GAP CLAIM FORM

CUSTOMER MUST FILL OUT FORM COMPLETELY AND RETURN.

This form can be emailed to GTClaims@mpp.com or faxed to 913-895-0355.

Please note: Incomplete/unreturned forms may delay processing of gap claim.

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.

	GAP Claim #	Vehicle ID Number (VIN)
Lienholder (Bank) Name Daytime Phone # Lienholder (Bank) Contact # Lienholder (Bank) Contact # Lienholder (Bank) Contact # Loan/ Lease Account # Lienholder (Bank) Contact # Lienholder (Bank) Contac	Customer Name	Vehicle Year,Make,Model
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Email Address:		
Insurance Company	Daytime Phone #	Lienholder (Bank) Contact #
Insurance Adjuster Name	Email Address:	Loan/ Lease Account #
Odometer Reading on Date of Loss	Insurance Company	Insurance Claim #
What was the vehicle used for? Do you have GAP coverage, or endorsement for GAP, with another company? If yes, name of that company	Insurance Adjuster Name	Insurance Adjuster Phone #
Do you have GAP coverage, or endorsement for GAP, with another company?	Odometer Reading on Date of Loss	Insurance Deductible
Date of Loss	What was the vehicle used for?	
Was a police report filed?	Do you have GAP coverage, or endorsement for C	GAP, with another company? If yes, name of that company
Was a police report filed?	Date of Loss	Time of Day Loss Occurred (am/nm)
Police Department		
Report #		
Specific Street/Intersection Where Loss Occurred (exit #/mile marker, etc.)		
County Where Loss Occurred	•	
Name of Driver Driver's License # Driver's Relationship to Owner Driver's Date of Birth In your own words, please describe the event (use back of form if more space is needed). 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	•	
Driver's Relationship to Owner		
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Customer Signature Data	3	4
Customer Signature Data		
	Customer Signature	