

Welcome to the Chevy-Buick-GMC-Cadillac Pre-Paid Redemption (PPM) Portal by Amynta

On this document you will find a step-by-step guide on how to:

- File PPM Redemption Claim
- Check Claim Status
- Enter a Facility

In accordance with the PPM program agreement, effective with the new portal launch, PPM claims will be reimbursed at the tier of the customer purchased PPM agreement.

Example 1: PPM agreement was sold at tier 1. Vehicle is serviced at tier 5 dealer. The redemption rate for PPM Claims will be tier 1.

Example 2: PPM agreement was sold at tier 5. Vehicle is serviced at tier 1 dealer. The redemption rate for PPM Claims will be tier 5.

Example 3: PPM agreement was sold at dealer who was tier 1 at time of sale. Dealer is now at tier 5. The redemption rate for PPM Claims will be tier 1

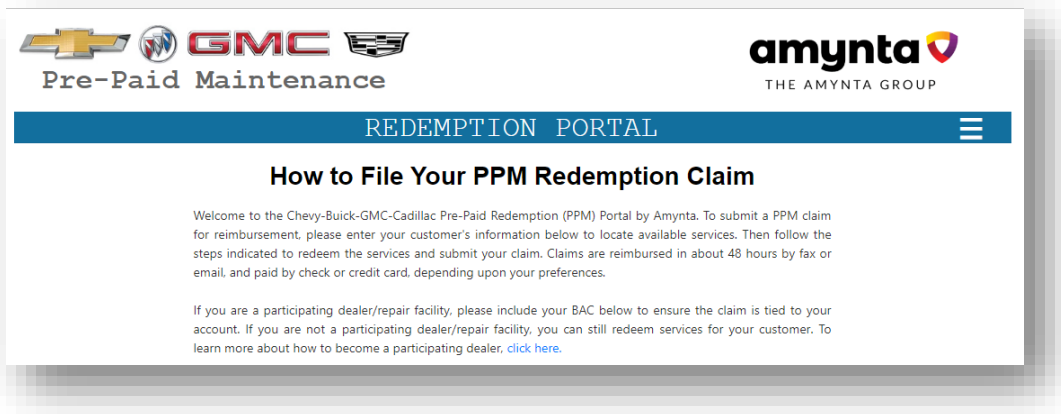
*Claims are reimbursed in about 48 hours by fax or email, and paid by check or credit card, depending upon your preferences.

If you require further assistance,
please contact our Customer Service Department at: (877) 265-1072



HOW TO FILE PPM REDEMPTION CLAIM

To get started: Log in to the PPM Redemption Portal - <https://ppmclaims.amyntagroup.com>.



Step 1: Search for Contract.

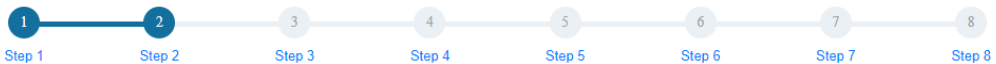
- In order to find the corresponding customer and services to redeem, you will be required to enter the **Last 8 of VIN** and the **Customer's Last Name or Contract Number**.
- If you have your **BAC** available, please include your BAC to ensure the claim is tied to your account.
- Check the **"I'm not a robot"** box and click **Search**.



Step 2: Confirm Search Results

- All accounts under VIN/Customer searched will populate. **Select the correct account** needing redemption. Click **Continue**.
- If no results are found, it means that the customer does not have PPM coverage.

Step 2: Confirm Search Results




Good news! Your customer's contract was located. Select the contract below to review the Service History and start your PPM Service redemption claim.

| Select | Contract# | Customer Name | VIN# | Vehicle | Purchase Date | Expiration Date | Status | Service Location |
|----------------------------------|------------|----------------|-------------------|------------------------------|---------------|-----------------|--------|------------------|
| <input checked="" type="radio"/> | 9135753845 | Neal Alfermann | 1GT49REY2LF119082 | 2020 GMC SIERRA K2500 DENALI | 12/31/2020 | 12/30/2029 | Active | |

Step 3: Review Contract Details

- The **Service History** will populate at the bottom of the account selected showing all previous services used for VIN/Customer along with claim status.
- You are required to review this information to ensure that the current services being redeemed are valid.
- Click **Continue**.

Step 3: Review Contract Details



Please review the Service History for this contract below; then click Continue to proceed with your claim.

| Contract# | Customer Name | VIN# | Vehicle | Purchase Date | Expiration Date | Status | Service Location |
|------------|----------------|-------------------|------------------------------|---------------|-----------------|--------|------------------|
| 9135753845 | Neal Alfermann | 1GT49REY2LF119082 | 2020 GMC SIERRA K2500 DENALI | 12/31/2020 | 12/30/2029 | Active | |

