

SUBMITTING A CLAIM NUMBER

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Report Claim Number' from the dropdown menu and click proceed.

The image displays two screenshots of the Kentucky Assigned Claims Plan (KACP) website interface. The top screenshot shows the 'Servicing Carrier Updates' dropdown menu open, with 'Report Claim Number' selected and highlighted by a red box. The bottom screenshot shows the 'Proceed' button under the 'Report Claim Number' dropdown menu highlighted by a red box.

Page Content:

Kentucky Assigned Claims Plan

Purpose

A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.

The Kentucky No-fault application must be completed and submitted online. Click the Start Application link under the Apply for Benefits menu on the left side of this screen to begin the process. Claims are assigned to a Servicing Carrier who will assign a claim number, notify the applicant, provide contact information and proceed with their investigation of the claim. All further questions regarding the claim should be directed to the Servicing Carrier.

Left Side Navigation:

- Login for Internal Users (User ID: [input], Password: [input], Remember my User ID [checked], Log In, Forgot password?)
- Apply for Benefits (Start Application)
- Contact Us (Contact Us)

Right Side Navigation:

- Servicing Carrier Updates (Dropdown menu: Select..., Report Claim Number, Investigation or Eligibility Determination, Updated Investigation or Eligibility Report, Billing Summary Form, Status Report)
- FAQ

- Enter the control number and application number, click proceed.

Servicing Carrier Updates - Pre Validation

Control #

Application #

- Enter the claim number, select the adjuster from the dropdown, hit submit, and click ok to proceed or cancel.

Are you sure you want to proceed?

Assigned Control Number

Company Adjuster

Date

Claimant Details

Application Number	Claimant Name	Accident Date	Lost Wages?	Lost Wages Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Once you click ok, you will receive a confirmation indicating claim number submitted successfully. You may download this form for your records and hit exit to return to the main page.

Report Claim Number

Assigned Control Number Company Claim Number

Company Adjuster

Date

Claimant Details

Application Number	Claimant Name	Accident Date	Lost Wages?	Lost Wages Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>

Claim Number submitted successfully.