

Total Recovery Solution[®] (TRS[®]) Navigation Guide for Responders 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 Adverse Parties (Responders) navigate TRS by providing step-by-step instructions on completing each Workflow Step in the responding process.

Responding to 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.





Once in TRS, Responders are defaulted to the Worklist.

ARBITRATION FORUMS, INC.	Case 👻	Search	۹ 🕇	Ben Responder -
Worklist				+ File New Damages

To respond to a New York PIP case, responders can search for a case through Filters or Case Search.

The Filters Tab allows responders to narrow their search using specific criteria.



Case searches are also performed through the **Case Search** field. Enter the AF Case ID, Claim Number, Policy Number, or Internal Reference Data in the field provided.

Case 🗸	Search	a 🔒
	Search by AF Case ID, Claim Number, Policy Number, or Internal Reference Data.	



Once found, the case will be appear.

ARBITRATION FORUMS, Membership driven Innovation focuse	INC.			Case 🗸 oct182022b	٩	Ben I	Responder -
Case Search Result	S					Show Advance	ed Search
oct182022b							Q Search
TRS ® 1	OLF 0	E-Subro Hub 💿					
1 results found for oct182022b						View As C	order by
Case ID	Company		Feature	Claim Rep	Due Date	Status	
L220000D477-C1 Loss State: New York	04514 BETA INSURANCE Insured: SARA HATTINGTON	OF COLORADO	R NYPIP JOEL KINDLY Claim #: OCT182022B		11/18/2022	In Progress	:
			Solve View Features From All Parties Solve \mathbf{S}				

Each party's case is identified through TRS Badges.

The green "R" badge is the Responder's case. Selecting the arrows expands or collapses The orange "F" badge is the Filer's case. case information. ℧ View Features From All Parties ♥ **Collapsed View Expanded View** 1220000D477-C1 ☆ View My Features Only ☆ 04514 BETA INSURANCE OF COLORADO Insured: SARA HATTINGTON R NYPIP | JOEL KINDLY Loss State: New York 11 Claim #: OCT182022 Loss Date: 9/3/2022 04513 ALPHA INSURANCE OF FLORIDA NYPIP | JOEL KINDLY F Insured: JOEL KINDLY Submitted Claim #: OCT182022A ☆ View My Features Only ☆

As the Responder, you have 30 days to submit a response. This is denoted by the Due Date. To respond, select Enter Response from the blue ellipsis drop-down menu.

☆ I220000D477-C1 Loss State: New York Loss Date: 9/3/2022	:	04514 BETA INSURANCE OF COLORADO Insured: SARA HATTINGTON	R	NYPIP JOEL KINDLY Claim #: <mark>OCT1820228</mark>	11/18/2022	In Progress	•
Loss Dute. State 2022				w Features From All Parties 🕇		Assign Claim Rep	
						Enter Response	

Evidence Manager

The Evidence Manager is a storage location for evidence associated with an occurrence. It provides flexibility in how responders 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 Response, Liability/Recovery Arguments, and Feature Response).

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.

Εv	riden		Return to case		
E	/idence r	must be associated with a case to be presented to the arbitrator.			
	+ Add	Evidence 🛛 🞜 Refresh			All Evidence Types 🗸 🗸
		Evidence Types * (show descriptions)	Received Date 🗢	Attached 🖨	
2	Ø	Police Report	10/18/2022 via UPLOAD	3 Yes	4 🔳
	L	Statement - Driver	10/18/2022 via UPLOAD	Yes	Ť
	2 eviden	ice files			

Attach Evidence

The Attach Evidence tab ⁽¹⁾ is located in various steps in the Workflow (Case Qualifier Response, Arguments, and Feature Response). As the Adverse Party (Responder), 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 a copy of the NY PIP fee schedule attached to the Feature Response Workflow Step to support a damage dispute on the cost of a specific medical procedure).