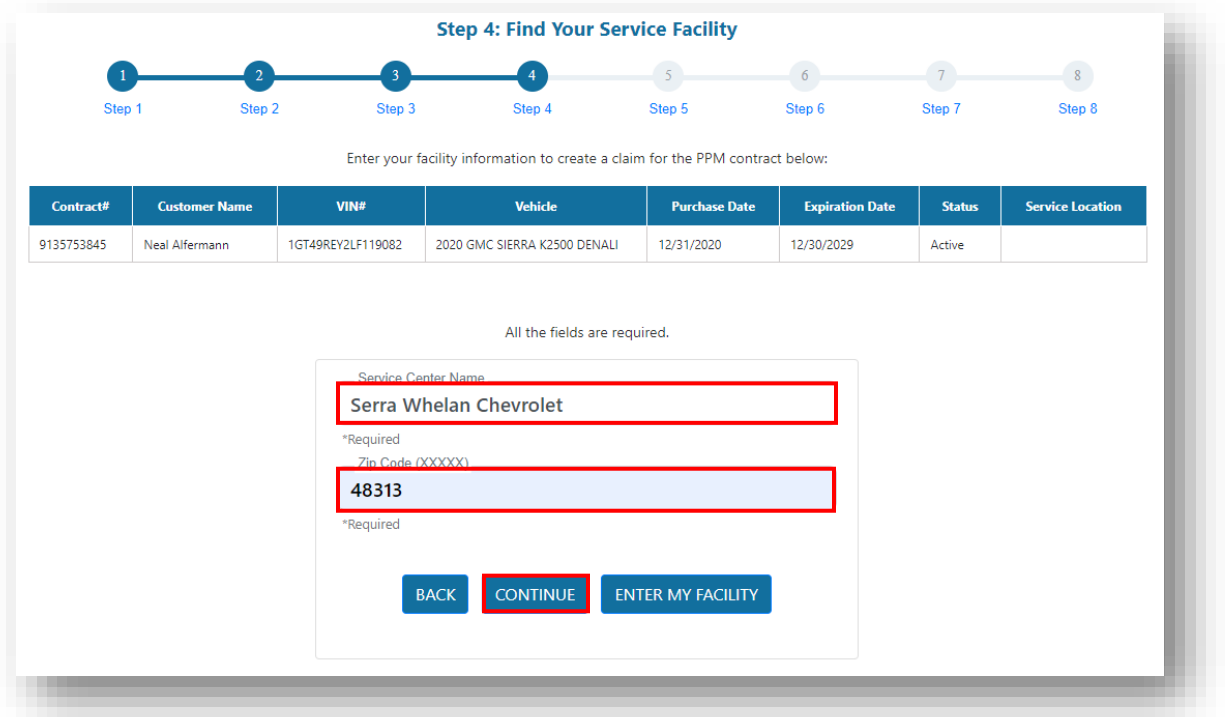
Service History

| Date | Mileage | Service Location | RO# | Batch# | Claim Status | Details |
|------------|---------|------------------------|----------|---------|--------------|--|
| 12/22/2021 | 33953 | Cardinal Buick GMC | 95998 | Pending | Redeemed | Service Oil and Filter |
| 05/24/2022 | 40000 | Serra Whelan Chevrolet | 12345678 | Pending | Approved | Service Wheels & tires, Service Oil and Filter |



Step 4: Find Your Service Facility.

- Enter the **Service Facility Name** and **Zip Code** to start the process of creating a claim.
 - If the Service Facility is already in the system, it will auto populate on a drop-down box option for you to select then click **Continue**.
 - If the Service Facility is not in the system, nothing will auto populate. Click **Enter my Facility**.



Step 4: Find Your Service Facility

1 Step 1 2 Step 2 3 Step 3 4 Step 4 5 Step 5 6 Step 6 7 Step 7 8 Step 8

Enter your facility information to create a claim for the PPM contract below:

| Contract# | Customer Name | VIN# | Vehicle | Purchase Date | Expiration Date | Status | Service Location |
|------------|----------------|-------------------|------------------------------|---------------|-----------------|--------|------------------|
| 9135753845 | Neal Alfermann | 1GT49REV2LF119082 | 2020 GMC SIERRA K2500 DENALI | 12/31/2020 | 12/30/2029 | Active | |

All the fields are required.

Service Center Name
Serra Whelan Chevrolet

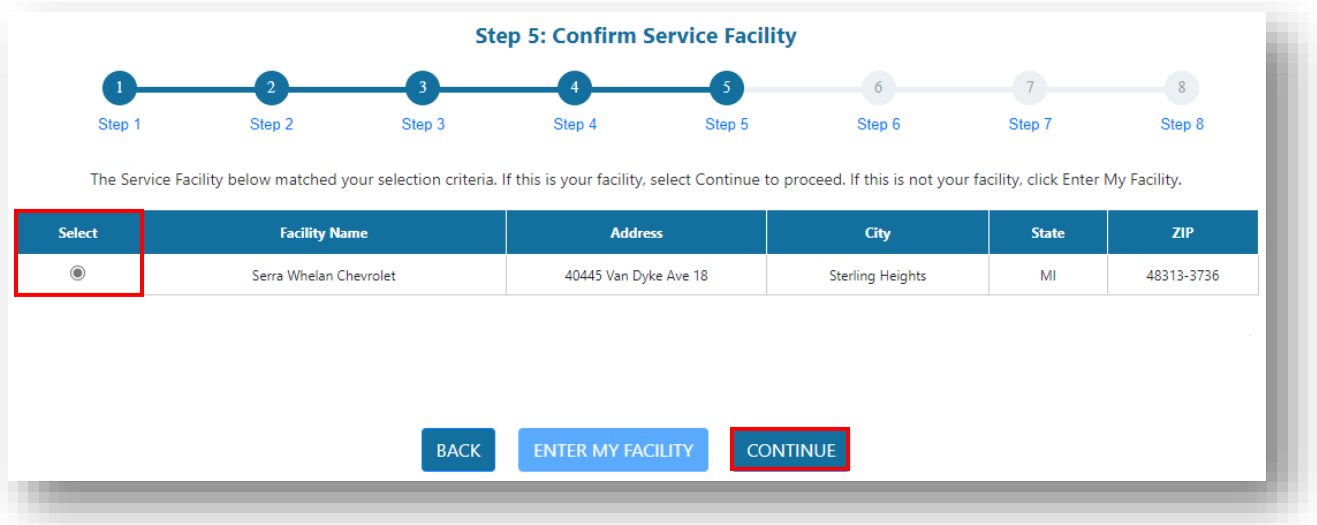
*Required
Zip Code (XXXXXX)
48313

*Required

BACK CONTINUE ENTER MY FACILITY

Step 5 (Part 1): Confirm Service Facility

- The Service Facility searched will populate for selection. Click **Continue**.



