



GAP CLAIM FORM

To initiate a claim on your covered vehicle, we ask that you please complete the following information to help efficiently process your claim. In addition to the information below, please be certain to forward all required documentation noted on the back of your GAP claim contract. For your convenience, we have included a list of all the required documents and how to obtain them on the Claim Submittal Instructions.

Last Name, First Name *required* _____ Date of Total Loss _____

Current Mailing Address *required* _____

Home Phone _____ Cell Phone _____ E-mail _____

Year/Make/Model *required* _____ VIN (Vehicle Identification Number) *required* _____

FINANCE/LEASING COMPANY

Company Name _____ Account # _____

Address _____ City _____ State _____ ZIP _____

Phone _____

PRIMARY INSURANCE CARRIER

Company Name _____ Adjuster Name _____ Phone _____

Please fill out the following Options and Information. Please do not include any items added to your vehicle after the time of purchase. IMPORTANT: including items not on your vehicle, or that were added after the time of purchase may reduce your final claim amount.

Vehicle Purchased NEW Vehicle Purchased USED **Trucks Only** — Body Style: Fleetside Sportside

Model Type: _____ Mileage/Odometer at Date of Purchase: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> 4x4 | <input type="checkbox"/> Fiberglass Cap | <input type="checkbox"/> Removable Hard Top |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Heated Seats | <input type="checkbox"/> Running Boards |
| <input type="checkbox"/> Air Conditioning (rear) | <input type="checkbox"/> Leather Seats | <input type="checkbox"/> Satellite Radio |
| <input type="checkbox"/> Aluminum/Alloy Wheels | <input type="checkbox"/> Luggage/Roof Rack | <input type="checkbox"/> Second Row Bucket Seats |
| <input type="checkbox"/> AM/FM Stereo | <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Snow/Plow Package |
| <input type="checkbox"/> Auto Transmission | <input type="checkbox"/> Navigation System | <input type="checkbox"/> Specialty Stereo System (Bose, Infinity) |
| <input type="checkbox"/> Bedliner | <input type="checkbox"/> Power Door Locks | <input type="checkbox"/> Spoiler |
| <input type="checkbox"/> Bedliner (spray-on) | <input type="checkbox"/> Power Seat (Drivers) | <input type="checkbox"/> Theft Deterrent/Alarm |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Power Seat (Dual) | <input type="checkbox"/> Theft Recovery System |
| <input type="checkbox"/> Cassette Player | <input type="checkbox"/> Power Sliding Doors | <input type="checkbox"/> Third Row Seats |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Power Steering | <input type="checkbox"/> Tilt Wheel |
| <input type="checkbox"/> DVD Entertainment System | <input type="checkbox"/> Power Sunroof | <input type="checkbox"/> Tonneau Cover |
| <input type="checkbox"/> Fog Lamps | <input type="checkbox"/> Power Windows | <input type="checkbox"/> Towing/Trailer Package |

(e.g., LS, SLT, XE, SLE, etc.)

Other (please list any specialty packages or options not listed above): _____

Customer Signature _____ Date _____

Please include this form with your required claim documentation, as noted in the Claim Submittal Instructions. For questions or further assistance, please contact the Claims Department at 877-882-7481.



GAP CLAIM FORM

PLEASE FORWARD THE FOLLOWING DOCUMENTATION TO ADMINISTRATOR IN ORDER TO PROCESS YOUR CLAIM. ANY ONE DOCUMENT WILL START A CLAIM.

DOCUMENT	DESCRIPTION	OBTAIN FROM
Insurance Company Settlement Check	Photocopy or draft copy of the Insurance Company check(s).	Insurance Company
Insurance Company Settlement Statement	On Insurance Company letterhead with Adjuster name and telephone number. Includes date of loss, cause of loss, miles at date of loss, Actual Cash Value, applicable taxes and tag fees, deductible amount and final settlement figure.	Insurance Company
Insurance Company Settlement Evaluation	Full Insurance Evaluation Report showing how the insurance company determined the Actual Cash Value of the vehicle. Must include any options on the vehicle and mileage at the date of loss.	Insurance Company
Complete Payment History Record and Payoff Statement	History of all transactions occurring since inception of loan. Includes payoff as well as a statement from the lienholder showing detailed payoff with per diem interest.	Lender
Police Report	Full, official Police Report or letter from insurance company stating the reason a police report was not filed.	Police Department or Insurance Company
GAP Contract	Photocopy of GAP Loan/Lease Deficiency Waiver Addendum (front and back).	Dealership or Lender
Loan/Lease Finance Agreement	Photocopy of front of Loan Contract or Lease Agreement. Includes mileage at date of purchase.	Dealership or Lender
Buyer's Order/Purchase Order	Photocopy of front of Buyer's Order/Purchase Order (not applicable in CA).	Dealership
MSRP (new vehicles only)	Manufacturer's suggested retail price located on the window sticker and the invoice.	Dealership
Completed Claim Form	GAP Protection Claim Form	Administrator
Proof of Refund Amount or Expiration of any Cancelable Items	If a Refund: Copy of the Contract and check copy or statement of dollar amount of refund on dealer letterhead. If Expired: Copy of Contract and substantiation of vehicle mileage (mileage expiration).	Dealership

Please note, under Claim Requirements on the reverse side of the GAP Deficiency Waiver Addendum: Your claim is time sensitive. Please refer to your contract regarding the time required to submit your claim documents. Failure to provide the documentation within the specified timeframe may VOID the protection.

Please send all documentation to:

Mailing Address:
 Administrator
 Attn: GAP Claim Department
 3500 Piedmont Rd, Suite 400
 Atlanta, GA 30305
 877-882-7481

Fax Number:
 678-894-3591

Email Address:
 gapautoclaims@inds.com

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