

OneMain Alliance, LLC

P.O. Box 2548
Fort Worth, TX 76113-2548
Toll Free 800-307-0048 | Fax 800-350-9582 | insclaims@omf.com

Borrower's Name: _____ **Claim Number:** _____

Account/Policy Number: _____

GAP Addendum Total Loss Claim Form - Instructions

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- ☐ 1. Fully complete, sign, and date Borrower's Section.
- ☐ 2. Attach a copy of the Vehicle Valuation report and Insurance Settlement Statement from the primary insurance company.

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- ☐ Depending on your coverage requirements, additional documentation may be required.
- ☐ It is important to submit a fully completed, signed, and dated claim form and required documentation to avoid delays in processing your claim. Altered claim forms may not be accepted.
- ☐ Please be aware email is not considered a secure method of delivery for personal/medical information.

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Please return your completed claim form and supporting documents to us in one of the following ways:



Email: insclaims@omf.com

Please be sure to include your name and account number/claim number in the subject line of your email.



Upload online:
www.OneMainSolutions.com/forms



Mail: OneMain Solutions
P.O. Box 2548
Fort Worth, TX 76113-2548



Fax: 800-350-9582

We are here to help!

Our Customer Solutions team is available to assist you
Monday through Friday, 8:00 am to 8:00 pm ET.



Toll free:
800-307-0048



Chat:
www.OneMainSolutions.com



Text:
60223

Usted puede obtener la versión en español de este formulario de reclamación en el sitio web de OneMain Solutions - www.onemainsolutions.com - Find a Form

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Borrower's Section - To be completed by borrower.

Name			
Mailing address		City	State Zip
Telephone number		Email address (optional)	
Date of loss (mm/dd/yy)		Type of loss (Collision, Theft, Other)	
Vehicle make		Vehicle model	
Vehicle year		Last 7 of VIN number	
Did an insurance company deem your vehicle a total loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Name of primary insurance company handling claim			
Adjuster's name		Adjuster's telephone number	
Policyholder's name		Policy number	
Claim number		Insurance company's telephone number	
Mailing address		City	State Zip
Email address (optional)			
<i>I affirm the information I have provided herein is accurate and complete.</i>			
Signature _____		Date (mm/dd/yy) _____	

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