Step 5: Confirm Service Facility

1 Step 1 2 Step 2 3 Step 3 4 Step 4 5 Step 5 6 Step 6 7 Step 7 8 Step 8

The Service Facility below matched your selection criteria. If this is your facility, select Continue to proceed. If this is not your facility, click Enter My Facility.

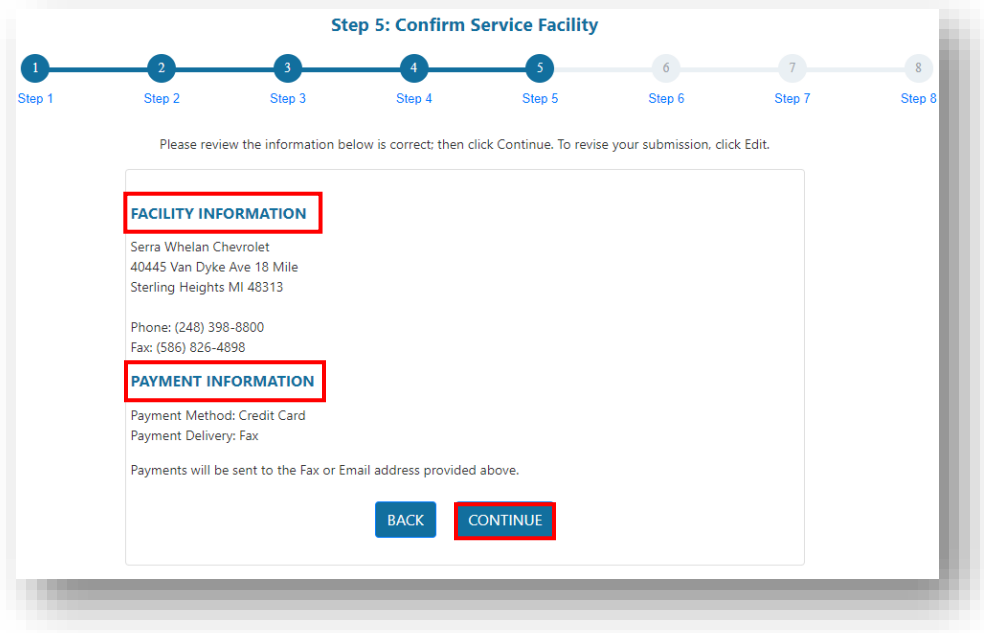
| Select | Facility Name | Address | City | State | ZIP |
|----------------------------------|------------------------|-----------------------|------------------|-------|------------|
| <input checked="" type="radio"/> | Serra Whelan Chevrolet | 40445 Van Dyke Ave 18 | Sterling Heights | MI | 48313-3736 |

BACK ENTER MY FACILITY CONTINUE



Step 5 (Part 2): Confirm Service Facility

- Review all **Facility and Payment information** to ensure the correct Service Facility servicing the vehicle was selected.
 - If details are correct, click **Continue**.
 - If details are incorrect, click **Back** and repeat step 4.



The screenshot shows a progress bar at the top with steps 1 through 8. Step 5 is highlighted. Below the progress bar, a message reads: "Please review the information below is correct; then click Continue. To revise your submission, click Edit." The form contains two main sections: "FACILITY INFORMATION" and "PAYMENT INFORMATION".

FACILITY INFORMATION

Serra Whelan Chevrolet
40445 Van Dyke Ave 18 Mile
Sterling Heights MI 48313

Phone: (248) 398-8800
Fax: (586) 826-4898

PAYMENT INFORMATION

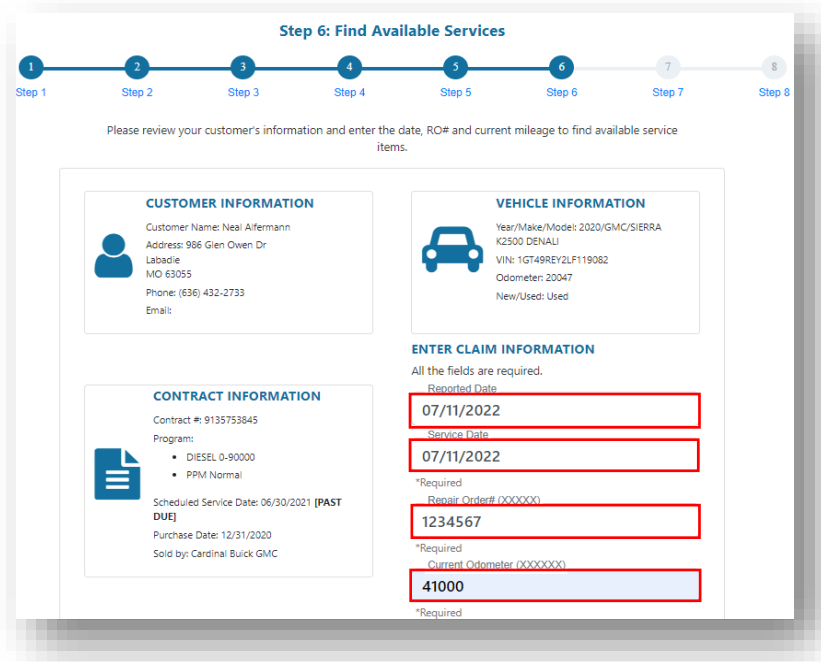
Payment Method: Credit Card
Payment Delivery: Fax

Payments will be sent to the Fax or Email address provided above.