		WORKFLOW STEF	٥S				WORKFLOW STEPS	>
✓ Liability Arguments						E Feat	ture Response - JOEL KINDLY	
Attached Evi	idence 💡	. O (+ Attach Evidence	Supporting	g Evidence f	or Feature Response	? 1 + /	Attach Evidence
View	ID	Evidence Types (show description)	Detach	View	ID	Evidence Types (hide descr	ription)	Detach
ß		Police Report	8			Medical Reports	No-Fault Fee Schedule	8

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	tached Evidenc View	e 🝞	Evidence Types (show description)	Pages	+ Attach Evidence Detach
Attached Evidence Does not have a green			Statement - Driver	ø	8
box associated with it		\rightarrow	Police Report		8

Parties to the arbitration have access to view the evidence type only; they cannot 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	/	<u>\$</u> 3	

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

To select evidence from this step, 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				×
	🚹 Di	rop or <u>browse for files</u> @ , or <u>cre</u>	eate a placeholder 🖗		
	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 At	tach

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	d
	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.

Choose File to Upload			×
🔆 🖓 🗢 🕹 - TRS DE	EMO EVIDENCE 🔹 TRS EVIDENCE 🔹 🛃	Search TRS EVIDENCE	2
Organize 🔻 New folder		800 -	
Favorites	Documents library TRS EVIDENCE	Arrange by: Fo	lder 🔻
Becent Places	Name ^	Date modified	Туре 🔺
Recent Places	🔁 Adjuster Notes	1/3/2017 6:07 PM	Adobe Ac
Mesktop	🔁 Alpha damage photos	9/26/2017 11:56 AM	Adobe Ac
Cibraries	Alpha Driver - Recovering Party_Statement	9/13/2017 12:01 PM	Adobe Ac
Documents	🔁 Beta Driver-Adverse Statement	9/26/2017 10:38 AM	Adobe Ac
Pictures	🔁 Dec Page	1/3/2017 6:07 PM	Adobe Ac
Videos	🔁 Estimate	1/3/2017 6:07 PM	Adobe Ac
	Estimate_Feature 2	1/3/2017 6:07 PM	Adobe Ac
	Payment Proofs	9/13/2017 11:41 AM	Adobe Ac
	Police Report	4/26/2018 8:07 AM	Adobe Ac
-	T Droof of payment	2/12/2017 10-36 AM	Adobe Ar
File n	ame:	All Files (*.*)	•
		Open C	ancel
			11.

This brings the evidence into TRS[®] where responders are required to give it a type. Click the red link to reveal the evidence type options.

Attach Evidence			×
Drop or	browse for files 🕹 , or <u>create a placeholder</u> 🕹		
Evidence Types (show descriptions)	File Name	File Size	Received Date
Add Evidence Types	Vehicle Damage Photo.pdf	94.89 KB	ŵ
All files must have at least one evidence type.			Cancel Attach

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



Responders 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, Responders will need to select Attach to save evidence to the filing.

Attach Evidend	e			×
	🚹 Drop or <u>b</u>	rowse for files 0 , or <u>create a placeholder</u> (9	
Evidence Typ	es (show descriptions)	File Name	File Size	Received Date
Adjusters No	tes (edit)	Adjuster Notes.pdf	84.82 KB	۵
				Cancel Attach

Responders can also search for evidence types via the **Favorite Types** list. To use this as a search option, Responders 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
	<> Invoice	



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

🚖 🗌 Adjusters Notes	🚖 🗌 Policy Declarations	🚖 🗌 Scene Photograph(s)
🜟 🗌 Computerized Vehicle Registration Fee	🚖 🗌 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

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.

✔ Arguments ❷	
B I <u>U</u> S <u>A</u> · ∆ · I _x ∷ ∷ ∷	💥 🔓 🍙 🐟 🔶 📾 Insert Evidence Attachment
Beta ran the red light. 1	

To insert evidence, select Insert Evidence Attachment.



