



**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.

**PMA COMPANIES**  
OLD REPUBLIC INSURANCE GROUP

BUSINESS INSURANCE TPA & RISK SERVICES WHY PMA BROKER / AGENT RESOURCE CENTER ABOUT US

**CLIENT SERVICES**  
Report a Claim  
RMIS Tool  
Find a Network Provider  
Risk Control Services  
Injured Worker Center

**PMA COMPANIES**  
PMA Insurance Group  
PMA Management Corp.  
PMA Management Corp. of New England

*Delivering Tangible Value One Client at a Time*

The PMA Difference means we're serious about your success. We listen to and understand your commercial risk management challenges and execute the right solutions to meet them. Everything we do demonstrates our commitment to creating tangible value for your organization. Learn more about us and you'll see it's not just something we say.

*It's how we do business.*

I am  
please select  
Looking for  
please select  
GO

Click "Report a Claim."  
See the Report A Claim landing page.

**PMA COMPANIES**  
OLD REPUBLIC INSURANCE GROUP

BUSINESS INSURANCE TPA & RISK SERVICES WHY PMA BROKER / AGENT RESOURCE CENTER ABOUT US

Home > RMIS Tool (PMA Cinch)

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**PMA Cinch**

PMA Cinch is a sophisticated Risk Management Information System (RMIS) that is easy and convenient to use. It offers Risk Management executives, CFOs, and other professionals a strategic approach to risk management with comprehensive claims and loss information, as well as data analytics at your fingertips.

The robust capabilities and flexibility of PMA Cinch allow clients to pinpoint the information that can significantly impact their bottom line. By analyzing trends and taking quicker corrective action, organizations can enhance their operating performance, lower costs, and improve their financial results.

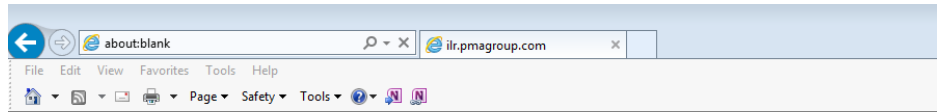
**Highlights of PMA Cinch**

- Enjoy password-protected access to PMA Cinch from any computer with an Internet connection
- Email PMA claims professionals directly from PMA Cinch
- Set up automated email alerts if a significant change occurs to a claim
- View claims, managed care, accident and financial data
- Generate standard or customized reports
- Sort and trend data and create graphs with the easy-to-use analysis tool

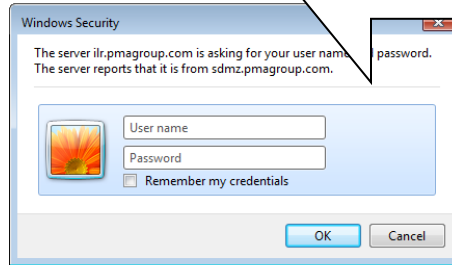
LOG INTO PMA CINCH

Click REPORT A CLAIM.

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



User Name = **0807297**  
Password = **newclaim**

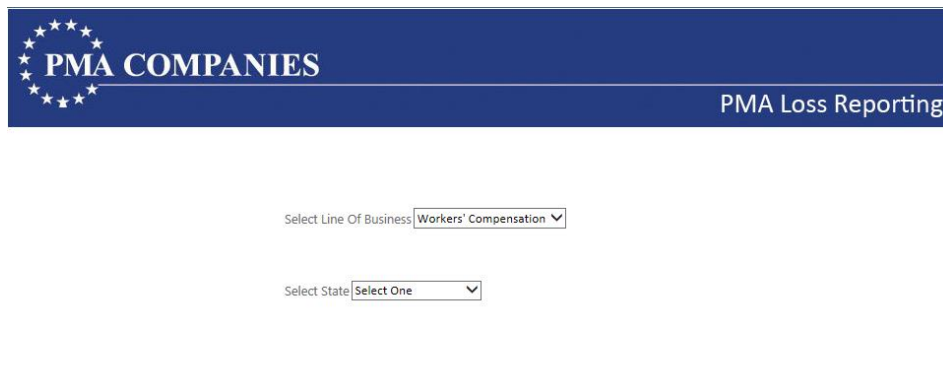


After a few seconds, you will see the New Claim Entry main screen.

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.



