Filing a Claim in the TWIA Policyholder Portal

This guide demonstrates the steps needed for a Policyholder to file a claim on a TWIA policy using the New Policyholder Portal.

1. On the home page in the New TWIA Policyholder Portal, there are 2 options shown to start a TWIA claim. This job aid shows the path if "Claims" is chosen from the menu at the top of the screen.

TEXAS WINDSTORM INSURANCE ASSOCIATION				
A Payment Center Claims				
	My Summa	Ny Next Bill	My Last Payment	Quick Links
		\$0.00 Due Date 9/18/22	\$236.68 Paid 8/18/22	\$ Payment Center
				Windstorm Certification
				 Update My Details Change Password

2. On the next screen, select "Click Here to File a New Claim."

TEXAS WINDSTORM INSURANCE ASSOCIATION	
🏶 Payment Center Clair	15
	Manage Claims
	Click on a claim number below to view the claim details, update information, and communicate with the claims team. To find a specific claim, you may search by claim number, policy number, or primary loss location. If you are looking for a claim that is not in the list below, you may need to link the policy associated with that claim. You will need the policy number. Click here to link the policy.
_	Click Here to File a New Claim All of the steps to report a new claim must be completed during one internet session, including clicking "Submit Claim" on the final screen. If you leave the excession before classification and the claim curve of the screen of the claim on the final screen. If you leave the
	session before sourniculity your report, used with not be sared. The damin number is commission bink your callin has been soccessibility reported. Search
	Search by Reported Date Search by Loss Date MM/DD/YYYY 🏥 to MM/DD/YYYY
	Search

3. Enter the "Date of Loss" where indicated.

New Claim Steps Date of Loss & Policy Verification	Date of Loss & Policy V	erification
	All of the steps to report a new cla clicking "Submit Claim" on the fina data will not be saved. The claim n reported.	im must be completed during one internet session, including I screen. If you leave the session before submitting your report, umber is confirmation that your claim has been successfully
	Only one claim can be submitted at a t screen after you complete this claim.	ime. To submit additional claims, please return to the Manage Claims
	Date of Loss	
	When did the loss occur? \ast	MM/DD/YYYY
	Cancel	Next



4. Verify the date of loss, select the policy the claim is related to and then click "Next."

New Claim Steps Date of Loss & Policy Verification	Date of Loss & Policy Verificatio All of the steps to report a new claim must be co clicking "Submit Claim" on the final screen. If yu data will not be saved. The claim number is cont reported. Only one claim can be submitted at a time. To submit screen after you complete this claim.	n mpleted during one internet session, includi u leave the session before submitting your r irmation that your claim has been successful additional claims, please return to the Manage Cla	ng eport, ly
	Date of Loss		
	When did the loss occur? * Policy Verification		
	Which policy is this related to?		
	POLICY POLICY NUMBER POLICY TYPE POLICY NUMBER POLICY	OLDER LOSS LOCATION EFFECTIVE EX	PIRES
	O TWRD0100021083 Matt Moone	August 18, Au 2022 18	igust 8, 2023
	Cancel	Ne	ext



5. Enter the information requested in the fields with a red asterisk * by them and then select "Next."

ew Claim Steps ate of Loss & Policy Verification	Main Contact Infor	mation for this Claim			
Contact Information	Please verify the main contact informa contact will temporarily be at another person as the main contact for this cla select "Other Person" in the Contact p	tion for this claim is correct, or make updates if the main address, phone number, or email. To select or add anothe im, please indicate by selecting the name of the person, or ull-down menu.	r		
	This information is provided to assist you with this claim. If you make changes to your information in Claims Center, the updated information will be used for the purpose of this claim. However, you cannot make policy changes here. Please contact your agent to change your policy information.				
	Have questions or need assistance? Co	ontact us 24 hours a day at (800) 788-8247.			
	Contact	Matt Mooney	~		
	Relationship to Policyholder *	Self	~		
	Mailing Address ✔ The address you entered has been upda	ted to follow USPS standards.			
	Address Line 1 *				
	Address Line 2				
	Address Line 3				
	City *	League City			
	State *	Texas	~		
	ZIP Code *	77573-3355			
	Country *	United States	~		
		Standardize Address			
	Phone (Select Primary)				
	Mobile				
		0			
	Work				
		0			
	Home *	555-555-5555			
		O Primary number			
	Email *	matt@mooney.com			
	Contact Preferences				
	Adding contacts does not grant TWIA pern contact policyholders for permission to dis	nission to contact the additional named individual(s) directly. TWI cuss details of TWIA policy and claims with any third party.	A will		
	By choosing the option for the policyholde Center, you acknowledge and agree on the receive documents related to the claim via documents through the mail. This consent claims, the policyholder may cloose the s documents through the mail cloycholder may cl or request a hard copy of any particular d policyholder change the default means of the new method, but any documents previ-	//main contact to receive documents by email or through Claims policyholder/main contact's behalf that the policyholder will only electronic delivery and will not receive hard copies of those applies only to this claim. If you and/or the policyholder file othe same or a different means of delivery, the designated email add range the preferred means of delivery, the designated email add name the preferred means of delivery, the designated email add lelivery, the policyholder will receive any future document deliver ously delivered to the policyholder will environ and the resent.	r ise iess, he ies by		
	Click here to view system requirements fo	r receiving electronic communication			
	What is the best way to communicate with this person?	Phone	~		
	How should we send any claim	Email	~		
	What is the person's preferred	English	~		
	language?				
	Cancel	Previous Next			