Responders 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	9 , or <u>create a placeholder</u> 9			
	Evidence Types (show descriptions)	File Name	File Size	Received Date	
	Police Report	Police Report TRS.pdf	0 B	10/18/2022	A
	Statement - Driver	Recorded Statement TRS.pdf	0 B	10/18/2022	Å
				Cancel Attac	th

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	Attach Evidence					
	Drop or browse for files	, or <u>create a placeholder</u> 😧				
	Evidence Types (show descriptions)	File Name	File Size	Received Date		
	Add Evidence Types	Placeholder	0 B		⑪	
	Police Report	Police Report TRS.pdf	0 B	10/18/2022	L	
	Statement - Driver	Recorded Statement TRS.pdf	0 B	10/18/2022	Å	
All files m	ust have at least one evidence type.			Cancel Att	ach	

This workflow will allow you to identify the evidence types and optional description 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 the Adverse Party (Responder) to easily find where they are in the responding process.



Confirm Incident Details and My Party Information



The Responding Party 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**.

∎	ARBITRATION FORUMS, INC. Membership driven. Januariton focused.	Case 👻	oct182022a	Q	A	
						Exit Workflow

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

Case 🗸	Şearch	Q	^



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



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.



Confirm Incident Details and My Party Information



As Responder, you'll **Confirm Incident Details and My Party Information** entered by the Filing Party.





Incident Detail	s and My Par	rty Inforn	natio	n 😮
Case Type				
	Coverage Group 😧	New York PIP		
	Right of Recovery	Loss Transfer		
Incident Details				Request Incident Details Change
	Loss Date	9/3/2022		1
	Loss State	New York		Confirm In cident Details including the Loss Date
	Loss County			and Loss State. If the information entered is incorrect, select Request Incident Details Change.
	Loss City			🖋 Request Incident Details Change
🖋 Request Incident I	Details Change			

When requesting for incident details to be changed, the following pop-up appears. Enter the correct **Loss Date and/or Loss State** in the fields provided. A **Reason** is required for this change. Attach evidence supporting the change and select **Submit Request**. Requests are then verified by an arbitrator. If approved, AF will update the case with the correct information.

Request Update t	o Incident Details	
While your request i	is under review, you will not be al	ble to enter or submit a response.
Loss Date	mm/dd/yyyy	Current Loss Date: 8/1/2022
Loss State	~	Current Loss State: New York
★ Reason		
Attached Evidenc	e 😮	+ Attach Evidence
Evidence items have	e not been attached.	
		Cancel Submit Request



Confirm the correct **Party Information** is displayed. This information is pre-filled based on login credentials. Ensure the correct subsidiary is selected.

Party Information		
	Company	04514 - BETA INSURANCE CO
	Subsidiary	0002 - BETA INSURANCE OF COLORADO

Confirm 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 but can be entered, if desired.

Policy Information	Policy Information	
Claim Number 8312022B	Claim Number 8312022B	
Policy Number		
Policy Issue State	Policy Number	
	Policy Issue State	~
Line of Insurance Personal/Individu Commercial/Business		
V Insured's First Name HARRY	✓ Line of Insurance ○ Personal/Individual	Commercial/Business
✓ Insured's Last Name GREEN	✓ Insured's Company Name ABC BUSINESS	
When Personal/Individual is selected, your Insured's First/Last Name will be displayed.	When Commercial/Business is sel Insured's Company Name is di	ected, your splayed.

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)

The filing company asserts the case meets one of the above case qualifiers. As the Responder, you will indicate if you dispute that the filing satisfies the requirement.



Select Yes if you dispute this filing arises from one of the above case qualifiers. Provide a **Justification** in the field provided and **Attach Evidence**. Evidence should support your claim.

Case Qualifiers Response 🔞
The recovering party has indicated that this filing arises from an accident or occurrence that meets at least one 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) Please indicate if you dispute that this filing satisfies one of the above qualifiers
 Yes, we dispute that this filing arises from an accident or occurrence that meets at least one of the required qualifiers No, we do not dispute this filing arises from an accident or occurrence that meets at least one of the required qualifiers Institution
 Justification Please provide justification for your dispute of Loss Transfer. It is required that you attach evidence in support of your claim.
Enter justification for this dispute.

