

A decorative header featuring a series of overlapping, colorful triangles in shades of red, purple, blue, cyan, and green, creating a vibrant, abstract pattern.

Home Comfort Claims

Claim Processing User Guide

Manufacturing Representatives, Wholesale Distributors, and Commercial Bid Spec Representatives

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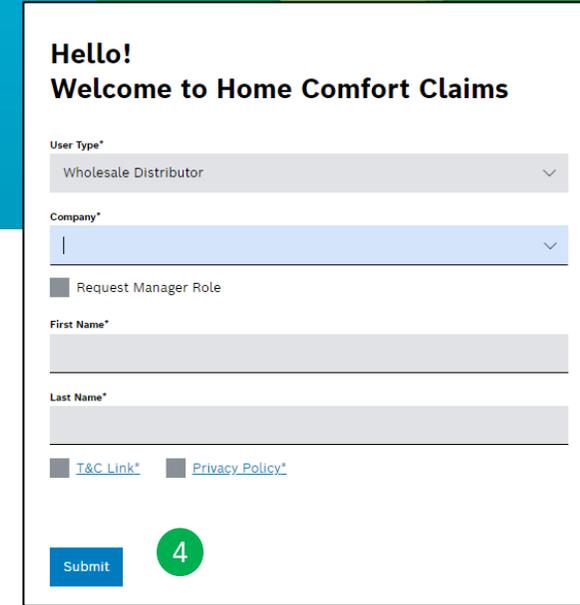
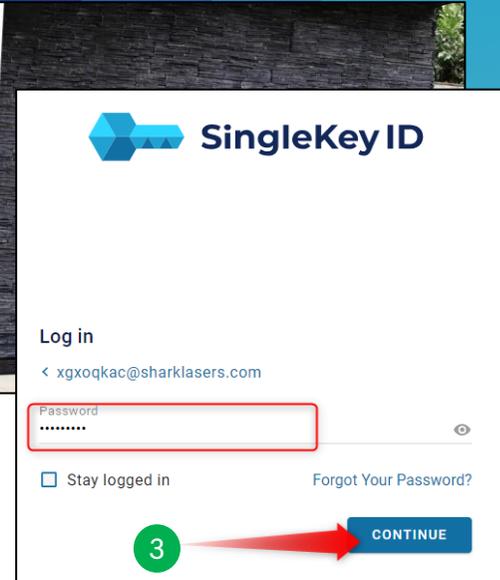
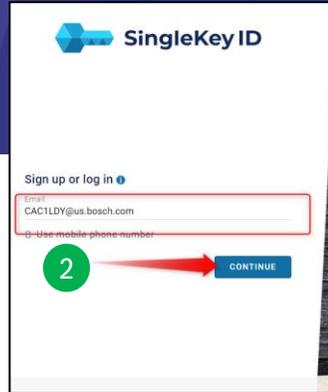
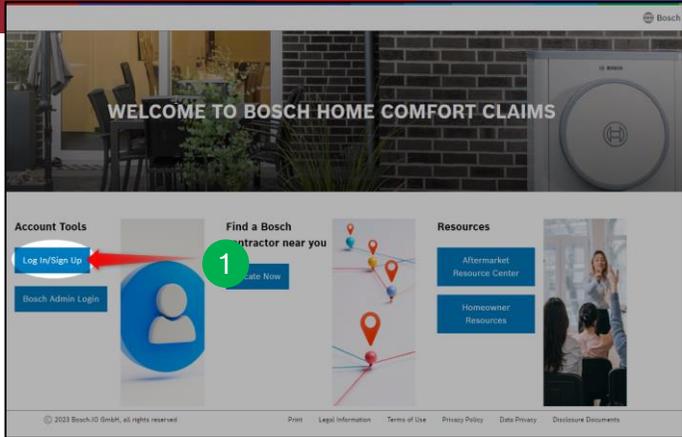
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Log in to your account on:
<https://claims.bosch-homecomfort.us/>

- 1 Click “**Log In/Sign Up**”.
You will be directed to **SingleKey ID**.

- 2 Enter your email address. Click “**Continue**”

- 3 Enter your password. Click “**Continue**”

If you are creating a new account:

- 4 Choose your ‘*User Type*’
Select your branch location
Enter your first and last name.
Agree to T&Cs and Privacy Policy.
Click **Submit**.

Claims Dashboard

Your claims dashboard is designed to show claims filed by your company. Several key components and functionalities include:

Overview: The dashboard provides an overview of the total number of claims filed by your company. Manufacturing reps will also see claims filed by distributors in their area.

