

Insured's Name: _____ Account/Policy # _____

Claim # _____
(if available)

GAP Total Loss Claim Form - Important Information

For Arizona residents only: "For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

For Pennsylvania residents only: "Any person who, with the intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that can include fines and confinement in prison."

For residents of other states (NOTE: None of these notices apply to Oregon residents.): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."



Insured's Name: _____ Account/Policy # _____

GAP Total Loss Claim Form - Instructions

Claim # _____
(if available)

1. Read, complete, sign, and date all applicable portions of the Statement of Borrower.
2. Send a copy of the Vehicle Valuation Report and Insurance Settlement Statement from the primary insurance company.
3. Send all pages of the completed, signed claim form and any attachments to Insurance Claims Department as indicated above. Keep a copy for your records. Please be aware email is not considered a secure method of delivery for personal information.

Note: Altered forms cannot be accepted.

Statement of Borrower - To be completed by Borrower

Name _____ Telephone # _____
Complete mailing address _____ City _____ State _____ Zip _____

Email address (optional) _____

Date of loss _____ Type of loss (Collision, Theft, Other) _____

Vehicle year _____ Make _____ Model _____ Last 7 of Vin # _____

Did an Insurance Company Deem Your Vehicle a Total Loss? Yes No Not Applicable

Name of primary insurance company handling claim _____

Adjuster Name _____ Adjuster telephone # _____

Policyholder name _____ Policy # _____

Claim # _____ Insurance company telephone # _____

Complete mailing address _____ City _____ State _____ Zip _____

Email address (optional) _____

I affirm the information I have provided herein is accurate and complete.

Signature _____ Date _____