Select **No** if you do not dispute this filing arises from one of the above case qualifiers and proceed to the next workflow step.



If **Priority of Payment** for **New York PIP** is selected as the **Right of Recovery**, this workflow step will not be present. Proceed to the next step.

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.

Liability Arguments 💡	
✓ Arguments	
Normal 🗘 B I U Ə A 🌋 🛪 🎼	≣ :≡ 🖋 Insert Evidence
	Recovery Arguments ✓ Arguments Normal : BIU & A M T I I I I I I I I I I I I I I I I I I

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

After entering your response arguments, answer the **Admitted liability** question. To do this, simply enter your percentage of liability admitted in the field provided (Loss Tranfer only).

Admitted liability
Please answer what percentage of liability you admit to for damages to the following parties:
✓ BETA INSURANCE OF COLORADO (SARA HATTINGTON) admits 0 to liability for ALPHA INSURANCE OF FLORIDA (JOEL KINDLY)'s 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 	
Normal ÷ B I U ⊖ ≜ ﷺ ∞ i≡ ≔ Ø Insert Evidence		
		The Admitted Liability question is not present under Recovery Arguments (Priority of Payment cases).
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. Responders 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.

Attached	Evidence			+ Attach Evidence
View	ID	Evidence Types (show description)	Pages	Detach
Å		Police Report		8
Å		Statement - Driver		8

Coverage Response - NY PIP (Loss Transfer only)



Answer the following questions by selecting the adjacent radio buttons marked Yes or No.

		Access Help Text for guidance on how to complete these entry fields.
Coverage Response - NY	PIP 🕑 🎽	Help: Coverage Response – NY PIP
✓ Was there a liability policy in effect at	🔿 Yes 🔿 No	The purpose of this purpose during the transmission of the second test community. Right of Recovery: Negligence What and the addity built year and the second test the first of from. What and the addity to any other than the second test and the second test and the second test and the second of a sourcementary, a difference of the second test and test and test and the second test and test
the time of loss?		Two loads the divergence of a stability project and within the project of the divergence of the diverg
✓ Do you deny liability coverage for your insured?	🔿 Yes 🔿 No	Litters This and the set of a set of a set of a set of a field to set on a little should be determined that a

First Question: Was there a liability policy in effect at the time of loss?

If Yes is selected, no further action is required.



If No is selected, the following message appears.

Proceed?	✓ Was there a liability policy in effect at O Yes ○ No the time of loss?			
You should select Confirm only if you: do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or your liability policy for the named insured expired prior to the date of loss.				
By selecting 'confirm' below, you are confirming the above is true and parties will be prevented from seeking recovery of damages against you in arbitration.				
	Confirm			

Select **Confirm** only if you do not provide liability coverage for the named insured, are unable to locate a liability policy for the named insured, or your liability policy for the named insured expired prior to the date of loss.

Second Question: Do you deny liability coverage for your insured?



If No is selected, no further action is required.

✓ Do you deny liability coverage for your insured?	🔿 Yes 🧿 No

If Yes is selected, you are prompted to enter a **Denial Justification** and Attach Evidence. See **Attach Evidence** for more information on this topic.

$oldsymbol{st}$ Denial Justification		In the Denial Justification field, provide a description for denying coverage and attach your liability coverage denial letter and any additional relevant evidence.
		This message is displayed as a reminder to attach the relevant evidence regarding the denial.
	Please provide a description for denying coverage and attach your liability coverage denial letter and any additional relevant evidence.	1
Attached Evidence 3		+ Attach Evidence
Evidence items have not been attached.		

Feature Response - (Injured Party Name)



The filing company's feature information, located at the top of the page, includes the injured party's information. Other information includes:

- Claim Number
- Claim Representative (Name, Phone Number, and Email Address)
- Remittance Address

Feature Response - JOEL KINDLY (ALPHA INSURANCE OF FLORIDA) 🧿					
Injured Party Name: JOEL KINDLY	Ine: JOEL KINDLY Injured Party Status: Driver Vehicle: No Vehicle Specified				
Claim Number: OCT182022A	Claim Rep: JOHN DEMANDER	Remittance Address : ATTN: Juan Salazar 3820 Northdale Blvd Tampa, FL 33624-1863			

The Responding Party Information includes your claim number, which has been pre-filled from the Incident Details screen. If this number differs, you have the option to update it in this section.