Claim Status: The dashboard displays the status of each claim, indicating whether more info is needed, approved, rejected, or complete.

Claim Details: Detailed information such as the claim number, creation date and claim type and status.

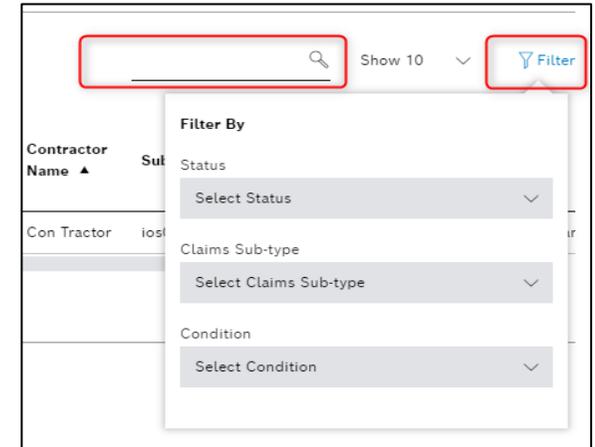
Export: Enables users to extract data and information displayed on the dashboard into CSV file.



“All Claims” Dashboard that allows you to display claims across all claim types.

Search functionality that allows you to search claims by information available on your dashboard. I.e. Claim Number, Serial Number, Company, Status

•Filter feature that allows you to filter results on the dashboard by Status, Claim Type, and Replacement Method.



Claim Types

Once logged in, begin filing your claim by clicking the 'Claim' icon and then select your claim type.

Claim Types

Warranty- Material has been installed and has failed.

Damage- Material you have ordered arrived with visible or concealed damage.

Lost- Material you ordered did not arrive.

Product Return- Material that is in its original packaging, unused. Overstock items.

Labor Only- Labor requests for eligible warranty repairs.

Home Comfort Claims | Bosch Global | English

Warranty | Damaged | Lost Shipment | Returns | All Claims

Export to CSV

View/Edit	Claim Number	Creation Date	Status	Claim Type
	400320	3/11/2024, 11:04:31 AM	Approved	PARTS_ONLY
	400319	3/11/2024, 11:01:52 AM	Approved	PARTS_ONLY
	400317	3/11/2024, 10:33:02 AM	In review	PARTS_ONLY

Home Comfort Claims | Bosch Global | English

Warranty | Damaged | Lost Shipment | Returns | All Claims

Export to CSV

View/Edit	Claim Number	Creation Date	Status	Claim Type
	400320	3/11/2024, 11:04:31 AM	Approved	PARTS_ONLY
	400319	3/11/2024, 11:01:52 AM	Approved	PARTS_ONLY
	400317	3/11/2024, 10:33:02 AM	In review	PARTS_ONLY

Warranty Claims Form

I would like to repair or replace a defective product.

Claim Details

What is your Warranty type?

Warranty Type*
Parts Only

Defective Serial Number*
399A-714-000012-7739832074

My serial number does not match this format

This is an invoice warranty

Original Installation Date*
mm/dd/yyyy

Failure Date*
mm/dd/yyyy

Required Information

Describe details*
Please describe the reason for failure here.

Replacement Options*
 I replaced this part from stock I require replacement parts

Material Number* QTY*
+

Customer Reference Number

I am requesting labor reimbursement

Warranty: Parts Only

Company Managers and MFRs: Begin by choosing the branch you are filing on behalf of. If filing on behalf of your own location, this selection is not required.

Required Information for filing:

1. Serial number of the unit
2. Original installation date
3. Failure date of the material you are claiming
3. Detailed failure reason. [40-character min.]
4. Replacement options*
5. Part number of failed part**
4. Contractor Information
5. Homeowner Information

If labor is being requested, contractor's labor invoice must be uploaded to be processed.

**If you have 'Replaced from stock'- Provide PO it was replaced on. If you 'Require replacement parts' you will be required to upload a purchase order.*

***To add additional parts, click the '+' sign to the right of the QTY field.*

Warranty Type*
Unit Replacement

My serial number does not match this format

Product Model*
Please select Product Model

Legacy Serial Number*
Please provide unit serial number

Should you realize you have a serial number that does not meet the Bosch 23 standard format, select the "My serial number does not match this format" and you will be prompted to select the model of the unit and provide the serial number of the unit.

Labor Claim

I would like to request labor reimbursement for a repaired product.

Attention!

All labor reimbursement is subject to eligibility requirements and reimbursement allowances. Please refer to the [Labor Allowance](#) page for detailed information.