Buttons: **BACK** and **CONTINUE**

Step 6: Find Available Services

- Review **Customer's information, Vehicle's Information and Contract Information**.
- Enter the **Date, RO Number and current mileage** under **Claim Information** fields.



The screenshot shows a progress bar at the top with steps 1 through 8. Step 6 is highlighted. Below the progress bar, a message reads: "Please review your customer's information and enter the date, RO# and current mileage to find available service items." The form is divided into three main sections: "CUSTOMER INFORMATION", "VEHICLE INFORMATION", and "ENTER CLAIM INFORMATION".

CUSTOMER INFORMATION

Customer Name: Neal Afermann
Address: 986 Glen Owen Dr
Labadie
MO 63055
Phone: (636) 432-2733
Email:

VEHICLE INFORMATION

Year/Make/Model: 2020/GMC/SIERRA
K2500 DENALI
VIN: 1GT49REV2LF119082
Odometer: 20047
New/Used: Used

ENTER CLAIM INFORMATION

All the fields are required.

Reported Date: 07/11/2022

Service Date: 07/11/2022

*Required
Repair Order# (XXXXXX): 1234567

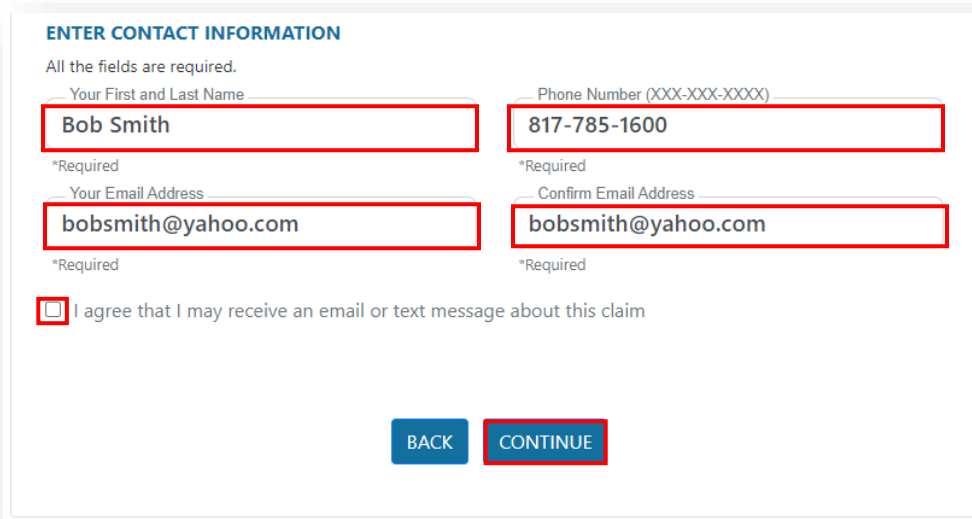
*Required
Current Odometer (XXXXXX): 41000

*Required

NOTE: If odometer reading is past the expiration term, the system will notify of coverage expired by mileage, unable to proceed with redemption.



- At the bottom of the page for Step 6, **Enter Contact Information** of Person Submitting Claim.
- Check box the email or text disclosure and click **Continue**.



ENTER CONTACT INFORMATION

All the fields are required.

Your First and Last Name Phone Number (XXX-XXX-XXXX)

*Required *Required

Your Email Address Confirm Email Address

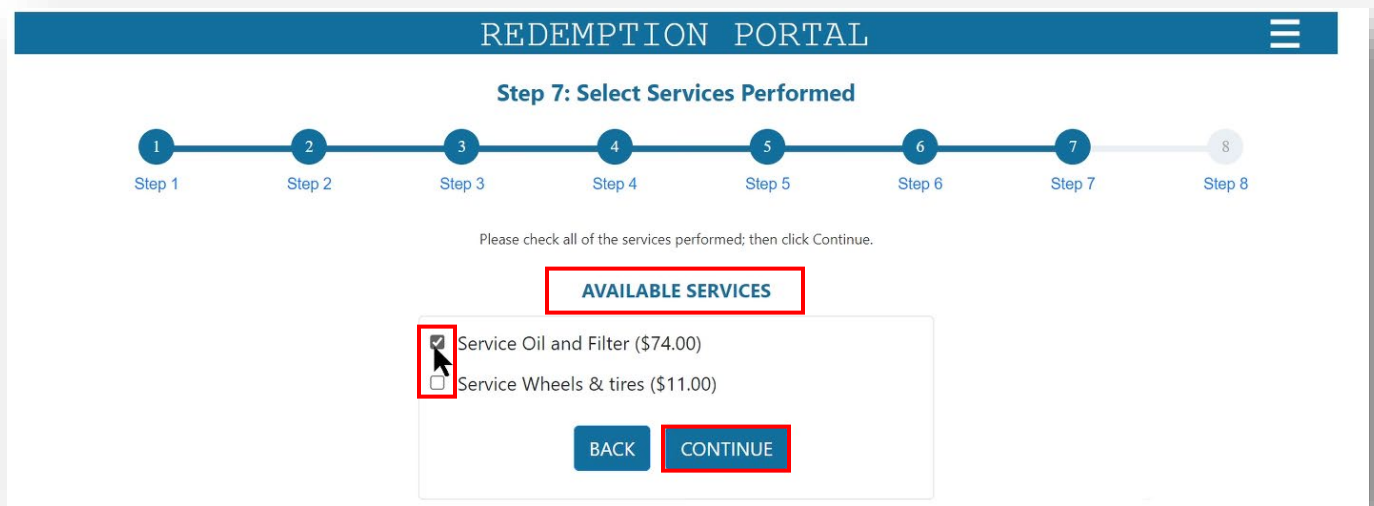
*Required *Required

I agree that I may receive an email or text message about this claim

[BACK](#) [CONTINUE](#)

Step 7: Select Services Performed

- Select **Available services** needed to be redeemed.
 - The system automatically defaults dollar amount to Tier Level purchased by Customer.
- Click **Continue**.



