of the screen

Damage Description should be brief,

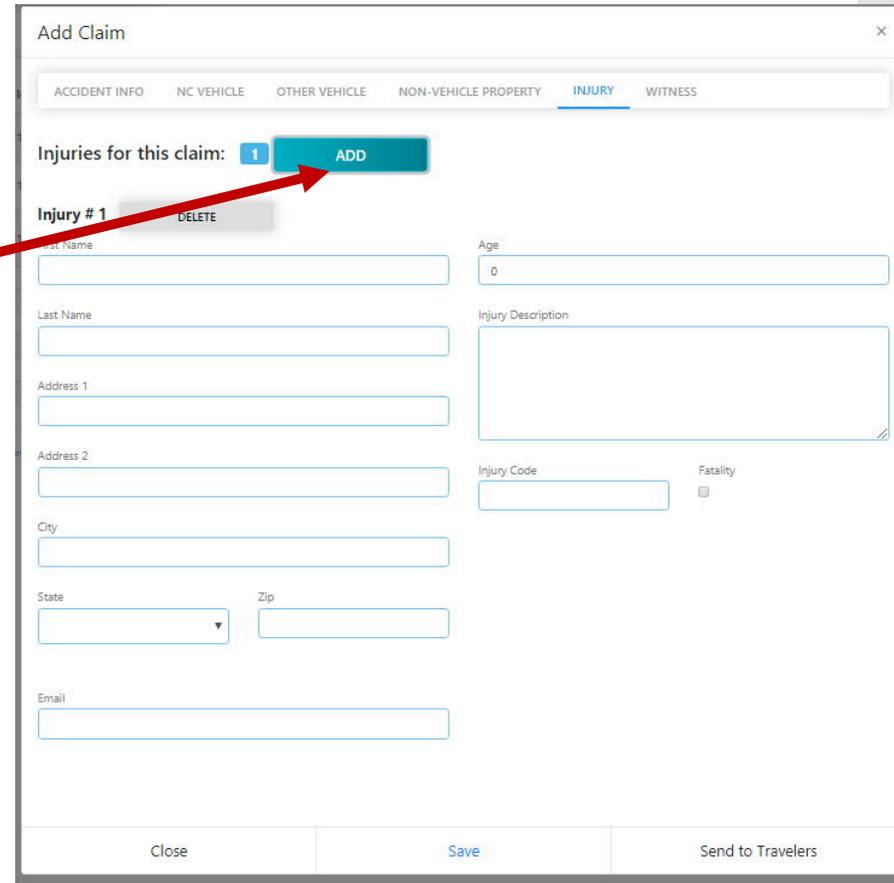
IE – Front driver side fender; Windshield Cracked; Rear lights and trunk smashed

The screenshot shows a web form titled "Add Claim" with a tabbed interface. The "OTHER VEHICLE" tab is selected. The form is divided into two columns of input fields. The left column includes: "Owner Business Name*", "Owner First Name*", "Owner Last Name*", "Owner Street Address", "Owner City", "Owner State" (dropdown), "Owner Zip Code", "Owner Business Phone Number", "Insurance Company Name", "Insurance Company Policy Number", and "Vehicle Garage State*" (dropdown). The right column includes: "Other Vehicle Plate Number", "Driver Name", "Driver Address", "Driver City", "Driver State" (dropdown), "Driver Zip", "Driver Phone", "Driver Alternative Phone", "Driver License", and "Damage Description*" (text area). A yellow highlight is placed over the "Driver License" field with the text "DO NOT ENTER DL#". At the bottom of the form are three buttons: "Close", "Save", and "Send to Travelers".

Injury

Complete only if there is an injury.

Please note – If you have more than 1 injured claimant, click the add button and it will populate another injury notice.



The screenshot shows a web application window titled "Add Claim" with a close button (X) in the top right corner. Below the title bar is a navigation menu with tabs: ACCIDENT INFO, NC VEHICLE, OTHER VEHICLE, NON-VEHICLE PROPERTY, INJURY (which is selected and underlined), and WITNESS. Below the tabs, there is a section labeled "Injuries for this claim:" followed by a small blue box containing the number "1" and a teal "ADD" button. A red arrow points from the text "click the add button" in the adjacent text to this "ADD" button. Below this section is a form for "Injury # 1" with a "DELETE" button to its right. The form fields include: First Name, Last Name, Address 1, Address 2, City, State (a dropdown menu), Zip, Age, Injury Description (a large text area), Injury Code, and a "Fatality" checkbox. At the bottom of the form are three buttons: "Close", "Save", and "Send to Travelers".