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	<input type="text" value="mm/dd/yyyy"/>	Accident State	<input type="text" value="Alabama"/>
Accident Cause	<input type="text" value="Select One"/>		
Injury Nature	<input type="text" value="Select One"/>		
Body Part	<input type="text" value="Select One"/>		
Side of Body	<input type="text" value="Select One"/>		
Accident Description	<input type="text"/>		
	Maximum 500 Characters.		
Time Employee Began Work	Hour <input type="text"/>	Minute <input type="text"/>	<input type="radio"/> AM <input type="radio"/> PM
Time of Occurrence	Hour <input type="text"/>	Minute <input type="text"/>	<input type="radio"/> AM <input type="radio"/> PM
Date Employer Notified	<input type="text" value="mm/dd/yyyy"/>	Last Date Worked	<input type="text" value="mm/dd/yyyy"/>
Date Expected to Return to Work:	<input type="text" value="mm/dd/yyyy"/>	Date Returned to Work:	<input type="text" value="mm/dd/yyyy"/>
Full Pay For Date of Injury?	<input type="text"/>		
Hours Worked Per Day	<input type="text" value="Select One"/>	Days Worked Per Week	<input type="text" value="Select One"/>
Payment Frequency	<input type="text" value="Select One"/>		
If Fatal, Date of Death:	<input type="text" value="mm/dd/yyyy"/>		
Is the Injured Worker Losing Time?	<input type="text"/>	Date Disability Began:	<input type="text" value="mm/dd/yyyy"/>
Is the Injured Worker On Modified Duty?	<input type="text"/>	Date Modified Duty Began:	<input type="text" value="mm/dd/yyyy"/>
Where did Injury/Illness occur?	<input type="text"/>		
Injury/Illness Occurrence Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Select One"/>
Zip	<input type="text"/>		
Did Injury or Illness occur on Employer's Premises?	<input type="radio"/> Yes <input type="radio"/> No		
Were Safeguards or Safety Equipment Provided?	<input type="radio"/> Yes <input type="radio"/> No	Were They Used?	<input type="radio"/> Yes <input type="radio"/> No
Does Employer Question the Claim?	<input type="text"/>	Was Employee Injured During Employment?	<input type="text"/>
Were Drugs or Alcohol Involved?	<input type="text"/>	Is Employee Represented By Attorney?	<input type="text"/>

### Contact Information

\* Fields in Blue are required

#### Physician/Health Care Provider Name and Address:

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Select One"/>
		Zip	<input type="text"/>

#### Hospital/Provider Information

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Select One"/>
		Zip	<input type="text"/>

#### Other Information

Date Prepared:	<input type="text" value="3/20/2014"/>		
Preparer's First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/>		
Employer Contact First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/>		
Witness First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/>		

**Claim Submission**

\* Fields in Blue are required

The Claim Entry Wizard has been completed. You may add additional comments below and click the Submit button to send the data to PMA.

**Comments**  
Enter miscellaneous claim details in the comments box below.

Comments:

Maximum 900 Characters.

Record Only

**Claim Information Email**

Click on the checkbox below to receive an email copy of the claim information just entered.

Send Email Copy

Email Address(es) - Multiple addresses can be entered separated by a comma.

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.

**Claim Number**

Claim Number : **W001171292**

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.

**Claim Number**

Claim Number : **W001171292**

**Attach File(s)**

- IMAG0104.jpg ✖
- IMAG0107.jpg ✖
- common abbreviations.doc ✖
- Cell Phone List.xls ✖

**Cancel all Uploads**

Attachments will not be uploaded unless Upload File(s) button is clicked.

**Upload File(s)**

**New Claim**

**Claim Number**

Claim Number : **W001171292**

**Attach File(s)**

Files

- IMAG0104.jpg (1.0MB)
- IMAG0107.jpg (2.0MB)

Total attachments submitted for this claim : 2

**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:**

Document Type	Extension	File Type	Document Type	Extension	File Type
BITMAP	.bmp	Image	RTF	.rtf	Text
GIF	.gif	Image	MSEXCEL	.xls	Excel Document
JPEG	.jpg	Image	MSEXCEL	.xlsx	Excel Document
TIF	.tif	Image	POWERPOINT	.ppt	Powerpoint Document
TIFF	.tiff	Image	MPEGAUDIO	.mpg	Audio File
HTML	.html	Browser File	AIFFAUDIO	.aiff	Audio File
TEXT	.txt	Text	WAVAUDIO	.wav	Audio File
XML	.xml	Browser File	MPEGVIDEO	.mpg	Video File
DCARFT	.rtf	Text	QUICKTIME	.mov	Video File
MSWORD	.doc	Word Document	VIDEOCHARGER	.mpg	Video File
MSWORD	.docx	Word Document	ASFVIDEO	.asf	Video File
PDF	.pdf	PDF	AVIVIDEO	.avi	Video File