## Information Required to Obtain GAP Benefits

Name\_\_\_\_\_Contract\_\_\_\_\_Date\_\_\_\_\_

Claim Number\_\_\_\_

PLEASE PROVIDE LEGIBLE COPIES OF ALL OF THE DOCUMENTS MARKED WITH X:

FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION WILL DELAY PAYMENT.

- <u>X</u> A copy of the Police / Accident Report or the Fire Department Report (NEED FULL COPY) (If you did not file a police report, please call the GAP Claims Department)
- X Lender's Letter showing the following information: (Lender)
  - Lender's Name
  - Loan Account Number #
  - Lender's address where the GAP Benefit should be sent
- Χ Payment History of the Loan (Lender)
- <u>X</u> Auto insurer's Document Showing the Exact Settlement Amount\* (Insurance Company)
- Х Auto insurer's Adjuster's Report\* showing a complete breakdown of the insurance settlement amount including: (Insurance Company)
  - Amount Paid •
  - Type of Loss •
  - Date of Loss
  - Mileage at Loss
  - Deductible •
  - All additions and deductions to the settlement •
- Auto insurer's **Declarations Page**\* (listing coverage, deductible and agent's phone number <u>X</u> \_\_\_\_\_) (Insurance Company) (\_
- <u>X</u> \*If Physical Damage Insurance was NOT IN effect or denied, please provide the Damage Appraisal **Report and Letter of Denial.**
- Copy of the Retail Installment (Finance) Contract (COMPLETE, LEGIBLE COPY) (Dealer) X
- Х (If Purchased New) Window Sticker or Vehicle Invoice. (Dealer) (With MSRP)
- X The GAP Contract Amendment (Dealer)
- Х Did you purchase Mechanical Repair or any other Add-on Contracts? IF YES, you need to cancel any of these contracts with your Selling Dealer for a refund of the unearned charges. The prorated refund will be sent to the Lender, if there is a pending loan balance. Please submit a document which shows the Dealer's refund amount for any of the contracts listed above. If your coverage has expired, please send a copy of the contract so that the terms of the coverage can be verified. (Dealer)

## Please visit our customer portal to upload your documents (if a claim number is listed above): http://www.assurantgap.com

Phone#: 877-394-1206