

GAP CLAIM REQUIRED DOCUMENTS

SUBMIT THE FOLLOWING DOCUMENTS

It is important that we promptly receive complete and accurate information in order to process your claim. Please ensure the documents listed below are forwarded to us. Stay in contact with your Creditor regarding your claim documents. If you have any questions, please call us at (800) 255-8713.

To send information to the Program Administrator:

Fax to: (319) 221-3064 or mail to:

Program Administrator - GAP Claims Dept. PO Box 661012 Dallas, TX 75265

DOCUMENT COPY	OBTAIN FROM	DESCRIPTION
Copy of Finance Contract	Creditor/Selling Dealer	Copy of the Finance Contract showing the finance terms (payment amounts, etc.) and other products purchased
Complete Payment History	Creditor	Copy of the payment history showing all account transactions occurring since the beginning of the finance contract
Finance Contract Amortization Schedule	Creditor	If provided, copy of an amortization schedule using original Finance Contract terms
Insurance Check	Insurance Company	Copy of the insurance check or ACH verification of the payment amount made by the insurance company to the Creditor due to the total loss of the vehicle
Insurance Evaluation	Insurance Company	Copy of the valuation report your primary insurance company used to determine the Actual Cash Value of the vehicle. The report must include options on the vehicle and mileage at date of loss.
Settlement Breakdown	Insurance Company	Copy of the details of the final payment amount which includes the Actual Cash Value, applicable taxes and tag fees, deductible amount and final settlement amount
Proof of Cancellation Refund Amounts for Service Contracts and Other Products	Dealership or Issuing Company	Documentation indicating the cancellation refund amounts for other products such as service contracts, prepaid maintenance, Credit Life and Health Insurance, ancillary products, etc. If expired or non - cancellable, please provide a copy of the terms and conditions
Police or Fire Report	Customer	Copy of Police or Fire Report showing the accident/incident details when there is no Physical Damage Insurance or your Insurance claim has been denied
Insurance Denial Letter	Insurance Company	If applicable, a letter showing reason for denial of Insurance claim
Repair Estimate	Customer	If applicable, a detailed estimate showing cost to repair the vehicle when Insurance has denied coverage or no Insurance coverage exists