In addition, the Internal Reference field allows the option to add a unique reference ID for routing purposes.

Responding Party Information (BETA INSURANCE OF COLORADO)					
🗸 Claim Number:	OCT182022B	Internal Reference: Any internal reference added to a claim number for routing purposes.	✓ Claim Rep:	BETA INSURANCE CO BEN RESPONDER → 800 967 8889 Ebresponder.beta_04514_rep@arbfile.org Edit	

Jurisdictional Exclusions

Jurisdictional exclusions (JE) are reasons why a Responding Party's case does not qualify to be heard by Arbitration Forums, Inc. To assert a jurisdictional exclusion, select the **Add Exclusion** Tab.

Jurisdictional Exclusions	Add Exclusion 👻
No Exclusions	

The following list of exclusions appears:



Once an exclusion is selected, Responders are required to complete the description field.

Jurisdictional Exclusions		
Filed under wrong coverage		Delete Exclusion
✓ Description	Enter Jurisdictional Exclusion (JE) description in this field. Explain why this JE was selected.	
	/	

If the incorrect exclusion is selected or is no longer needed, select Delete Exclusion.



Next, attach evidence in support of the exclusion asserted by selecting +Attach Evidence and following the necessary steps (See Insert, Attach, or Placeholder for Evidence to learn more).

Supporting Evidence for Jurisdictional Exclusions	?	+ Attach Evidence

Damage Disputes

The **Recovery Sought** section is for Responders to review and dispute damages sought by the filing company.

The filing company enters amounts paid for medical bills paid to their injured parties sought in the case.

Recovery Sought		
Company-Paid Damages		
Medical Expenses	\$5,000.00	✓ Dispute
Total Sought	\$5,000.00	
Total Proposed	\$5,000.00	
Difference	\$0.00	

Each itemized damage item can be disputed. To dispute damages, select the **Dispute** tab adjacent to the item.

Medical Expenses	\$10,000.00	✓ Dispute
Lost Wages	\$5,000.00	✓ Dispute

Once the **Dispute** tab is selected, the damage item will expand, allowing you to enter the required information: Proposed Amount ⁽¹⁾, Dispute Type ⁽²⁾, and Justification ⁽³⁾.



The example below shows how inserted evidence appears in the Damage Dispute Justification section. A numerical value is automatically assigned to each inserted item.

Normal ≑ B I U S A M I ≣ ⊞ Insert Evidence
The New York PIP Fee Schedule allows \$800.00 for an MRI. The Filing Party paid \$1000.00. This is \$200.00 over what the state regulation allows. See NY PIP Fee Schedule



At any time on this page, you are able to **Delete Dispute** and confirm to proceed.

Medical Expenses	\$10,000.00	🗓 Delete Dispute

As you work your way through this section, the Total Sought and Total Proposed are calculated to display the Recovery Sought Difference.

Medical Expenses					\$10,000.00	🛍 Delete Dispute
✓ Proposed Amount	\$ 9,800.00	✓ Justification	Normal 🗘 I	BIUS A 🕷 🕱	🗄 🗄 🔗 Insert Evid	dence
✓ Dispute Type(s)	Bills Not Paid Within Applicable Fee Schedule or State Guideline x		The New York Party paid \$1 See NY PIP F	k PIP Fee Schedule allows \$80 000.00. This is \$200.00 over [−] ee Schedule. LW1	00.00 for an MRI. Th what the state regula	ne Filing ation allows.
Total Sought					\$15,000.00	
Total Proposed				-	\$14,800.00	}
Difference					\$200.00	J

Total Prior Payment Made

This section allows Responders to add prior payments made to the filing company.