6. Enter the requested information on the Loss Details screen and then select "Next."

New Claim Steps	Loss Details
Date of Loss & Policy Verification Main Contact Information Loss Details	Tell us what happened in your own words by entering a description in the text box.
	Added detail helps us to address the claim appropriately and promptly.
	Hail damage to roof
	Are emergency services requested?
	Are there any emergency issues related to this loss you need to speak with us about? Yes No
	Where did the damage or loss occur?
	Primary Insured Location
	2704 Chinaberry Park, League City, TX 77573
	Occupancy of the loss location at the time of loss:
	Was the loss location rented or Yes No leased?
	Was the loss location vacant or Yes No unoccupied?
	Please provide the full names of all occupants in the box below. Matt Mooney
	What caused the damage or loss related to this claim? *
	Select one of the options below
	Hail Wind Both Wind & Hail Hail Damage Wind Damage Both Wind & Hail Damage
	Cancel Previous Next



7. Enter the requested information on the Additional Loss Details Screen and then select "Next."

New Claim Steps	Additional Loss Details
Date of Loss & Policy Verification	Is there any damage to the exterior of the home or other insured
Main Contact Information	structures?
Additional Loss Details	
Additional Information	Yes No
Summary	
	Is there any damage to the interior of the home?
	Yes No
	Is there any damage to personal property?
	Yes No
	Has the resulting damage made the home unlivable?
	Yes No

8. On the Additional Information screen, you may upload any Claim Documents you have and add any additional parties to the claim. When ready to move on, select "Next."

tw claim Steps	Additional Information
te of Loss & Policy Verification	
ain Contact Information	Claim Documents
ss Details	
lditional Loss Details	You may now upload any related documentation you would like to provide, such as photos of damages or repair estimates. Click the "Upload Documents" button, and select the files you wish to submit.
immary	+ Upload Documents
	After completing this report, you can access the claim under the Claims tab to submit additional documents.
	Do not upload files containing illegal content or copyrighted information without the permission of the copyright owner. File names must not exceed 60 characters. Files must not exceed 20MB. Supported file types: .doc, .pdf, .jpg, etc. For a complete list of supported file types, click here.
	Anyone Else Involved?
	You can provide information on any other person who may be involved with the claim.
	Adding other people does not grant TWIA permission to contact them directly. Policyholders will be contacted for permission to discuss details of TWIA policy and claims with anyone added. You can remove a person for this claim by contacting us at (800) 788-8247.
	Add Another Person 💌
	Cancel Previous Next



9. Review the information returned on the Summary screen. When ready, select "Submit Claim."

ate of Loss & Policy Verification	Summary			
ain Contact Information oss Details Iditional Loss Details	Your final step will be to review submitting your report to TWIA. TWIA has received your report a	the summary below to Once you click "Subm and opened the claim.	ensure it is accurate to the t it Claim," you will receive a c	est of your knowledge before laim number to confirm that
Iditional Information	There are two ways to edit y 1. Click "Previous" to navigate to 2. Select a section you wish to e	our claim report: o previous screens unt dit in the navigation m	I you reach the information y enu to the left.	rou wish to edit.
	After editing your claim informa "Summary" screen. Remember saved.	tion, click the "Next" b that if you leave the se	utton to save your edits and ssion and do not submit you	navigate back to the r report, the data will not be
	Policy Number	TWRI		
	What happened?	hail damage	to roof	
	When?	08/18/2022		
	Cause of Damage or Loss	Hail		
	Where?		, League City, TX 7	7573
	NAME	PRIMARY PHONE	ROLE ON THIS CLAIM	EMAIL
	Matt Mooney	555-555-5555	Main Contact, Insured	matt@mooney.com
			Agent	
	TWIA takes insurance fraud seri correct to the best of your know state law.	ously. By submitting th ledge. Knowingly pres	is claim, you are certifying t enting false or fraudulent clai	hat all information is true and ms is a violation of Texas
	Cancel		Previo	us Submit Claim

10. Your claim has been submitted. You may exit the system at this point or click on "Back to Claims Page" to manage your claim.





11. On the Manage Claims screen you can see your claim information including the date of loss and the claim number.

Mana	age C	laims						
Click on a cl by claim nur If you are lo to link the p	aim number b mber, policy n oking for a cla olicy.	below to view the claim details, updat umber, or primary loss location. aim that is not in the list below, you	te information, and cor may need to link the p	mmunicate with the olicy associated with	claims team. To find h that claim. You will	a specific o need the p	laim, you may sear olicy number. Click l	ch here
Click Here All of the ste	to File a New	r Claim	ng one internet session	, including clicking '	"Submit Claim" on th	e final scree	en. If you leave the	
session beru	ite submitting	your report, data will not be saved.	The claim number is c	omminiation that you	in claim has been suc	cessiuity re	sporteu.	
Search								
Search	by Reported	d Date Search by Loss	5 Date	DD/YYYY	🛗 to	MM/	DD/YYYY	
Search Search Search POLICY TYPE	by Reported	d Date Search by Loss	s Date MM/I	DD/YYYY DATE OF LOSS	to REPORTED DATE	MM/ PAID	DD/YYYY POLICY NUMBER	

