

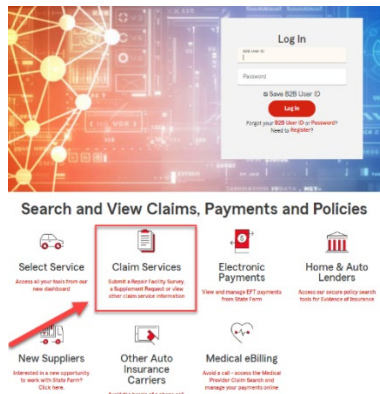
STATE FARM® AUTO CLAIM SUPPLEMENT (Non Registered Shops)

Why Register? - Although logging into B2B is not required to submit a supplement, it will minimize the amount of inputs needed to validate your access and provide additional self-service capabilities like viewing previously submitted supplement requests, reviewing payments and EFT information (depending on your role).

Non-Registered Shops

You can access the Request Supplement Tool without logging in by following these steps from the B2B web page (b2b.statefarm.com):

1. **Claim Services** Icon located on the homepage

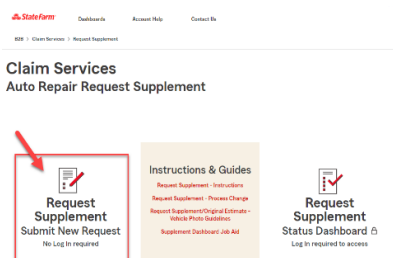


2. **Auto Repair Request Supplement** icon located on the Claim Services page



Auto Repair Request Supplement

3. **Request Supplement** icon on the Auto Repair Supplement page



Request Supplement- Validate Claim

The Request Supplement Tool will launch and requires information from you in order to validate this information in our Claim System. Refer to the information on the initial State Farm® estimate or any updated information that the customer has provided.

We will ask for a minimal amount of required information to validate the claim:

- Claim Number
- Vehicle Year
- Vehicle Make

Then click **Check Claim**.

Home Profile & Settings

Request Supplement - Validate Claim

Verify your customer's claim with State Farm. All fields below are required.

If a supplement is required on a vehicle make not listed, such as a trailer, commercial truck, travel trailer, recreational vehicle (RV), all-terrain vehicle (ATV), motorcycle, stake bed, or box bed type truck, please contact the claim handler displayed on the State Farm estimate to send an Estimate Assist assignment to you.

Claim Number ?

Vehicle Year ▾

Vehicle Make ▾

Check Claim


Potential Validate Claim Error - Vehicle information does not match claim number

If you receive this error review the State Farm Estimate then re-enter the information and click Check Claim.

Verify your customer's claim with State Farm. All fields below are required.

If a supplement is required on a vehicle make not listed, such as a trailer, commercial truck, travel trailer, recreational vehicle (RV), all-terrain vehicle (ATV), motorcycle, stake bed, or box bed type truck, please contact the claim handler displayed on the State Farm estimate to send an Estimate Assist assignment to you.

 Vehicle Information entered does not match claim number.

 Please refer to the Control Information & Vehicle sections of the State Farm® estimate and re-enter the information. If you are unable to proceed, please call the claims team at the number listed in the Control section of the estimate.

If you don't have the State Farm Estimate, you can contact 800-SF CLAIM to obtain the correct claim contact. Do not call the B2B Help desk if you receive this error.

If you are unable to continue, contact the claim team at the number listed in the Owner and Control section of the State Farm Estimate.

Request Supplement- Validate Shop

Enter your shop contact information in order to match the supplement request to your shop. Shop Information includes: Shop Name, Phone Number, Street Address, Contact and Email

Then click **Confirm**.



[Log In](#)

Request Supplement - Validate Shop

A State Farm® appraiser will contact you if anything additional is needed. All fields below are required.

Shop Name Smith Auto Body	Shop Phone Number (800)555-6262		
Shop Street Address 100 w Main St	Shop City Springfield	Shop State Ohio	Shop ZIP Code 45502
Shop Contact Mike Smith	Shop Email MikeSmith@Smithautobody.com		

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[Validate](#)

If the claim information you input does not match what State Farm® has on file you will receive error messages informing you of the error and to locate the information on the State Farm® estimate and re-enter.