When you have issued a payment to the Filing Party for damages sought in the case, enter the amount by selecting Add Prior Payment Made.

Prior Payments Made	+ Add Prior Payment Made
ALPHA INSURANCE OF FLORIDA has not accepted prior payments from BETA INSURANCE OF COLORADO.	

Next, enter the payment amount along with a description.

Prior Payments Made		+ Add Prior Payment Made
ALPHA INSURANCE OF FLORIDA has not acce	pted prior payments from BETA INSURANCE OF COLORADO.	
✔ Payment Amount	\$ 5,000.00	Delete Payment
Payment Description	A check for \$5000.00 was issued to Alpha Insurance of Florida (Joel Kindly)	for injures sustained in this accident.
		1



Attach evidence supporting the payments made. See Attach Evidence for more information on attaching evidence.

Supporting Evidence for Feature Response 💡			+ Attach Evidence	
View	ID	Evidence Types (show description)	Pages	Detach
r.		Proof of Payment		8

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
□ JOEL KINDLY 🖪 - ALPHA INSURANCE OF FLORIDA (JOEL KINDLY)

Responders can request to personally appear virtually at the hearing by selecting **Yes** or **No**. Next, select the hearing type.

Personal Rep						
The representative may only clarify, at the arbitrator's request, its arguments and submitted evidence.						
Personal Rep at Hearing? 💿 Yes 🔿 No						
★ Please select the hearing type:	★ Please select the hearing type:					
Added Dersenal Pape	Please select a hearing type \sim					
	Please select a hearing type					
	Teleconference Hearing					



Next, select + Add Rep to add Personal Reps information.

Added Personal Reps	+ Add Rep	A box will app Rep.'s informa	bear in which you w tion and select Sav	vill enter the re.
		Personal Rep Inform	nation ×	
		★ First Name	First Name	
		¥ Last Name	Last Name	
		¥ Time Zone	~	
		≱ Rep Туре	· · · ·	
			Cancel Save	

Review and Submit



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

Review & Sub	bmit 😧		
Incident Det	ails		~
Loss Date: 9/3/2022 Loss State: New York Negligence Laws: Pur Coverage Group: New Recovery Type: Loss	re Comparative w York PIP Transfer		
Case Qualifie	ers		~
ALPHA INSURANCE O	DF FLORIDA (JOEL KINDLY) has asserted th	at this filing qualifies for New York PIP Loss Transfer.	
View	Evidence Types (show de	cription)	
	Police Report		
Parties on th	nis Case		~
	NCE OF ELORIDA	RETA INSURANCE OF COLORADO	
<			✓ Submit
	Privacy Poli	y · Terms of Use · Contact · Version	



Proofread for spelling or grammatical errors. To correct an error, navigate to that specific workflow step.



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

Select Submit. Your response is now complete. Once submitted, no amendments can be made.



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,

Incident Details and My Party Information			Exit Workflow
Loss State: Arizona F Loss Date: 8/1/2022	iling Parties: (2) * ALPHA INSURANCE OF FLORIDA (KIM KINDLY) BETA INSURANCE OF COLORADO (LESLIE WHITE)	AF Case ID: A220000B5C3-C1 Negligence Laws: Pure Comparative	
		Case Actions -	Evidence Manager
WORKFLOW STEPS	Incident Details and My Party Infor	Add Deferment	*

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

Assign Case Case Overview Create Case Support Inquiry Defer Case Occurrence Overview Print Case	A220000B5C3-C1 Loss State: Arizona Loss Date: 8/1/2022	04513 ALPHA INSURANCE OF FLORIDA Insured: KIM KINDLY Add/Edit a Feature Add/Edit a Supplement Assign Case Case Overview 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.

Please be advised that by reque during the filing and/or respond status on this case. If your case complete and requires your atte	isting a deferment, you will not be required to complete sing process. Once the deferment ends, please review th status reflects "pending" or "in progress", your submiss ention.	rall fields te current ion is not	Pending Litigation Policy Limits Issue Toll statute for reason not listed
* Deferment Reason Deferment Justification Evidence in support of your def attach evidence in support of th	Please select a reason	the able to	
Attached Evidence ?	* An Cancel	ach Evidence	



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



A deferment verification is also confirmed by the case status.