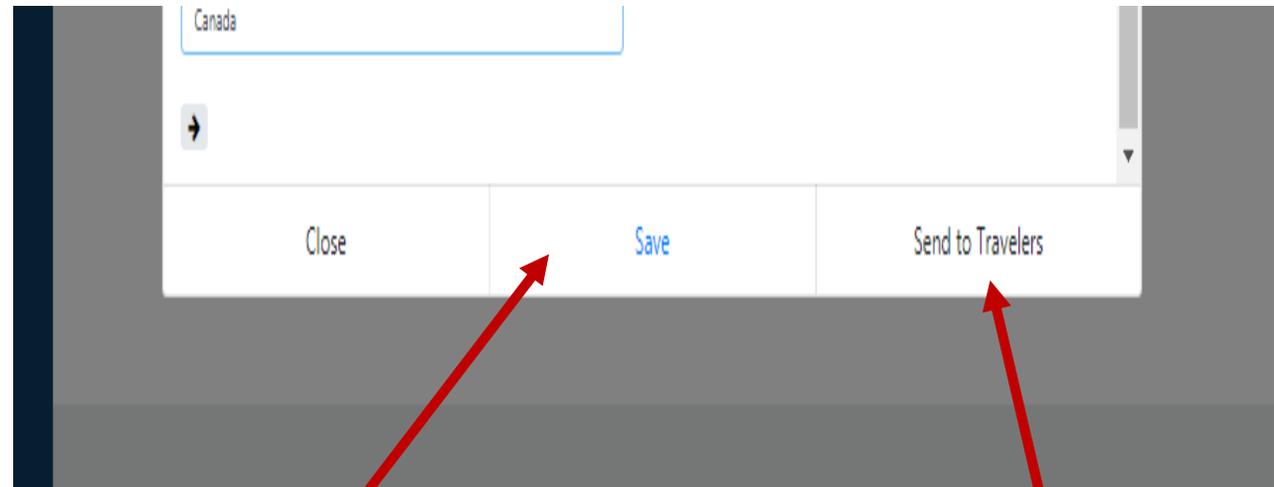
Witness

This screen is not a requirement.

Complete this only if you have information for a witness. If not, don't complete this section at all.

The screenshot shows a web application window titled "Add Claim" with a close button in the top right corner. Below the title bar is a navigation menu with tabs: ACCIDENT INFO, NC VEHICLE, OTHER VEHICLE, NON-VEHICLE PROPERTY, INJURY, and WITNESS (which is currently selected and highlighted in blue). The main content area is titled "Witnesses for this claim:" and shows a count of "1" next to a blue "ADD" button. Below this, there is a "Witness # 1" entry with a grey "DELETE" button. The form contains several input fields: First Name, Last Name, Phone, Alternative Phone, and Email on the left side; Address 1, Address 2, City, State (a dropdown menu), and Zip on the right side. At the bottom of the form, there are three buttons: "Close", "Save", and "Send to Travelers".

Saving the Claim or Send to Travelers



Click the Save Button if you need to get out of the claim

If ready to submit, click send to Travelers

To view Saved Claims or Processed Claims click the sections on the left hand side of the screen

Barbra Abrahams
Id: Barbra

- Claims ▾
 - Saved Claims
 - Processed Claims
- Reports ▾
- Maintain Logons
- Back to Homepage

Id	Claim #	Location Code	Accident Date	Vin #	Plate #	Driver Name	Reported By
21170		410010001000002	Dec 13, 2018			Dillon Curtis	Hill
21031							McCaw

