First Look Portal Invite

Overview The purpose of the FNOL Invite is to allow carriers to use the CCC portal to send the text/email Invite or even generate the URL for accessing the First Look HTML5 App. This app provides consumers the ability to submit photos and perform self-service actions such as vehicle information and selection of repair options.

> The portal invite option helps carriers who are looking to use First Look but do not have any resources to integrate or just simply want to use the portal to send the invite to the consumer and have them perform self-service steps.

This job aid reviews the steps a carrier user must perform to send the First Look App invite.

Sending Invite The carrier can access the **First Look Invite link** on the CCC portal home page. from the Portal



On the First Look Invite page, the carrier can choose between "Send Invite" or "Generate Invite URL" options for generating a First Look Invite after entering the required fields on the Invite screen.

If the carrier chooses the "Send Invite" option, the system will deliver the invitation to the cell number provided and/or email address.

If the carrier chooses the "Generate Invite URL" option, the system will provide a URL which the user can copy and send to the user directly using carrier defined communication methods.



Sending Invite from the	Follow the items below when send	l ing an Invite from Portal .
Portal,	lf	Then
Continued	If the claims already exist	Data will be prefilled based on existing FNOL request. (available for integration customers only).
		Upon dispatch of the invite, the system will add the corresponding events to the existing claim folder.
	If the claim already has a prior sent invite	The system will only allow the email and cell to be modified so the invite can be resent.
		Upon dispatch of the invite, the system will add the corresponding events to the existing claim folder.
	If there is no prior claim record	The carrier must enter values for the required fields to send / create the First Look Invite and for the claim folder to be created within CCC systems and corresponding events will be added to the existing claim folder.



Sending Invite First Look in from the Portal SVB Opt-In OR Generate Invite URL First Look Claim In Date of Loss ne ID Loss Category aire Refere mm/ddlyyyy as Location Address 1 Loss Location Address 2 Loss Locat tion Zip Code ~ Contact First Name Contact Last Name Claim Party Type Relation to insured Type Relation to Re. Select Claim Party Typ Select Relation to Insured Type . v antact Location Address act Location Zip Code Centast Location City Centast Location State N / Identification Number Make Made Select Year lain Type **Claimant Level Co** Belect Claim Tup v **Belect Claimant Level Coverage** many Impact Area Severity Airbags Vehicle Drivable ¥ ۷ ¥ v

> The required and optional fields for dispatching a First Look Invite are listed within the **Appendix** portion of this Job Aid.

> For the Invite to be sent, the following mapping for Claim Party Type and Relation to Insured fields should be followed. This mapping enables the system to pick up the right set of text or email contact details to deliver the invitation. If the mapping is not followed, the system will fail to deliver the notification.

Relation to Insured	Claim Party Type
Self	Insured
Spouse, Child or Parent/Guardian	Driver/Spouse
Claimant or Claimant Attorney	Claimant



Invite

Confirmation

Once all the required fields are filled out and the user selects the "First Look Invite" option, the success screen will appear.

SOLUTIONS FirstLook Invite	💼 🏫 ଦ୍ 😥
Success First Look invite has been successfully sent for claim# 04102402	
Create / Edit First Look Invite	
Claim Reference ID *	
Ornato / Kdit trutte	

Success screen for "Generate Invite URL" action. (The carrier user must copy the URL and send to the consumer using carrier defined communication methods.)

First Lok inske has been successfully sent for claim# 04102402 Invite URL: https://amatineableet.cccs.com/smattmablewebV2/Index.htm?Ne-Uqh0astz12n2RLCp100
Create / Edit First Look Invite
Claim Reference ID *
Create / Edit Innte

Error message screen if any mandatory information is missing.

SOLUTIONS	First Look Invite		π αι
Cell Phone: You have to provide ph Email Address: You have to provide	one number OR email phone number OR email		
First Look Invite Information			
Cell Phone *	OR Email Address *	Send First Look Invite Generate Invite URL Cancel Inv	te
First Look Claim Information			
Claim Reference ID * 2401	Loss Category Date of 1		
Loss Location Address 1	Loss Location Address 2 Loss Lo	ccation City Loss Location State Loss Location Zip	Code
Contact First Name *	Contact Last Name * Claim Pa	Party Type ' Relation to Insured Type '	Relation to Reporter Type
Tapan	Insure	ed 🗸 Self	· · ·
Contact Location Address	Contact Location City Contact Location State	Contact Location Zip Code	
167 N Green St	Chicago IIIinois	♥ 60607	
VIN / Identification Number *	Year* Make*	Model *	
46197	VIN Decode 2022 V Hyundai	 Sonata N Line 	
Claim Type * Claimant Level * Collision	Coverage "		
Primary Impact Area Severity		dometer Vehicle Towed	

Note: This portal invite process should be used only if no prior images have been received via the First Look app.



