

GUARANTEED AUTO PROTECTION (GAP) - NOTICE OF LOSS FORM



**YOUR CLAIM CAN NOT BE PROCESSED UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED
PLEASE CHECK THAT ANY DOCUMENTS THAT REQUIRE A "BORROWERS SIGNATURE" ARE SIGNED**

SECTION - 1

Customer/Borrower: _____

Street Address: _____
City State Zip

Telephone: _____ E-mail: _____

GAP Waiver Number: _____ Loan Date: _____ Term: _____

Lienholder (Payee for GAP Benefit): _____

Lienholder Address: _____
City State Zip

Lienholder Account Number: _____

SECTION - 2

Date of Loss: _____ Loss Odometer: _____

Was insurance in place at the time of loss ? YES NO

Insurance Company: _____ Deductible: _____

Settlement Amount: _____

Signature & Date Required by Customer/Preparer: _____
Signature Date

PRINTED NAME, IF THIRD PARTY _____ EMAIL ADDRESS _____ TELEPHONE NUMBER _____

SECTION - 3

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS

- OBTAINABLE FROM THE DEALERSHIP**
- COPY OF THE GAP WAIVER
 - BILL OF SALE-DEALER SALES ORDER
 - MANUFACTURERS INVOICE FOR VEHICLES PURCHASED NEW (MSRP)
 - NADA BOOK VALUATION FOR VEHICLES PURCHASED USED
 - COPY OF THE ORIGINAL FINANCE CONTRACT
 - PROOF OF PROCEEDS RECOVERED FROM CANCELLATION OF REFUNDABLE ITEMS, SUCH AS SERVICE CONTRACT, CREDIT INSURANCE OR OTHER SIMILAR ITEMS & A COPY OF THE REFUND CHECK

SECTION - 4

- OBTAINABLE FROM THE INSURANCE COMPANY**
- A COPY OF THE PRIMARY INSURANCE COMPANY CLAIM SETTLEMENT CHECK(S), SETTLEMENT WORKSHEET AND ACTUAL CASH VALUE EVALUATION
 - COPY OF THE COMPLETE AND OFFICIAL POLICE REPORT WITH NARRATIVE
 - COPY OF THE INSURANCE COMPANY'S "CAUSE OF LOSS" LETTER (IF NO POLICE REPORT IS AVAILABLE)

SECTION - 5

- OBTAINABLE FROM THE LIENHOLDER**
- DOCUMENTATION FROM THE FINANCIAL INSTITUTION DETAILING THE PAYOFF AS OF THE DATE OF LOSS
 - A COPY OF THE COMPLETE HISTORY OF THE LOAN SHOWING ALL PAYMENTS AND TRANSACTIONS "INCLUDING THE PRINCIPAL BALANCE"

**FORWARD all Claim Documents to: American Guardian-GAP Claims Department P.O. Box 768, Warrenville, IL 60555
Telephone: 800.579.2233 Fax: 630.534.7035 E-mail:gapclaims@agwsinc.com**