Filing Claims on the Internet
LOGON INSTRUCTIONS

User Name: 0807297
Password: newclaim

Open an Internet browser session. On the URL address line, type www.pmacompanies.com
You will see PMA's Home Page.

Click “Report a Claim.”
See the Report A Claim landing page.

Click REPORT A CLAIM.
You will see a login screen. Type your User Name and your Password in the spaces provided. Click OK.

![Login Screen]

User Name = 0807297
Password = newclaim

After a few seconds, you will see the New Claim Entry main screen.

From the drop-down, choose the type of claim you want to report (Workers’ Compensation, Automobile, Liability, Property). If you only have one type with PMA, you will not see this screen.

![New Claim Entry Main Screen]

For Worker’s Compensation only, choose your accident state and click Go.
Complete each of the screens. Click the blue headings to move between the various screens. Note required fields are blue. For all dates, use the format mm/dd/yyyy, like 06/20/2013 for June 20, 2013. For telephone numbers and social security number, do not type the dashes.

If you missed entering any required fields, you will see a screen reminding you (in red) about missing information. Open each red section, complete the missing information, and return to the Claim Submission section.

Sample Workers’ Compensation screens continue below.
Occurrence Information

* Fields in blue are required

- Date of Injury/Illness
- Accident State: Alabama
- Accident Cause
- Injury Nature
- Body Part
- Side of Body
- Accident Description (Maximum 500 Characters)
- Time Employee Began Work
- Time of Occurrence
- Date Employee Notified
- Date Expected to Return to Work
- Full Pay For Date of Injury?
- Hours Worked Per Day
- Payment Frequency
- If Fatal, Date of Death
- Is the Injured Worker Losing Time?
- Is the Injured Worker on Modified Duty?
- Where did Injury/Illness occur?
- Injury/Illness Occurrence Address
- City
- State
- Zip
- Did Injury or Illness occur on Employer’s Premises?
- Were Safeguards or Safety Equipment Provided?
- Does Employer Question the Claim?
- Were Drugs or Alcohol Involved?
- Were They Used?

Contact Information

* Fields in blue are required

Physician/Health Care Provider Name and Address:

Name
Address
City
State
Zip

Hospital/Provider Information:

Name
Address
City
State
Zip

Other Information

- Date Prepared: 3/20/2014
- Preparer’s First Name
- Last Name
- Telephone
- Employer Contact First Name
- Last Name
- Telephone
- Witness First Name
- Last Name
- Telephone
Check the **Record Only** box when the claim is for informational purposes only. For Workers’ Compensation, this means an injured worker who will **not** be seeking medical treatment.

Type any additional information about the claim into the Comments box.

Click the **Send Email Copy** and **type** your email address in order to receive a copy of these screens after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next address.

Click **Submit** when you are finished. You will receive a claim number immediately. **Record** this claim number for your records.

To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports, or photographs, click the Attached File(s) button. You will see the folders on your computer. Select the folders you would like to include with the claim and then click **Upload File(s)**. When the upload is complete, you can attach more files, exit or start entering a new claim.
To enter another claim, choose New Claim from bottom of the screen. When you are finished entering claims, choose Exit from the menu. Click Yes to close PMA New Claim Entry.

**Supported Types of Attachments, in file sizes up to 50 megabytes each:**

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