Claim Details

Is this associated with an existing parts claim?

Yes No

Service Date*

mm/dd/yyyy

Labor Invoice*

Browse Files

Please select your files to upload*

Defective Serial Number*

0000-000-000000-0000000000

My serial number does not match this format

Required Information

Describe details*

Please provide your answer

Customer Reference Number

Please provide your answer

Warranty: Labor Only

Begin by acknowledging if your claim is associated with an existing parts claims

Labor claims can be linked to an existing parts claim.

Labor claims cannot be linked to other claim types (i.e. damage, unit replacements claims) etc.

Required Information for Processing:

1. Parts claim number [if applicable]
2. Service date of the repair
3. Labor invoice
4. Defective Serial number – [will populate parts claim details]
5. Details of the repair – [will populate parts claim details]
6. Contractor Information – [will populate parts claim details]
7. Homeowner Information – [will populate parts claim details]

Labor claims must be submitted within 90 days from day of service to be eligible for reimbursement.

Warranty Claims Form

I would like to repair or replace a defective product.

Claim Details

What is your Warranty type?

Warranty Type*
Unit Replacement

Defective Serial Number*
399A-714-456789-7739832073

My serial number does not match this format

Original Installation Date*
mm/dd/yyyy

Failure Date*
mm/dd/yyyy

Replacement Serial Number*
Please provide unit serial number

Required Information

Do you have...
 An Incident Number Pre-approval from Bosch

An Incident Number*

Warranty: Unit Replacement

Please Note: Full unit replacements require pre-approval prior to submission.

Claims submitted without an approval will result in a rejection. Rejected claims cannot be re-opened and will require resubmission.

BCC Controls, Indirect Tanks*, and Cased Coils are all considered complete units.

[No approval required for these replacements.]

**Indirect tanks will require photos of the leak location.*

Company Managers and MFRs: Begin by choosing the branch you are filing on behalf of. If filing on behalf of your own location, this selection is not required.

Required Information for filing:

1. Defective unit's serial number
2. Original installation date
3. Failure date of the unit
4. Replacement unit's serial number
5. Incident number***
6. Contractor Information
7. Homeowner Information

****If you were provided an approval by Bosch Sales Team member, you are given the option to upload your pre-approval document.*



Warranty: Invoice Warranty

My serial number does not match this format

This is an invoice warranty

Original Installation Date*

03/01/2024

Failure Date*

03/22/2024

Required Information

Describe details*

Please describe the reason for failure here.

Replacement Options*

I replaced this part from stock I require replacement parts

Invoice or Purchase Order of Original Part *

[Browse Files](#) Please select your files to upload*

Invoice or Purchase Order of Replacement Part *

[Browse Files](#) Please select your files to upload*

Invoice warranties are intended for part warranties when the unit is no longer within warranty. **Parts have a 12-month part warranty.**

If the material has been replaced from your stock, you will be required to provide the original purchase order and the replacement purchase order to verify the failure is within the 12-month window.

If you are requesting a replacement, be shipped- you will be required to provide the original purchase order, only.

This is an invoice warranty

Original Installation Date*

03/01/2024

Failure Date*

03/22/2024

Required Information

Describe details*

Please describe the reason for failure here.

Replacement Options*

I replaced this part from stock I require replacement parts

Invoice or Purchase Order of Original Part *

[Browse Files](#) Please select your files to upload*

My product or packaging shows signs of damage.

Note: Products that have been damaged during shipment must be reported within 10 days from delivery. Products that contain hidden damage must be reported within 60 days of delivery.

Claim Details

What is your claim type?*

Damaged Unit

I refused this shipment

PO Number*

Shipping/tracking Number

Shipment carrier name

I would like...*

replacement parts to repair in field to return items and receive credit for shipment

to keep at a discount to return and receive replacement shipment

Damaged Unit Serial Number*

Browse Files Please upload photos of Damage*

Please describe the damage*

Delivery Receipt *

Browse Files Please select your files to upload*

Required Information for filing:

1. Purchase Order
2. Delivery/tracking number
3. Serial number of the damage unit
4. Photos of damaged material*
5. Signed delivery receipt

*You can file for up to 5 damaged units. If you have received more than 5 damaged units, please contact warranty_returns@us.bosch.com

Shipments that have been refused; photos are not required to submit.

What is your claim type?*

Damaged Unit

I refused this shipment

PO Number*

Damage: Units

Replacement options include:

- Replacement parts for repair
- Keep at a discount
- Return and receive credit
- Return and receive replacement

I would like...*

replacement parts to repair in field to return items and receive credit for shipment

to keep at a discount to return and receive replacement shipment

*Concealed damage requires photos of packaging. 6 max photos per unit.

