



GAP Addendum Total Loss Claim

[Date]

[Customer Name]

[Address]

[City, State, Zip code]

Account#:

Thank you for notifying us of the total loss of your vehicle. Fortunately, you chose to include the GAP Waiver Addendum in your agreement with OneMain Financial. We understand this is a difficult time for you and will work with you through this claim process.

Included with this letter, you will find the **GAP Addendum Total Loss Claim Form**. Please complete this form, including your signature and date, and return it to our office. In addition, please provide copies of the **Vehicle Valuation Report** and **Insurance Settlement Statement** from the primary insurance company, along with this claim form.

Please note that your claim cannot be processed until all documents have been received.

All documents must be received within **30 days** of settlement by the primary insurance company. If your primary insurance was not active at the time of the total loss or if your claim was denied by your insurance company, please note the GAP Total Loss Claim Form accordingly.

Documents can be mailed to OneMain Solutions P O Box 2548, Ft. Worth, TX 76113 or faxed to 1-800-350-9582.

If you have any questions regarding your claim, please contact our office at 1-800-307-0048. Our hours are Monday through Friday 7:00AM to 7:00PM Central Standard Time.

Sincerely,

GAP Total Loss Claim Department
OneMain Solutions



GAP Addendum Total Loss Claim Form

Account number: _____

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

Borrower Information

Last Name	First Name	Middle Initial
Current Mailing Address		Apt #
City	State	Zip
Email	Daytime phone	Cell phone

Covered Vehicle Information

Year	Make	Model	Last 7 of VIN
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Primary Insurance Company Handling Claim

Date of Loss	Type of Loss (Collision, Theft, Other)	
Company Name	Policy number	Policyholder Name
Claim number	Adjuster Name	Adjuster Phone
Address		Suite/Floor #
City	State	Zip
Phone	Email	Fax

Signature of Borrower _____ **Date:** _____

Mail to OneMain Solutions P O Box 2548, Ft. Worth, TX 76113 or fax to 1-800-350-9582