

GAP CLAIM FORM

CUSTOMER MUST FILL OUT FORM COMPLETELY AND RETURN.

This form can be emailed to GTClaims@vtaig.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) _____
Customer Name _____ Vehicle Year, Make, Model _____
Address _____ Vehicle License Plate # _____
_____ Financial Institution Name _____
Daytime Phone # _____ Financial Institution Contact # _____
_____ Loan/ Lease Account # _____

Insurance Company _____ Insurance Claim # _____
Insurance Adjuster Name _____ Insurance Adjuster Phone # _____
Odometer Reading on Date of Loss _____ Insurance Deductible _____
What was the vehicle used for? _____
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 # _____ Recovery Report # _____
Specific Street/Intersection Where Loss Occurred (exit #/mile marker, etc.) _____
County Where Loss Occurred _____ City, State 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. _____
- 2. _____
- 3. _____
- 4. _____

Customer Signature _____
Date