My product or packaging shows signs of damage.

Note: Products that have been damaged during shipment must be reported within 10 days from delivery. Products that contain hidden damage must be reported within 60 days of delivery.

Claim Details

What is your claim type?*

Damaged Parts

I refused this shipment

PO Number*

Shipping/tracking Number

Shipment carrier name

I would like...*

to return items and receive credit for shipment

to return and receive replacement shipment

Material Number*

QTY*

Browse Files

Please upload photos of Damage*

Please describe the damage*

Delivery Receipt *

Browse Files

Please select your files to upload*

Damage: Parts Only

Required Information for filing:

1. Purchase Order
2. Delivery/tracking number
3. Part number of damaged material
4. Photos of damaged material*
5. Signed delivery receipt

Shipments that have been refused; photos requirements will be removed.

What is your claim type?*

Damaged Unit



I refused this shipment

PO Number*

*Concealed damage requires photos of packaging. 6 max photos per material.

I am missing part or all of my shipment

Please Note: All shortage claims must be submitted within 10 business days from original invoice date.

Claim Details

Have you received an incorrect part in your shipment?

New / Unused Claim

Is this missing an internal component?

Warranty Claim

PO Number*

I'm missing my entire shipment

Shipping/tracking Number*

I would like...*

a replacement shipment to receive credit for shipment

Bosch Part Number & Serial Number*

QTY*

Additional Information

Delivery Receipt *

Browse Files

Please select your files to upload*

Lost Shipments

Required Information for filing:

1. Purchase Order
2. Delivery/tracking number
3. Replacement/ Reimbursement option
3. Part numbers of missing material
4. Signed delivery receipt

If you are missing your entire shipment; part number and quantity requirements will be removed.

PO Number*

I'm missing my entire shipment

Product Return Claim

All overstock return requests must be submitted within 30 days from original invoice date. Materials must be returned in unused condition in its original packaging. There is a 25% restocking fee for all returns, with a minimum return value of \$100.00. No freight will be credited. Bosch errors will not be subject to the 30 day window or any restock fees.

Attention dear customer!

For our complete return policy, click [here](#)

PO Number*

Material Number*

QTY*



Reason for Return*

- Overstock Return
- Other
- Bosch Error

I would like...*

- to return for credit
- Requires Replacement

Required Information for filing:

1. Purchase Order
2. Part numbers of material
3. Return Reason
4. Replacement / Reimbursement Method

- **New Reason for return selections have been added.**

Reason for Return*

- Overstock Return
- Other
- Bosch Error

Bosch Error Code for Return*

- Duplicate Shipment
- Incorrect Advice
- Picking Error
- Other

I would like...*

- to return for credit
- Requires Replacement

Product Returns

Claim Status Updates

New Status	New Status Meaning
Submitted	New Submission
In Review	API validation completed, needs agent review
More Info Needed	Agent has requested additional information for processing
Approved	Site or Agent has approved claim for SAP processing
Completed	SAP processing is completed, and documents are uploaded to claim form.
Customer Cancelled	Customer cancelled their claim.
Rejected	Agent has reviewed claim, and it is not eligible.**

** Claims that are rejected are unable to be re-opened.

Editing your Claim

New Status	New Status Meaning
Submitted	New Submission
In Review	API validation completed, needs agent review
More Info Needed	Agent has requested additional information for processing*
Approved	Site or Agent has approved claim for SAP processing
Completed	SAP processing is completed, and documents are uploaded to claim form.
Customer Cancelled	Customer cancelled their claim.
Rejected	Agent has reviewed claim, and it is not eligible.**

After an agent has reviewed your claim, if there is more information needed, or an update required to complete your claim, the claim status will be updated to reflect “More Info Needed.”

This status will trigger an email to the submitter requesting the information; and provide a link to the claim.

 **BOSCH** Home Comfort Claims



Hello Valued Customer,

Thank you for submitting your claim to us. Unfortunately, we do not have all the required information to process your claim. To expedite the process, we kindly ask that you update the following missing/invalid information on your claim:

Failure reason provided is incomplete.
[ClaimWarrantyForm/41a3abe3-b22c-479a-9aa0-edc6ae4fbc52](#)

Please be aware that without this information, we may not be able to process your claim in a timely manner. If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and we look forward to resolving this matter for you as soon as possible.

Best Regards,
Bosch Warranty Team

Click the link to get to your claim where you will enter the missing information and then resubmit the claim.