Appendix

Field Name	Required	Description/Validation
Claim Reference ID	Yes	The system will support the CCC standard claim#
		format, the claim will be a unique claim#. The system
		will validate each claim# against CCC system for the
		carrier. Minimum limit is 4 characters and Max
		character limit is 25, if user enter more than 25
		characters than display an error message "Claim
		Reference Id shouldn't exceed 26 characters".
Cell Phone	See validation	The user will enter the cell phone or email to full fill the
		requirement. For URL Invite cell phone is not needed.
SMS Opt-In	See validation	The user must provide SMS Opt-In if cell phone is
		entered. If an Opt-in is not selected, then invite will not
		be sent.
Email Address	See validation	The user will enter the cell phone or email to full fill the
		requirement. For URL Invite email address is not
		needed.
Loss Category	No	The following drop list is available:
		Single Vehicle
		Multi Vehicle
		Other Auto
		Glass Only
		Theft Auto
		Tow Only
Date of Loss	Yes	Date format: MM/DD/YYYY
Time of Loss	No	Time format: HH:MM: SS
Loss Location	No	Alphanumeric
Address1		Supports Canada Provinces, US States
Loss Location	No	Alphanumeric
Address 2		
Loss Location City	No	Alphanumeric
Loss Location	No	Drop list
State		
Loss Location Zip	No	Alphanumeric only field.
Code		Can also get an additional 4 characters after the initial
		5.
		Support US Postal Code numeric format. 12345-6789
		Support Canada Postal Code alphanumeric format.
		K1A OB1



Appendix,

Continued

Field Name	Required	Description/Validation
Claim Party Type	Yes	Drop List Insured Third Party Claimant Lien Holder Driver Contact Witness Attorney Other
Contact First Name	Yes	Alphanumeric
Contact Last Name	Yes	Alphanumeric
Relation to Insured Type	Yes	Drop List Self Agent Attorney Spouse Child Parent Guardian Claimant Claimant Attorney Insurance Company Mortgagee Representative Other
Relation to Report Type	No	Drop List • Self • Spouse • Child • Parent Guardian • Other
Contact Location Address	No	Alphanumeric Supports Canada Provinces, US States
Contact Location City	No	Alphanumeric
Contact Location State	No	Drop list This should match all states listed in assignment entry.



Appendix,

Continued

Field Name	Required	Description/Validation
Contact Location Zip Code	No	Alphanumeric only field. Can also get an additional 4 characters after the initial 5. Support US Postal Code numeric format. 12345-6789 Support Canada Postal Code alphanumeric format. K1A OB1
VIN / Identification Number	See Details	Minimum 3, Maximum 17 characters VIN#. User can enter UNK =unknown or provide full 17 characters. The system will decode the VIN once entered. The user will enter the VIN or Year, Make and Model Manually. VIN is not required if Year/Make/Model are entered manually.
Year	See Details	The user will enter the VIN or Year, Make and Model Manually.
Make	See Details	Alphanumeric The user will enter the VIN or Year, Make and Model Manually.
Model	See Details	Alphanumeric The user will enter the VIN or Year, Make and Model Manually.



Appendix,

Continued

Field Name	Required	Description/Validation
Claim Type	Yes	Drop List Antique ATV Boat Boat Trailer Bus Camping Trailer Camper Body Construction Home Trailer Horse Trailer Motorcycle Passenger Car Pickup Pickup with Camper RV Snowmobile Trailer Van Other Note: The system supports invitations for vehicles
Claimant Level Coverage	Yes	only. Drop List Comprehensive (COMP) Collision (COLL) Property (PD) Liability (LIAB) Injury (INJR) Other (OTHR) Unknown (UNK) This field is mapped to Coverage field in FNOL data (backend).

Appendix,

Continued

Field Name	Required	Description/Validation
Primary Impact Area	No	Drop List This is also known as Point of Impact. In future we will follow standard POI to be sync same as assignment entry. Driver Front Corner Driver Front Side Driver Rear Corner Driver Rear Side Driver Side Passenger Front Corner Passenger Front Side Passenger Rear Corner - 5 Passenger Rear Side Passenger Rear Side Front Hood Misc Vehicle Damage Rear Rollover Roof Trunk Lid Undercarriage Unknown
Severity	No	Drop List Minor Moderate Severe Unknown
Airbags	No	Drop List • Yes • No • Unknown

Appendix,

Continued

Field Name	Required	Description/Validation
Vehicle Drivable	No	Yes/ No If its blank, then downstream system will default to Yes. This is same as Vehicle Operable in FNOL Intake
Odometer	No	Use Case. Numeric
Vehicle Towed	No	Drop List • Yes or No