REDEMPTION PORTAL

Step 7: Select Services Performed

1 Step 1 2 Step 2 3 Step 3 4 Step 4 5 Step 5 6 Step 6 7 Step 7 8 Step 8

Please check all of the services performed; then click Continue.

AVAILABLE SERVICES

Service Oil and Filter (\$74.00)

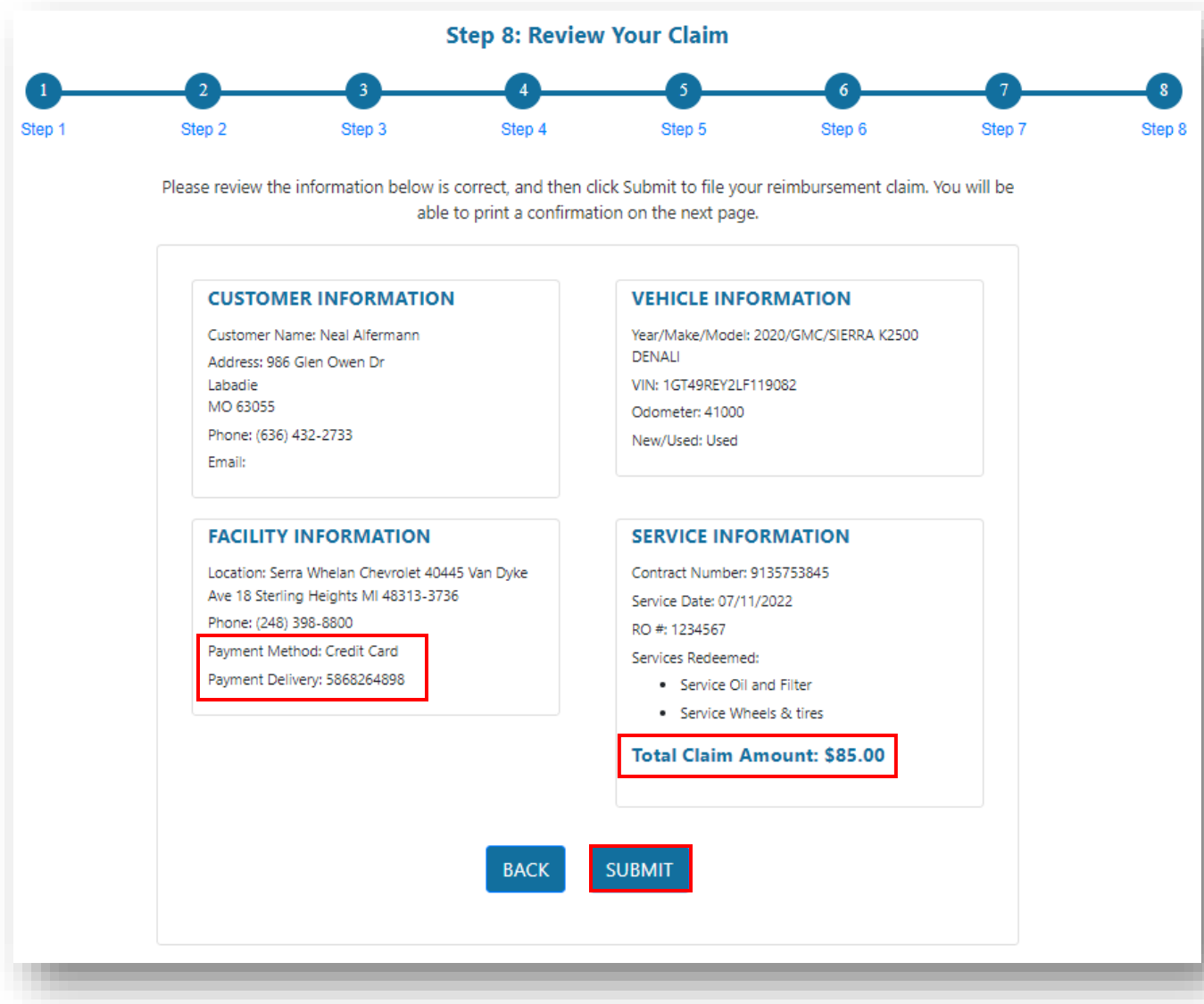
Service Wheels & tires (\$11.00)

[BACK](#) [CONTINUE](#)



Step 8: Review Your Claim

- On this screen you will find the full details of the claim being submitted.
 - Review all the information prior to submitting claim to ensure services are being redeemed for the correct vehicle/customer under the correct Service Facility.
 - **IMPORTANT:** Validate that Payment Information is accurate to ensure payments are sent to the correct place.
 - Review total Amount approved for claim is correct based on services selected.
- If all information is correct, click **Submit**.



