

GAP INSURANCE CLAIM FORM

CUSTOMER MUST FILL OUT FORM COMPLETELY AND RETURN.

INCOMPLETE/UNRETURNED FORMS MAY DELAY PROCESSING OF GAP CLAIM.

THIS STATEMENT DOES NOT TAKE PLACE OF THE POLICE REPORT.

GAP Claim Number _____ Vehicle ID Number _____
Dealer Name _____ Vehicle Year,Make,Model _____
Customer Name _____ Lienholder Name _____
Address _____ Lienholder Phone # _____
_____ Loan/ Lease Account # _____
Daytime Phone # _____

Insurance Company _____ Claim Number _____
Adjuster Name _____ Adjuster Phone Number _____
Odometer Reading on Date of Loss _____ Deductible _____
Date of Loss _____ Time of Loss _____

Do you have any type of GAP coverage or endorsement for GAP coverage with another company? _____
If yes, name of that company _____

Was a police report filed? _____ If stolen, was vehicle recovered? _____
Police Department _____ Report Number _____
Recovering Police Department _____ Recovery Report Number _____
Specific Location of Loss (including street/intersection, city, county)

In your own words, Detailed Description of the Event (please 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.

Customer Signature Date Relationship if not customer

Thank you for your help in advance. Please feel free to call 1-800-866-6090 Ext. 527 or e-mail us at GTClaims@vtaig.com if we can answer any questions. Our fax number is (913) 895-0355.