If everything submitted is validated as correct the system will put the claim in an “Approved” state for processing; and after processing, a “Complete” state where you will be provided the appropriate documentation.

If any information is unable to be validated, your claim will return to an “In Review” state to be reviewed by an agent for further processing.

Home Comfort Communications

New Status	New Status Meaning
Submitted	New Submission
In Review	API validation completed, needs agent review
More Info Needed	Agent has requested additional information for processing
Approved	Site or Agent has approved claim for SAP processing
Completed	SAP processing is completed, and documents are uploaded to claim form.
Customer Cancelled	Customer cancelled their claim.
Rejected	Agent has reviewed claim, and it is not eligible.**

After a claim has been approved and processed; the status will update to the “Complete” status.

This status will trigger an email to the submitter; informing of the status update and provide a link to the claim.

You follow the link to your claim form where the appropriate documentation will be uploaded for your download/printing.


BOSCH
Home Comfort Claims



Dear Valued Customer,

We are writing to inform you that your claim is now complete. Please find the attached documentation and follow any additional instructions in the paperwork provided.

http://qa-claims_bosch-homecomfort.us/ProductReturn/be451a95-10f8-4fe0-8f36-22470e465bad

Anticipated Processing Times

- For products that require return, credit will be issued within three business days upon receipt of material.
- For Field Scrap RMAs, please hold the material until credit has been issued. Credit will be issued to your account in 1-3 business days.
- Free of charge orders do not require the return of defective material. Estimated ship dates can be found in the attached Order Confirmation.
- Labor credits will be issued to your account in 1-3 business days.

Should you require additional information, please feel free to reach out to our dedicated team at warranty_returns@us.bosch.com. We are here to address any concerns or offer any support you may require.

Thank you for choosing Bosch.

Best Regards,
Bosch Warranty Team.

Administrative Section

Claim Status

Completed ▼

Customer Communication

Please provide your correspondence here

Claim History

- [3/25/2024, 3:19:28 PM]
Bosch Admin Courtney: Claim Updated
- [3/25/2024, 2:06:00 PM]
Bosch Admin Courtney: Claim Updated
- [3/22/2024, 5:51:05 PM]
testmanrepmanager@mailinator.com: PO Validation:
Invalid purchase order number

View Documents


BOSCH

Home Comfort - Tracking

View Documents

RMA

Credit

Replacement Order

Manually overwrite document files

Replacement Order Tracking

Tracking Number

00000000000000000010

Carrier

Picolinos Fast Track

Part(s) Included (1)

7703311033 - WTD27 AM1 E23 S3100 BOSCH

Not shipped *

8733952442 - 60kBTU Air Handler Unit 2.0

8733952441 - 48kBTU Air Handler Unit 2.0

* Substituted items may appear as not shipped. Please, verify against the parts that were shipped!

For claim requesting replacement parts we have now integrated shipment tracking information.

Claims with replacement orders will display tracking details:

Tracking number

Carrier

Parts included in shipment

Backordered and substitute part information will be available and display as 'Not Shipped'.

Manager – Inviting New Users

Home Comfort Claims



Dashboard

Claims



User Administration



User Invitation Form



User Management

Invite a User to your Branch

Email*

Preferred Language

Submit

Managers can invite new users to their branch location

- Managers can user invitations directly from the claim's portal.
- New user is invited to join manager's branch location.
- Set the user's language preference during the invite process

Manager – User Management

Managers can manage users within their branch location.

- Approve pending user invitations for your branch
- Edit user details for *active* users assigned to your branch
- Update user roles and permissions as needed

Important:

- If a user's branch location is changed, the previous branch manager will no longer have access to view or edit that user

Pending Denied Inactive **Active** Invitations All

[Export to CSV](#) Show 10 Filter

View/ Edit	Name ▲	Email	Company Name	Status	Inactive / Active	Manager Off/On	User Type
	Livia De Assis	livia-de-assis@tuamaeaquelaursa.com	Butler Supply	Active	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Off	Distributor Employee
	Camila Dinis	camila-dinis@tuamaeaquelaursa.com	Butler Supply	Active	<input checked="" type="checkbox"/> Active	<input checked="" type="checkbox"/> On	Distributor Manager

Edit Basic User

User Information

First Name*
Livia

Last Name*
De Assis

Email*
livia-de-assis@tuamaeaquelaursa.com

User Account Active / User Account Inactive

Manager On / Off

Company Name
Butler Supply

Branch*
6200 Bluff Rd WASHINGTON MO

[Close](#) [Save Changes](#)