The screenshot shows a multi-step process with Step 8 highlighted. Below the progress bar, a message reads: "Please review the information below is correct, and then click Submit to file your reimbursement claim. You will be able to print a confirmation on the next page." The form is divided into four sections: Customer Information, Vehicle Information, Facility Information, and Service Information. The "Payment Method: Credit Card" and "Payment Delivery: 5868264898" fields in the Facility Information section are highlighted with a red box. The "Total Claim Amount: \$85.00" is also highlighted with a red box. At the bottom, there are "BACK" and "SUBMIT" buttons, with "SUBMIT" highlighted in red.

Step 8: Review Your Claim

1 Step 1 2 Step 2 3 Step 3 4 Step 4 5 Step 5 6 Step 6 7 Step 7 8 Step 8

Please review the information below is correct, and then click Submit to file your reimbursement claim. You will be able to print a confirmation on the next page.

| | |
|---|---|
| CUSTOMER INFORMATION Customer Name: Neal Alfermann Address: 966 Glen Owen Dr Labadie MO 63055 Phone: (636) 432-2733 Email: | VEHICLE INFORMATION Year/Make/Model: 2020/GMC/SIERRA K2500 DENALI VIN: 1GT49REY2LF119082 Odometer: 41000 New/Used: Used |
| FACILITY INFORMATION Location: Serra Whelan Chevrolet 40445 Van Dyke Ave 18 Sterling Heights MI 48313-3736 Phone: (248) 398-8800 Payment Method: Credit Card Payment Delivery: 5868264898 | SERVICE INFORMATION Contract Number: 9135753845 Service Date: 07/11/2022 RO #: 1234567 Services Redeemed: <ul style="list-style-type: none">• Service Oil and Filter• Service Wheels & tires Total Claim Amount: \$85.00 |

BACK **SUBMIT**



Submission Completed: Upon submitting the claim with all required information, a receipt confirmation will generate with a reference number.

- Reference Number consist of Customer’s Contract Number and RO Number.
- After submission, claim will submit through overnight batching for next day payment.

REDEMPTION PORTAL

Your claim has been submitted successfully!

Thank you for submitting your Pre-Paid Maintenance claim. The summary below has been sent to the email address provided. Reimbursements are sent 24-48 hours via fax or email, depending on the preferences selected.

Please save your Reference Number in case you need to check this claim in the future.

Reference Number: 9135753845-12345679

Status: Submitted

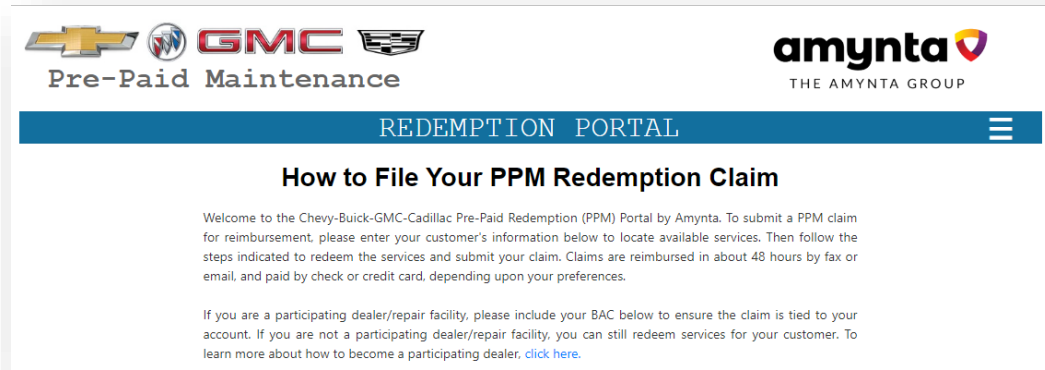
| | |
|---|---|
| CUSTOMER INFORMATION Customer Name: Neal Alfermann Address: 986 Glen Owen Dr Labadie MO 63055 Phone: (636) 432-2733 Email: | VEHICLE INFORMATION Year/Make/Model: 2020/GMC/SIERRA K2500 DENALI VIN: 1GT49REY2LF119082 Odometer: 41000 New/Used: Used |
| FACILITY INFORMATION Location: Serra Whelan Chevrolet 40445 Van Dyke Ave 18 Sterling Heights MI 48313-3736 Phone: (248) 398-8800 Payment Method: Credit Card Payment Delivery: 5868264898 | SERVICE INFORMATION Contract Number: 9135753845 Service Date: 07/11/2022 RO #: 1234567 Services Redeemed: <ul style="list-style-type: none">• Service Wheels & tires• Service Oil and Filter <p style="margin-top: 10px;">Total Claim Amount: \$85.00</p> <p>Claim Submitted Date: 07/11/2022</p> |

CREATE NEW CLAIMPRINT



HOW TO CHECK CLAIM STATUS

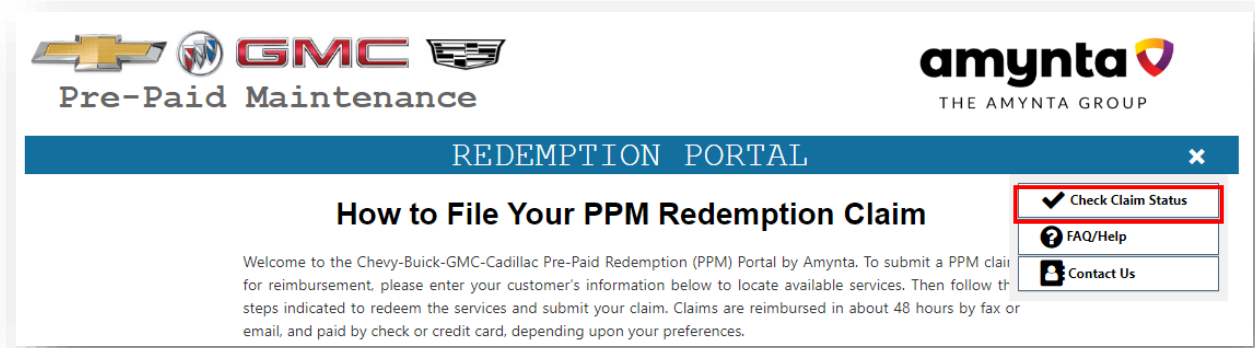
To get started: Log in to the PPM Redemption Portal - <https://ppmclaims.amyntagroup.com>.



