





5. After entering the date of loss, you may either provide a policy number or search for a policy (by entering the policyholder's name, insured location or policy mailing address. In this example, we are searching by policy number.

6. Enter the policy number, verify the information returned and then select 'Next.'



7. Verify the main contact information and the best ways for Claims to communicate with the policyholder. When ready to proceed, select 'Next.'

**New Claim Steps**

- Date of Loss & Policy Verification
- Main Contact Information
- Loss Details**

### Main Contact Information for this Claim

Please verify the main contact information for this claim's insured, or another contact if the main contact will not respond to an emailed address, phone number, or email. To select a different address or the main contact for this claim, please indicate by selecting the name of the person, or select "Other Person" in the dropdown list below.

**Have questions or need assistance? Contact us 24 hours a day at (800) 789-8347.**

Contact: John Doe  
Relationship to Insured: Self

**Mailing Address**

Address Line 1: 3601 Avenue M  
Address Line 2:  
Address Line 3:  
City: Galveston  
State: Texas  
ZIP Code: 77550-4444  
Country: United States

**Phone (Select Primary)**

Phone: 409-555-1234  
Area Code: 409  
Phone Number: 555-1234  
Phone Type: Home  
Mobile: 409-555-1234  
Mobile Number: 555-1234  
Email: jdoe@twia.com

**Contact Preferences**

How do you prefer to be contacted?  
Email:   
Text:   
Print:   
What is the person's preferred language?  
English:

**Buttons:** Cancel, Previous, Next

8. Next, enter the loss details where indicated. Select 'Next' to continue.

**New Claim Steps**

- Date of Loss & Policy Verification
- Main Contact Information
- Loss Details**

### 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.

Wind 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**

3601 Avenue M, Galveston, TX 77550

**Occupancy of the loss location at the time of loss:**

Was the loss location rented or leased?  Yes  No  
Was the loss location vacant or unoccupied?  Yes  No

Please provide the full names of all occupants in the box below.  
John and Jane Doe

**What caused the damage or loss related to this claim?\***

Select one of the options below

Hail  
Hail Damage

Wind  
Wind Damage

Both Wind & Hail  
Both Wind & Hail Damage

**Buttons:** Cancel, Previous, Next



9. Enter the information requested on the Additional Loss Details screen. Select 'Next' to continue.

**New Claim Steps**

- Date of Loss & Policy Verification
- Main Contact Information
- Loss Details
- Additional Loss Details**
- Additional Information
- Summary

**Additional Loss Details**

Is there any damage to the exterior of the home or other insured structures?

Yes  No

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

10. On the Additional Information screen, you may upload documents if needed (please see the final page of this job aid for assistance uploading documents) and you may also identify if anyone else is involved in the claim. When ready to proceed, select 'Next.'

**New Claim Steps**

- Date of Loss & Policy Verification
- Main Contact Information
- Loss Details
- Additional Loss Details
- Additional Information**
- Summary

**Additional Information**

**Claim Documents**

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.

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) 788-8242.



11. The Summary screen shows the basic information about the claim you are submitting. You may also send a message to TWIA on this screen. When ready, select 'Submit Claim.'

**New Claim Steps**

- Date of Loss & Policy Verification
- Main Contact Information
- Loss Details
- Additional Loss Details
- Additional Information
- Summary**

### Summary

Your final step will be to review the summary below to ensure it is accurate to the best of your knowledge before submitting your report to TWIA. Once you click "Submit Claim," you will receive a claim number to confirm that TWIA has received your report and opened the claim.

There are two ways to edit your claim report:

1. Click "Previous" to navigate to previous screens until you reach the information you wish to edit.
2. Select a section you wish to edit in the navigation menu to the left.

After editing your claim information, click the "Next" button to save your edits and navigate back to the "Summary" screen. Remember that if you leave the session and do not submit your report, the data will not be saved.

Policy Number: TWDD0

What happened?: wind damage to roof

When?: 07/08/2024

Cause of Damage or Loss: Wind

Where?: [Redacted]

#### Associated People

NAME	PRIMARY PHONE	ROLE ON THIS CLAIM	EMAIL
John Doe	[Redacted]	Main Contact, Insured	[Redacted]
[Redacted]	[Redacted]	Agent	[Redacted]

Send Message to TWIA

[Redacted] [Send Message to TWIA](#)

TWIA takes insurance fraud seriously. By submitting this claim, you are certifying that all information is true and correct to the best of your knowledge. Knowingly presenting false or fraudulent claims is a violation of Texas state law.

[Cancel](#) [Previous](#) [Submit Claim](#)

12. The claim has been submitted.

## Claim submitted!

Your claim number is: 1188309

Moving forward, you can access this claim when you log in to Producer Engage.  
From the Claims tab, you can access claim status, submit documents, and communicate with TWIA representatives assigned to this claim.

To submit additional claim, please return to the account or policy page for the applicable policy and click on the Claims filter. Then, click "File a Claim".

[Back to Claims Page](#)



To upload documents to the first notice of loss, select '+Upload Documents.'

### Additional Information

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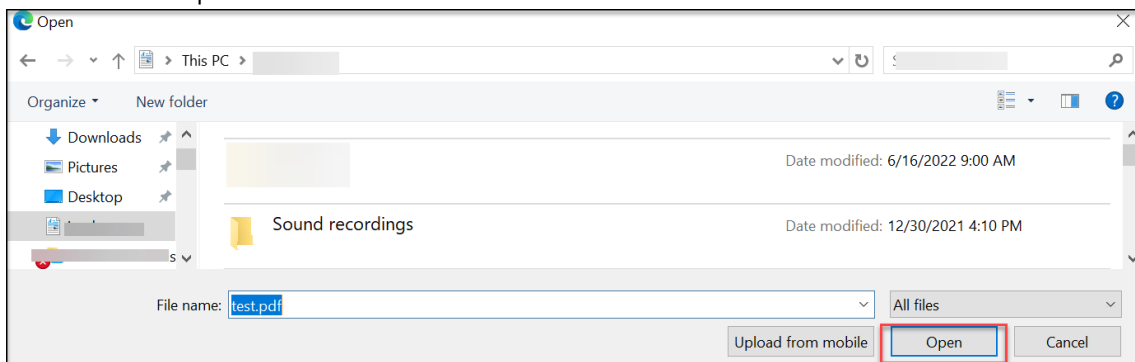
#### Claim Documents

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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.

**+ Upload Documents**

This will open Word. Search for the document you want to upload to TWIA Claims and select 'Open.'



You will now see the document listed under Claim documents.

### Claim Documents

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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.

**Claim documents**  
test.pdf

**+ Upload Documents**