

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

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: Access the PPM Redemption Portal - <u>https://myppmclaims.com</u>.

• Select the "I am a service facility representative." option.

Pre-Paid Mainte	nance REDEMPTION PORTAL	Ξ
Ho	ow to File Your PPM Redemption Claim	File a claim for a VFHICLE OWNER
Welcome to the reimbursement y indicated to rede and paid by chec	Hello. How can we help you? Please tell us who you are, so that we can serve you better.	
ff you are a parti account. If you a learn more about	m is tied to your our customer. To	
Step 1	I am the vehicle I am a service facility Step 8	

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. However, this field is optional.
- Check the **"I'm not a robot"** box and click **Search**.

		Step	1: Search	for Conti	act		
	2	3	4	5	6	7	8
Ste	ep 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
		All field	s required un	less noted opt	ional.		
	ast 8 of VI	N					
LF	119082	2					
*Rec	quired	umbor or Cust	omor Loot Nor	20			
91	35753	845	omer Last Nan	le			
*Rec	quired						
E	BAC						
Opti	ional						
Your BAC	BAC (Dea is not rec	aler ID) is a 6 iuired to pro	digit number ceed.	assigned to p	participating de	ealers. The	
		ľm	not a robot		C		
				re Pr	CAPTCHA ivacy • Terms		
			_	_			
			SEAR	RCH			



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 S	Search Res	ults			File a claim for a VEHICLE OWNER
	1	2	3	4	5	6	7	8	
	Ster	1 Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step	
G	Good news! You	ir customer's contract	was located. Select th	e contract below to	o review the Se	rvice History and	start your PPM Se	rvice redempt	tion claim.
Folget	Contract#	Curtomar Namo	1/11/1#	Vohid	la	Purchase	Expiration	Statur	Convice Location
penett	Contract#		V II V#	venici	ie.	Date	Date	Status	Service Location
۲	9135753845	Neal Alfermann	1GT49REY2LF119082	2020 GMC SIERRA K	(2500 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: Revie	w Contract Det	ails			File a claim for a VEHICLE OWNER
1—	2	-3 4	5	6	7	8	
Step 1	Step 2	Step 3 Step 4	Step 5	Step 6	Step 7	Step	
	Please review the Serv	ice History for this contrac	t below; then click Co:	ntinue to proceed	d with your claim.		
Customer Nan	ne VIN#	Vehicle	Purcl	ase Date E	xpiration Date	Status	Service Location
Neal Alfermann	1GT49REY2LF11908	2 2020 GMC SIERRA K25	00 DENALI 12/31/2	020 12/	30/2029	Active	
torv							
Mileage	Service Locat	ion RO#	Batch#	Claim Status		Details	
Mileage	Service Locat	ion RO#	Batch#	Claim Status	Service Wheels 8	Details	Dil and Filter
	1 Step 1 Customer Nam Neal Alfermann	1 2 Step 1 Step 2 Please review the Serview t	1 2 3 4 Step 1 Step 2 Step 3 Step 4 Please review the Service History for this contract Customer Name VIN# Vehicle Neal Alfermann 1GT49REY2LF119082 2020 GMC SIERRA K250	1 2 3 4 5 Step 1 Step 2 Step 3 Step 4 Step 5 Please review the Service History for this contract below; then click Cor Customer Name VIN# Vehicle Purch Neal Alfermann 1GT49REY2LF119082 2020 GMC SIERRA K2500 DENALI 12/31/20 BACK CONTINUE	1 2 3 4 5 6 Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Please review the Service History for this contract below; then click Continue to proceed Customer Name VIN# Vehicle Purchase Date E Neal Alfermann 1GT49REY2LF119082 2020 GMC SIERRA K2500 DENALI 12/31/2020 12/ BACK CONTINUE	1 2 3 4 5 6 7 Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Please review the Service History for this contract below; then click Continue to proceed with your claim. Customer Name VIN# Vehicle Purchase Date Expiration Date Neal Alfermann 1GT49REY2LF119082 2020 GMC SIERRA K2500 DENALI 12/31/2020 12/30/2029 BACK	1 2 3 4 5 6 7 8 Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 7 Please review the Service History for this contract below; then click Continue to proceed with your claim. Customer Name VIN# Vehide Purchase Date Expiration Date Status Neal Alfermann 1GT49REY2LF119082 2020 GMC SIERRA K2500 DENALI 12/31/2020 12/30/2029 Active BACK CONTINUE