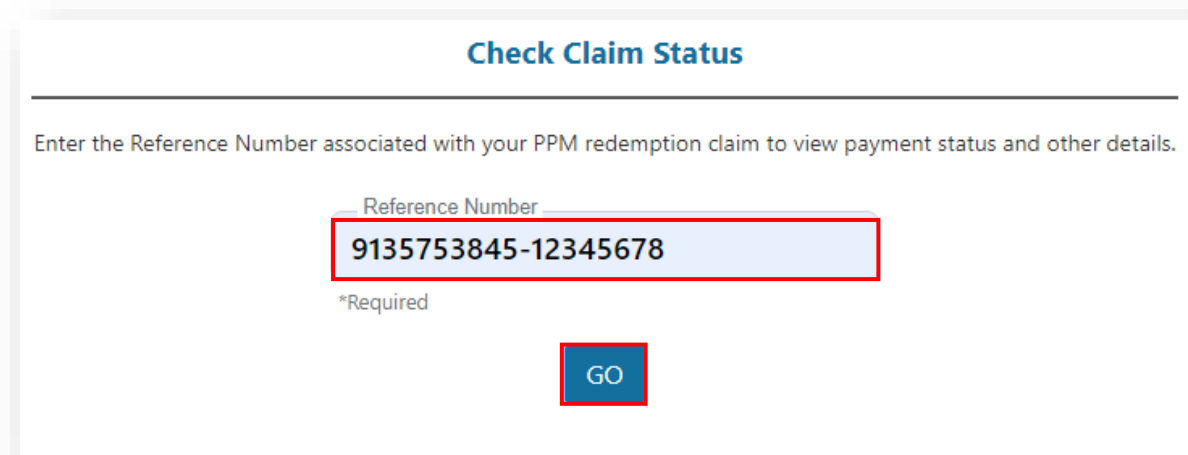
Step 1: Click on the right corner of the banner for more options.



Step 2: Select the **Check Claim Status** option.

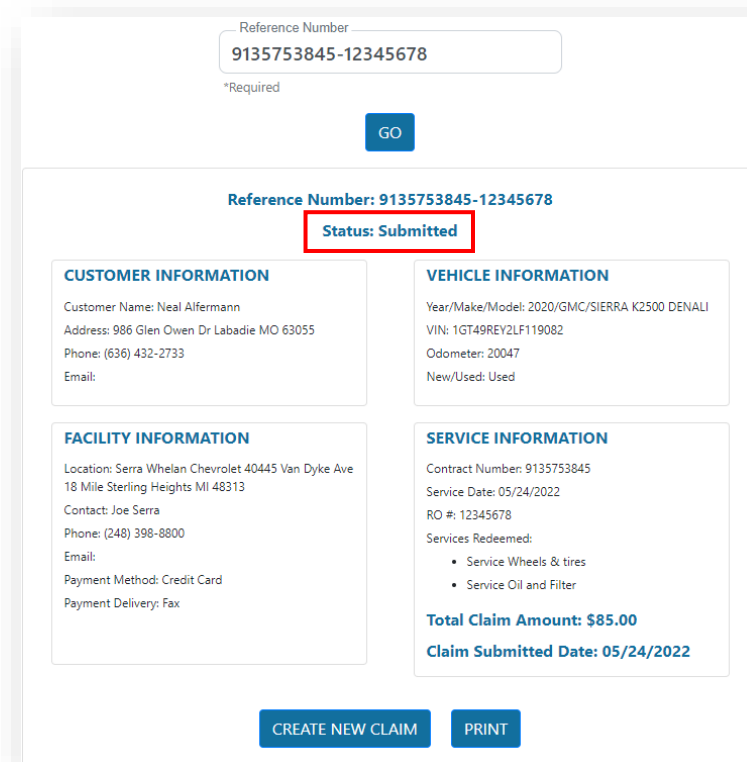


Step 3: Enter the **Reference Number** provided on submission confirmation receipt. Click **Go**.



Step 4: Claim information will populate at the bottom of the screen.

- Claim status will be located in the middle of the page under the Reference Number.



STATUS GUIDE

Submitted: Claim has been filed and submitted for redemption.