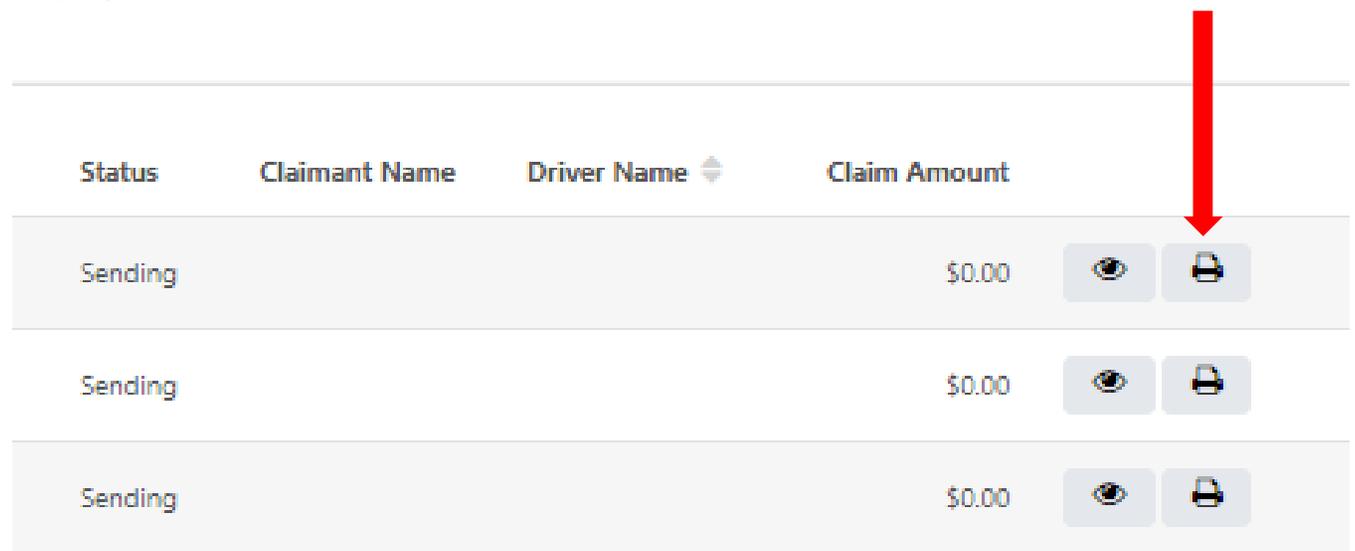
Results: 1 - 2 / 2

Limit: 10

Print Processed Claim

After clicking on the "Processed Claims" tab you will be redirected to a page where you can see all the information and detail of claims you have submitted.

To print a processed claim click on the print icon on the far right side of the page.



The screenshot shows a table with three rows of claim data. Each row has a 'Status' column with the value 'Sending' and a 'Claim Amount' column with the value '\$0.00'. To the right of the 'Claim Amount' are two icons: an eye icon and a printer icon. A red arrow points to the printer icon in the first row.

Status	Claimant Name	Driver Name	Claim Amount		
Sending			\$0.00		
Sending			\$0.00		
Sending			\$0.00		

Logging Out

After you are done using the system you can log out by navigating to the side bar on the left side of the page and clicking on the "Logout" button.





MIKE CAUSEY, INSURANCE COMMISSIONER & STATE FIRE MARSHAL
BRIAN TAYLOR, CHIEF STATE FIRE MARSHAL

MEMORANDUM

TO: All State Agencies

**FROM: Margie Boyd
NCDI Risk Manager**

DATE: May 8, 2019

RE: Traveler's Claims – New Procedure for Providing Authorization for Claim Payments

You may have received phone calls and/or emails from Travelers claims adjustors, asking for claim payment authorization, on behalf of your State Entity or University. Due to State Statute, Travelers is now required to get authorization from our State agencies prior to settling claims.

We know this may cause a heavy workload on many State agencies since some of you may experience many claims a year. In order to satisfy the Statute, and not over burden your agency, the NC Department of Insurance is willing to provide this service on behalf of your State agency OR you must identify an agency representative for your State agency to serve in this capacity.

We need each State agency to complete the attached form. I have listed the requirements of the authorized agency representative for the departments who prefer to take on this duty. Please read the following information carefully!

Requirements of Authorized Agency Representative will include, but not be limited to, responding within 1 business day, approval for auto liability settlements, including claimant expenses, such as:

- Storage Fees
- Rental Vehicles
- Loss of Business Use
- Physical Damage Repairs

Please complete the attached form by choosing and signing one of the two options. Then return the completed form to: Barbra Abrahams at babrahams@ijanc.com, no later than Monday, June 3, 2019.

Thank you so much for your attention in this matter.

Please complete this form by choosing and signing one of the two options. Then return the completed form to: Barbra Abrahams at babraahams@iianc.com, no later than Monday, June 3, 2019.

NAME OF STATE DEPARTMENT: _____

Option 1

I give NC Department of Insurance (NCDI) the authority to approve automobile related insurance claims, on behalf of my state agency, in order to assist to mitigate storage, loss of business use, rental, etc.

Signature

Title

Date

Print

OR

Option 2

I do not give NCDI the authority to approve automobile related claims on behalf of my state agency. By not providing authority to NCDI, I understand that, in order to reduce potential exposures such as storage, loss of business use, rental, etc., I will provide a response for a strict turn-around timeline for approval for payment authority. If I receive an "authority to pay" email request from a Travelers claim representative, the timeline to respond is within 1 business day. If I do not provide a response within 1 business day, ***I THEN GIVE THE NCDI AUTHORITY TO ACT AS PROXY AND PROVIDE THE AUTHORITY ON BEHALF OF MY STATE AGENCY.***

State Agency Contact Information:

Primary Contact Name _____

Primary Contact Email _____

Primary Contact Phone Number(s) _____

I will be responsible for contacting NCDI and Travelers of any changes to my State agency contact information.

Signature

Title

Date

Print

Margie Kelder Boyd
Risk Manager



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Office of State Fire Marshal
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