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

A220000B5F5-C1 Loss State: Arizona	04513 ALPHA INSURANCE OF Insured: CHUCK JONES	FLORIDA FLORIDA Claim # 82920022A
Loss Date: 8/4/2022	Add/Edit a Feature Assign Case	$ilde{V}$ View Features From All Parties $ilde{V}$
	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.





Supplements

When the filing company files for additional damages known as supplements, the Responder has 7 days to submit a response. The **due date** is

☆ 1220000D477-C1 └ Loss State: New York Loss Date: 9/3/2022	04514 BETA INSURANCE OF COLORADO	found by pulling up the case from the Worklist.
	NYPIP JOEL KINDLY 10/28/2022 In Progress S View Features From All Parties View Features From All Parties View Features From All Parties View Features From All Parties	
	The "S" Badge indicat supplement has been fil	es a ed in
	this case.	

To enter a response, select Enter Response from the blue ellipsis to the right.

☆ I220000D477-C1 Loss State: New York Loss Date: 9/3/2022	04514 BETA INSURANCE OF COLORADO Insured: SARA HATTINGTON	R NYPIP JOF Claim #: <mark>OCT</mark>	EL KINDLY <mark>182022B</mark>		Decision Published	:
		R NYPIP JOE Claim #: OCT	EL KINDLY S 182022B	10/28/2022	In Progress	:
		♥ View Features From All Parties ♥		Assign Claim Rep		
				[Enter Response	

From the **Coverage Response** Workflow Step, Responders can change previously entered information by selecting the appropriate radio button.

		WORKFLOW STEPS
		Coverage Response - NYPIP
Was there a liability policy in effect at the time of loss?	Yes	
✓ Do you deny liability coverage for your insured?	🔵 Yes 💿 No	



When responding to supplement damages, liability is not at issue. The only issue in dispute is damages. To dispute damages, complete the **Supplement Response** workflow step.

	WORKFLOW STEPS		
Recovery Sought			Supplement Response - JOEL KINDLY
Company-Paid Damages			
Emergency Room	\$5000.00	✓ Dispute	
Total Sought	\$5000.00		
Total Proposed	\$3500.00		
Difference	\$1500.00		

Select the **Dispute** Tab and follow the steps outlined earlier in this guide under **Damage Disputes**.

Attach evidence supporting the supplement damage dispute.

Supporting Evidence for Supplement Response	?	+ Attach Evidence
Evidence items have not been attached.		

Other arguments can be entered from this page such as jurisdictional exclusions and adding prior payments made. See the Table of Contents to learn more on these topics.

Complete the remaining workflow steps and Submit your supplement response.

					WORKFLOW STEPS
Review & Submit					Coverage Response - NYPIP
Opposing Parties Damage Rec	overy				Supplement Response - JOEL KINDLY
Coverage Response - NYPIP					Filing Options & Billing
Was there a liability policy in effect at the time of Do you deny liability coverage for your insured: N	loss: Yes o			_	
JOEL KINDLY - ALPHA INSURAT	NCE OF FLORI	DA (JOEL KINDLY)			Review & Submit
Injured Party Name: JOEL KINDLY	Injured	Party Status: Driver	Vehicle: No Vehicle Specified		
Claim Number: OCT182022A	Claim Rep:	JOHN DEMANDER 2 813-967 8889 jdemander.alpha_04513_profile@arbfile.org	Remittance Address: ATTN: Juan S 3820 Northc Tampa, FL 3:	Salazar dale Blvd 3624-1863	3
Responding Party Informatio	n - RETA ING	ΕΙ ΙΡΔΝΙCE ΟΕ CΟΙ ΟΡΔΟΟ (SΔΕ			✓ Submit

For assistance on how to respond to New York PIP cases, contact Member Services at 866-977-3434.