

[Print this page](#)

## DOCUMENTS REQUIRED FOR GAP CLAIM

**DATE FILED** \_\_\_\_\_ **CONTRACT #** \_\_\_\_\_  
NAME ON POLICY \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_  
PURCHASED FROM \_\_\_\_\_  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

### CUSTOMER

Police Report Page # \_\_\_\_\_

### INSURANCE

CCC Valuation/Adjusters Report Page # \_\_\_\_\_  
 Statement of Total Loss Page # \_\_\_\_\_  
 Insurance Declaration Page Page # \_\_\_\_\_  
 Insurance Settlement Check Page # \_\_\_\_\_

### FINANCE SOURCE

Payoff Amount as of Date of Loss Page # \_\_\_\_\_  
 Payment History Page # \_\_\_\_\_

### DEALER FILES

Copy of GAP Policy (front & back) Page # \_\_\_\_\_  
 Finance Contract – Original Vehicle Page # \_\_\_\_\_  
 Finance Contract – Replacement Veh. Page # \_\_\_\_\_  
 Invoice Page # \_\_\_\_\_  
 Buyers Order Page # \_\_\_\_\_

### **CANCELLATION AMOUNTS (stated on Dealer Letterhead)**

Service Contract \$ \_\_\_\_\_  Credit Life \$ \_\_\_\_\_  Credit Disability \$ \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

DATE FAXED \_\_\_\_\_

COMMENTS \_\_\_\_\_