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 Serv	vice Facility			File a claim for a VEHICLE OWNER
	1		3 4	5 6	7	8	
	Step 1	Step 2 St	ep 3 Step 4	Step 5 Step	6 Step 7	Step	
		Enter your f	acility information to create a clai	m for the PPM contrac	t 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	
		*Required	XXXXX)				
		Zip Code (XXXXX)				
		*Required					

Step 5: Confirm Service Facility

- The Service Facility searched will populate for selection. Review all **Facility and Payment** information to ensure the correct Service Facility servicing the vehicle was selected.
 - \circ $\;$ If details are correct, click the Select bubble and then click Continue.
 - If details are incorrect, click **Back** and repeat step 4.

The S	Step 1 Service Facility below matc	2 Step 2 Step hed your selection cri	p 3 Step 4	Step 5	Ste	p 6 d. If this is i	7 Step 7 not your facility, clic	8 Step 8 k Enter My Facility.
Select	Facility Name	Add	ress	City	State	ZIP	Pay	ment Delivery
۲	Chevrolet Van Nuys	5949 van nuy	s boulevard V	AN NUYS	CA	91401	gmelkonyan	Dchevroletvannuys.com
		BA	CK ENTER MY	FACILITY	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.

		Step	6: Find Ava	ilable Servi	ices		File a claim for a VEHICLE OWNER
	2	3			6	7	—s (
p 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
Plea	se review your cu:	stomer's informatio	on and enter the item	date, RO# and c ns.	urrent mileage to fi	nd available service	
2	CUSTOMER Customer Name: Address: 986 Gle Labadie MO 63055 Phone: (636) 432 Email:	INFORMATION Neal Alfermann an Owen Dr 2-2733	I	æ	VEHICLE INFO Year/Make/Model: K2500 DENALI VIN: 1GT49REY2LF Odometer: 20047 New/Used: Used	DRMATION 2020/GMC/SIERRA 19082	
				ENTER CLA All the fields a	IM INFORMATIO	DN	
	CONTRAC Contract #: 913 Program: DIESEL PPM N	T INFORMATIO 35753845 0-90000 ormal	N	Reported D 05/12/20 Service Da 05/12/20 *Required	025 025 025		
	Scheduled Sen DUE] Purchase Date: Sold by: Cardin	vice Date: 06/30/2021 : 12/31/2020 nal Buick GMC	[PAST	Repair Ord 1234567 *Required Current Od	er# (XXXXX)		
				71000 *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**.

Bob Smith		Phone Number (XXX-XXX-XXXX) 817-785-1600	
Required Your Email Address		*Required Confirm Email Address	
bobsmith@chevy.com		bobsmith@chevy.com	
Required		*Required	
I agree that I may receive an email	or text messa	ge about this claim	



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**.

		Step	7: Select Serv	vices Perfor	ned		File a claim for a VEHICLE OWNER
0—	2		4		6	-7	
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
		Please check al	I of the services p	erformed; then cli	ck Continue.		
			AVAILABLE	SERVICES			
		Service Oil a	and Filter (\$69.0	0)			
		Service Wheel	eels & tires (\$11	.00)			
			BACK	CONTINUE			

Step 8: Review Your Claim

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- 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.
 - <u>IMPORTANT</u>: 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**.

/1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
Ple	ease review the infor	mation below is co able to	prrect, and then c print a confirma	lick Submit to file tion on the next p	your reimburseme age.	nt claim. You will k	be
	CUSTOMER IN	FORMATION		VEHICLE IN	NFORMATION		
	Customer Name: N	eal Alfermann		Year/Make/Mo	del: 2020/GMC/SIERR	A K2500	
	Address: 986 Glen G	Dwen Dr		DENALI	21 5110092		
	MO 63055			Odometer: 710	2LF119082		
	Phone: (636) 432-2	733		New/Used: Use	ed		
	Email:						
	FACILITY INFO	ORMATION		SERVICE IN	FORMATION		
	Location: Chevrolet	Van Nuys 5949 van n	uys	Contract Numb	per: 9135753845		
	boulevard VAN NU	YS CA 91401		Service Date: 0	5/12/2025		
	Payment Method: C	redit Card		RO #: 1234567			
	Payment Delivery:			Services Redee Service	Oil and Filter		
	gmelkonyan@chev	roletvannuys.com		Service	Wheels & tires		
				Total Claim	Amount: \$80.0	00	
				Total claim			
			_				



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.