Address is Incorrect.

If you receive any of these errors, please follow the directions provided within the error you receive.

- City does not exist. Verify city is correct.
- Unable to assign last 4-digits of the 9-digit ZIP code. Correct zip code.
- Entered street name was not found. Verify street name spelled correctly.
- Entered business street number not correct. Verify business street number is correct.
- Directional and/or suffix incorrect within the street address line. Correct directional and/or suffix. (for example: North, South, Place)

Address Standardization

When the shop address matches what State Farm® has on file, an Address Standardization screen will appear asking you to select “Standardized” or “As Entered” address. Please leave the default “Standardized” option if it is accurate.

Then click **Confirm**.

Address Standardization



State Farm uses address standardization software that will assist with validating the body shop address to provide efficiencies. Please use the standardized address unless it is incorrect.

Business address

Standardized

100 W Main St
Springfield, OH 455021312

As Entered

100 w Main St
Springfield, OH 45502

[Back](#)

[Confirm](#)

Request Supplement – Provide Information

Continue by entering:

Total amount of the supplement: Enter the estimated amount for the supplement items you are requesting at this time. Example: If original State Farm® estimate was \$1,500 and you find \$500 worth of additional damage, enter \$500.

Please indicate if the supplement request involves damages from:

- Hail
- Flood
- Other damages (i.e. collision or comprehensive)

Then click **Continue**.

Home Profile & Settings

Request Supplement - Provide Information

OK! The claim (13-2131-0K9) you submitted is verified in our system. To submit a supplement you must provide additional information for review.

Total Amount of Supplement
\$500.00

Please indicate if the supplement request involves damages from

Hail Flood Other Damages

Click continue to upload a detailed supplement summary and supporting documentation

[Back](#) [Continue](#)

Request Supplement – Upload Files

Click **Choose File** to select documentation such as the itemized supplemental estimate, photos, invoices, etc. to support your supplement request.

You can select all the files you want to upload at the same time.

File types accepted are noted as (PDF, JPG and JPEG).

- Each **file cannot exceed 17MB** and
- **total size** of uploaded files cannot exceed **19MB**
- Maximum of 20 files can be attached.
- **Password protected** files will cause errors.

Once files are uploaded you can remove any of the files if you uploaded in error.

Please indicate in the Comments field if you have additional documentation to provide that you were unable to upload.

Comments:

Enter any message you wish to communicate to the State Farm appraiser regarding the supplement request.

Please refrain from entering Sensitive Personal information (SPI) in the comments field or formatting numbers that may resemble numbers like the following:

- Social Security Number
- Tax Identification Number
- Driver's License Number
- Financial Account Number(s)
- Credit/Debit Card Number(s)
- Protected Health Information
- Any Medical Information.

This will result in not getting a response email from State Farm.

Then click **Continue**.

Home Profile & Settings

Request Supplement - Upload Files

To expedite the review process, upload your supplemental estimate, photos and/or copies of other supporting documentation for the items you are requesting

- First choose the file(s) then click open
- File types can be PDF, JPG or JPEG
- Each file cannot exceed 17 MB and total files cannot exceed 19 MB
- A maximum of 20 files can be attached
- Please ensure that the file is not password protected, these files will cause errors
- These files will become a permanent part of the claim

Choose File

S.No	Filename	Size(MB)	Remove
1	Supplement Dashboard Job Aid.pdf	0.96M	

1 file(s) selected, total files size 0.96 MB

Comment

Additional hours requested|

(173) characters remaining

Enter message to communicate to the State Farm appraiser why you are requesting a supplement (i.e. replacing part instead of repairing, additional hours requested, etc.) Please indicate if you have additional documentation that you are unable to attach to this request. To protect sensitive personal information, do not include full SSN, TIN, SIN, DL#, financial account numbers, credit/debit card numbers, PHI or any medical information

Request Supplement – Submitted

Once all documents are listed, click **Submit** to complete the request. You will see a message indicating the submission was successful.

You can complete another request by clicking **New Request**.

Home Profile & Settings

Request Supplement - Submitted

✓ Thank you! we have successfully received your supplement request for (13-2131-0K9). This is in process of being reviewed and a State Farm® appraiser will contact you if anything additional is needed.

New Request