

GAP CLAIM FORM

**CUSTOMER MUST FILL OUT FORM COMPLETELY AND RETURN.
INCOMPLETE/UNRETURNED FORMS MAY DELAY PROCESSING OF GAP CLAIM.**

GAP Claim Number _____	Vehicle ID Number _____
Customer Name _____	Vehicle Year,Make,Model _____
Address _____	Vehicle License Plate Number _____
Daytime Phone # _____	Lien Holder Name _____
Insurance Company _____	Loan/ Lease Account # _____
Insurance Adjuster Name _____	Insurance Claim Number _____
Odometer Reading on Date of Loss _____	Insurance Adjuster Phone Number _____
What was the vehicle used for? _____	Insurance Deductible _____
Do you have GAP coverage, or endorsement for GAP, with another company? _____ If yes, name of that company _____	
Date of Loss _____	Time of Day Loss Occurred _____
Was a police report filed? _____	If stolen, was vehicle recovered? _____ Date _____
Police Department _____	Recovering Police Department _____
Report Number _____	Recovery Report Number _____
Specific Street/Intersection Where Loss Occurred (exit #/mile marker, etc.) _____	
County Where Loss Occurred _____	City, State Where Loss Occurred _____
Name of Driver _____	Drivers License Number _____ Drivers Date of Birth _____

In your own words, please describe the event (use back of form if more space is needed).

For your protection, the laws of your state require us to advise you that any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I hereby authorize my GAP administrator to communicate claim information; including but not limited to the documents requested and information needed to process the claim, the claim decision, and payment amounts, to the persons indicated below. We will not provide information to anyone whose name is not listed below and will not release information to anyone on this list until they provide us with your claim number and your name. This authorization is not required for us to share information with the lienholder or selling dealership, for which we administer the GAP agreement. If you retain an attorney to represent you, the attorney must provide us with a letter of representation before we will share any claim information.

1. _____
2. _____
3. _____
4. _____

Customer Signature _____

Date _____

Thank you for your help in advance. For your convenience our e-mail is GTClaims@vtaig.com and our fax number is 913-895-0355.