



Supplement Request Form

Submit your request by Web: www.nasclaims.com/supplements

Submit your request by Email: supplements@nasclaims.com

Submit your request by Phone: (610) 755-3699

Submit your request by Fax: (610) 279-6060

Repair Facility Information

Shop Name: _____

Contact Name: _____

Tax ID: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Claim Information

Claim Number: _____ File Number: _____

Owner Name: _____ Date of Loss: _____

Supplement Information

Supplement Request Amount:
\$ _____

Are the repairs completed?

Yes No

Is the vehicle delivered?

Yes No

Is the vehicle being withheld from delivery?

Yes No

Is the Supplement Request for additional Parts?

Yes No

Is the Supplement Request for additional Labor?

Yes No

Additional Comments:

Supplements for additional parts, labor, or rate changes require approval prior to beginning supplemental repairs.

All payments are issued by the Insurance Company.