HOW TO CHECK CLAIM STATUS

To get started: Access the PPM Redemption Portal - <u>https://myppmclaims.com</u>.

• Select the "I am a service facility representative." option.



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

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Pre-Paid Maintenance			
RE	DEMPTION	PORTAL	

Step 2: Select the Check Claim Status option.





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

Enter the Reference Number associated with your PPM redemption claim to view payment status and other details U9135753845-1234567 *Required GO		Check Claim Status	
Reference Number U9135753845-1234567 *Required GO	Enter the Reference Number a	ssociated with your PPM redemption claim to view pay	ment status and other details.
*Required	[Reference Number	
GO		*Required	ļ
		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.

Reference Number: U	STATUS GUIDE		
Status: S	ubmitted		
	VEHICLE INFORMATION	Submitted: Claim has be	
Customer Name: Neal Alfermann	Year/Make/Model: 2020/GMC/SIER8A K2500 DENAL	filed and submitted for	
Address: 986 Glen Owen Dr Labadie MO 63055	VIN: 1GT49REY2I F119082	redemption.	
Phone: (636) 432-2733	Odometer: 20047	Processed: Claim has bee	
Email:	New/Used: Used	processed for payment a	
		processed for payment a	
FACILITY INFORMATION	SERVICE INFORMATION	CC letter issued.	
	Contract Muncher 0125752045	Paid: CC letter was	
Nuys CA 91401	Senice Date: 05/12/2025	received and ran by	
Phone: (818) 933-3000	BO # 1234567	Facility, Funds received.	
Payment Method: Credit Card	Services Redeemed:		
Payment Delivery:	Service Wheels & tires		
gmelkonyan@chevroletvannuys.com	Service Oil and Filter		
	Total Claim Amount: \$80.00		
	Claim Submitted Date: 05 (12/2025		

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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 Serv	vice Facility			File a claim for a VEHICLE OWNER
	1	-2(3 4	5 6	7	8	
	Step 1	Step 2 St	ep 3 Step 4	Step 5 Step	6 Step 7	Step	《┣━┻
		Enter your f	acility information to create a clai	m for the PPM contrac	t 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	
		*Required Zip Code *Required		TER 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.

acility Information	
Service Center Name	Address
Bob Smith Cadillac	123 Main St
*Required	*Required
Fort Worth	Texas
*Doguized	*Required
ZIP Code (XXXXX)	First Name and Last Name
76155	Bob Smith
*Required	*Required
Phone Number (XXX-XXX-XXXX)	Fax Number (XXX-XXXX-XXXX)
817-785-1600	817-785-1600
*Required	*Required
Email Address	Confirm Email Address
bobsmith@cadillac.com	bobsmith@cadillac.com
*Required	*Required
Payment Information	
Credit Card	✓ Email ✓
*Required	*Required
Payments will be se	nt 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**.

	Step 5: Confirm Service Facility						File a claim VEHICLE O	
1				5	6	7	8	
tep 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	
	Plea	se review the info	ormation below is c	orrect; then click	Continue. To rev	ise your submiss	ion, click Edit.	
	FACILITY	INFORMATIO	N					
	Bob Smith	Cadillac						
	123 Main 9	it						
	Fort Worth	Texas 76155						
	Phone: (81	7) 785-1600						
	Fax: (817) 7	785-1600						
	PAYMEN	T INFORMATIO	N					
	Payment N	lethod: Credit Car	rd					
	Payment D	elivery: bobsmith	@cadillac.com					
	Payments v	will be sent to the	Fax or Email addre	ess provided abo	ove.			
			DACK	FDIT				
			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.