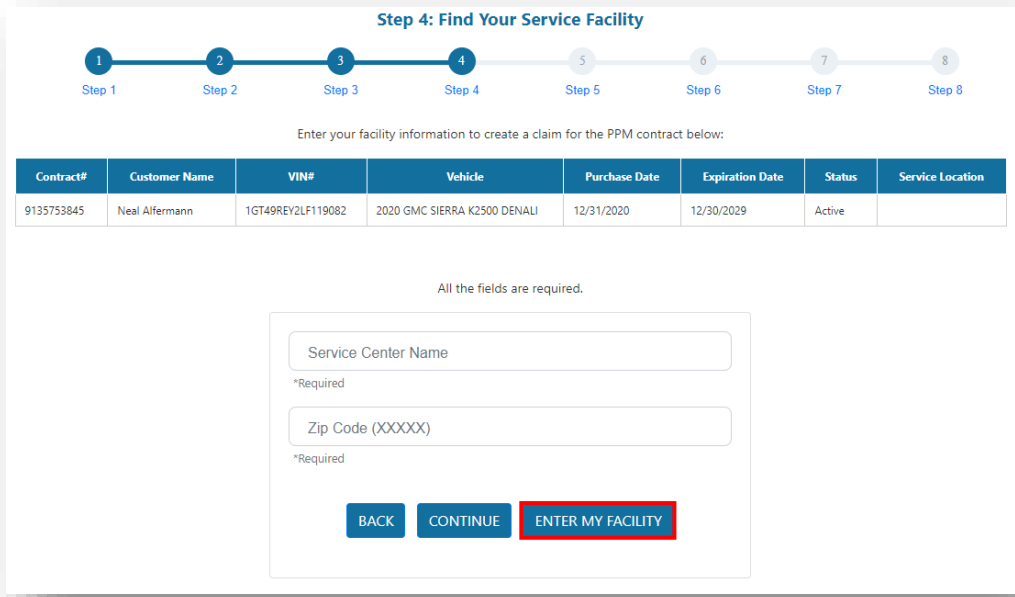
Processed: Claim has been processed for payment and CC letter issued.

Paid: CC letter was received and ran by Facility. Funds received.



HOW TO ENTER A FACILITY

When in the process of filing a claim, on step 4 - if the Service Facility was not auto populated for selection, you will need to click on **Enter My Facility** to create a facility profile in the system.



Step 4: Find Your Service Facility

1 Step 1 2 Step 2 3 Step 3 4 Step 4 5 Step 5 6 Step 6 7 Step 7 8 Step 8

Enter your facility information to create a claim for the PPM contract below:

| Contract# | Customer Name | VIN# | Vehicle | Purchase Date | Expiration Date | Status | Service Location |
|------------|----------------|-------------------|------------------------------|---------------|-----------------|--------|------------------|
| 9135753845 | Neal Alfermann | 1GT49REY2LF119082 | 2020 GMC SIERRA K2500 DENALI | 12/31/2020 | 12/30/2029 | Active | |

All the fields are required.

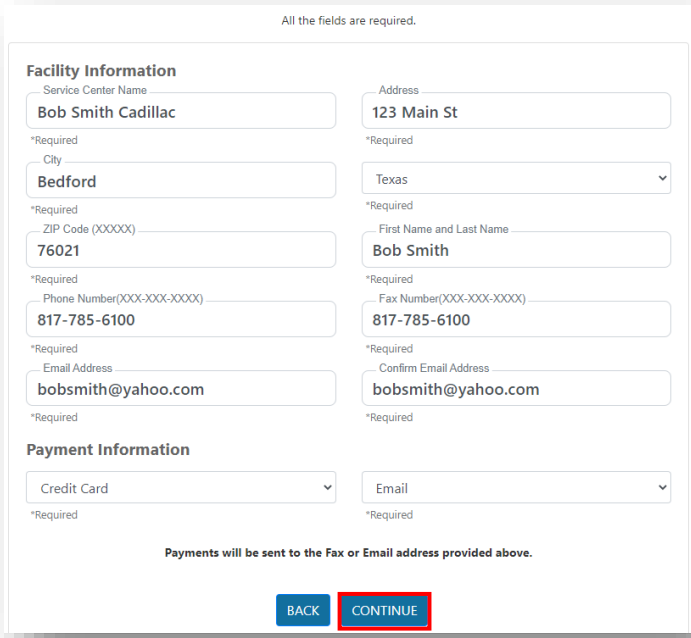
Service Center Name
*Required

Zip Code (XXXXX)
*Required

[BACK](#) [CONTINUE](#) [ENTER MY FACILITY](#)

Step 1: Enter the Facility Information and Payment Information, click **Continue**.

- Payments will be sent to the Fax or Email address entered under the Facility Information.



All the fields are required.

Facility Information

Service Center Name: **Bob Smith Cadillac**
*Required

Address: **123 Main St**
*Required

City: **Bedford**
*Required

State: **Texas**
*Required

ZIP Code (XXXXX): **76021**
*Required

First Name and Last Name: **Bob Smith**
*Required

Phone Number(XXX-XXX-XXXX): **817-785-6100**
*Required

Fax Number(XXX-XXX-XXXX): **817-785-6100**
*Required

Email Address: **bobsmith@yahoo.com**
*Required

Confirm Email Address: **bobsmith@yahoo.com**
*Required

Payment Information

Credit Card: **Credit Card**
*Required

Email: **Email**
*Required

Payments will be sent to the Fax or Email address provided above.

[BACK](#) [CONTINUE](#)



Step 2: Review that all Facility and Payment information for your Facility entry is correct and accurate. Click **Continue**.

- If information is incorrect, you can click **Edit** to make any changes needed to your entry and click **Continue** as shown in **Step 1**.

Please review the information below is correct; then click Continue. To revise your submission, click Edit.

FACILITY INFORMATION

Bob Smith Cadillac
123 Main St
Bedford Texas 76021

Phone: (817) 785-6100
Fax: (817) 785-6100

PAYMENT INFORMATION

Payment Method: Credit Card
Payment Delivery: Email

Payments will be sent to the Fax or Email address provided above.

[BACK](#) [EDIT](#) [CONTINUE](#)

Step 3: At this point, Service Facility has been added in the system for current and future claims.

- Refer to HOW TO FILE PPM REDEMPTION CLAIM steps 6 through 8 to continue claim filing process.

