

NATIONAL ADJUSTMENT BUREAU, INC.  
800 Yamato Road Suite #100  
Boca Raton, FL 33431  
888-684-9327

Date:  
Insured:  
Claimant:  
Claim No:  
VIN No:  
Date of Loss:

Dear Member:

Please allow this letter to acknowledge our receipt of your claim under your Guaranteed Asset Protection (GAP) contract. NATIONAL ADJUSTMENT BUREAU, INC. is the designated claims administrator for this program, and we will be your point of contact for the adjudication of this claim.

At this time, we respectfully suggest that you take a few minutes to review your GAP contract (addendum) to familiarize yourself with the terms and conditions of this program. Kindly note that this product is **not** insurance. Rather, it is a debt waiver agreement between you and your dealership. Your dealership, and any lender for whom the dealership originated your financing, has agreed to forgive your debt in accordance with the conditions of the addendum. Under these terms, you have certain documentation responsibilities, and your failure to comply with these conditions will relieve the dealer/creditor/lender of their obligation to waive your debt. **Therefore, we ask that you adhere closely to the following instructions, and provide us with all of the requested documentation within the timeframe specified in your addendum.**

Please have the following enclosure signed, notarized and returned to us: Affidavit Of Accident With Business Use. Please have the following enclosure signed and returned to us: Gap Cancellation Request Form. Informational forms for you: Gap Claim Checklist. **Please make sure that your claim number and adjuster identification as shown on the top of this letter is on all submitted documentation.**

For your convenience, we have enclosed a GAP Claim Checklist. Please provide us with **all** of the items listed on this document. NOTE: Federal privacy regulations make it problematic for us to obtain the required documentation directly from your lender or insurance company. You are contractually obligated to provide us with this documentation, and while we will attempt to assist you in this regard, the ultimate responsibility for document procurement is yours alone. No action taken by NATIONAL ADJUSTMENT BUREAU, INC. in this regard should be construed as a waiver of your contractual obligations.

It is critically important that you submit legible documents to our office; consequently, we request that you avoid the temptation to fax these documents. Simply return the documents via US mail to the address indicated above, and **please make sure that your claim number and adjuster identification as shown on the top of this letter is on all submitted documentation.** Once we have received your documentation, we will notify the dealer/creditor of the amount of debt to be waived if applicable, and where appropriate, we will issue payment on behalf of the underwriter to the lender

Thank you for this opportunity to be of service, and please do not hesitate to contact us at 888-684-9327.

Sincerely,

Enclosure(s):

- Gap Cancellation Request Form
- Affidavit Of Accident With Business Use
- Gap Claim Checklist

NATIONAL ADJUSTMENT BUREAU, INC.

GAP CANCELLATION REQUEST FORM  
FOR CLAIMS ONLY

Today's Date: \_\_\_\_\_

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Cancellation Request Date: \_\_\_\_\_ (Should be the date of the loss)

GAP Waiver Effective Date: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Reason For Cancellation: \_\_\_\_\_

Policy (Plan): \_\_\_\_\_ Producer Code #: \_\_\_\_\_

VIN: 2G1FP22P5V2121066

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Please mail this form to us:

*NATIONAL ADJUSTMENT BUREAU, INC.  
800 Yamato Road Suite #100  
Boca Raton, FL 33431  
Attn: Cancellation Department  
Tel: 888-684-9327*

**"YOU MUST ALSO PROVIDE A COPY OF THIS FORM TO THE ORIGINAL SELLING DEALER"**

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COMPANY USE ONLY

GAP Enrollment Fee: \_\_\_\_\_ Less Cancellation Fee: \_\_\_\_\_

Gross Pro Rata Refund: \_\_\_\_\_ Net Refund: \_\_\_\_\_

- Or -

Gross Short Rate Refund: \_\_\_\_\_

**AFFIDAVIT OF ACCIDENT**  
**(All Questions Must be Answered)**

Name of Owner of Car: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner Address: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Driver Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Married or Single? \_\_\_\_\_ (if married, spouse name) \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Your Car Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ License No: \_\_\_\_\_

If you were not the driver of the vehicle at the time of loss, what is their relationship to you? \_\_\_\_\_

Where were you/driver coming from at the time of the loss? \_\_\_\_\_

Where were you/driver going at the time of the loss? \_\_\_\_\_

What was the purpose of the trip? \_\_\_\_\_

What is the primary use of your vehicle? \_\_\_\_\_ Personal Use? \_\_\_\_\_ Business/Commercial Use? \_\_\_\_\_

At the time of the loss were you using the vehicle for your business or occupation? \_\_\_\_\_

If yes, what is your business or occupation? \_\_\_\_\_

Is this vehicle ever used in the scope of your business or occupation? \_\_\_\_\_

How often? \_\_\_\_\_

Do you claim the vehicle as a deduction on your personal or business income tax return? \_\_\_\_\_

Was your vehicle repaired? \_\_\_\_\_ YES \_\_\_\_\_ NO Repair cost \$ \_\_\_\_\_ When? \_\_\_\_\_

Where was it repaired? \_\_\_\_\_

How many people were in your car? \_\_\_\_\_ How many people were in the other car? \_\_\_\_\_

Name and address of occupants of your vehicle who were injured (including yourself) \_\_\_\_\_

Medical treatment required? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, hospital/doctor \_\_\_\_\_

Name and address of driver of other vehicle? \_\_\_\_\_

Name and address of Occupants of other vehicle who were injured (including driver)? \_\_\_\_\_

Other Vehicle Year/Make: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Accident reported to Police? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, Which department? \_\_\_\_\_

Which driver received Ticket? \_\_\_\_\_ What was the charge? \_\_\_\_\_

What plea was entered? \_\_\_\_\_ Guilty \_\_\_\_\_ Not Guilty What was the court decision? \_\_\_\_\_

Who witnessed the accident? Give name and address: \_\_\_\_\_

Name of your insurance company: \_\_\_\_\_

Name of company insuring other parties: \_\_\_\_\_

How did the accident happen? Give full account, starting speed and direction of each car: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please draw a diagram of accident.**

Did you take any photographs or statements from anyone? \_\_\_\_\_ YES \_\_\_\_\_ NO

Did you give anyone a statement? \_\_\_\_\_ YES \_\_\_\_\_ NO

If available, please attach any photographs or statements.

Date of last automobile accident prior to this one? \_\_\_\_\_

Are the answers you have given true and correct? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Policyholder

\_\_\_\_\_  
Address of Witness

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public (Include Seal)

**WARNING**  
**ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.**

# GAP CLAIM CHECKLIST

Please contact your **DEALERSHIP** or **LIENHOLDER** and obtain the following documents:

- Legible copy of the **FRONT** and **BACK** of the Gap Waiver Addendum Agreement.
- Legible copy of the original **FINANCE AGREEMENT**.
- Copy of the **replacement vehicle BILL OF SALE AND FINANCE AGREEMENT** (For GAP plus policies only).
- **Cancel** any and all products purchased with your vehicle, such as **SERVICE CONTRACT, EXTENDED WARRANTY, CREDIT DISABILITY, CREDIT LIFE**, if any was purchased. Please provide us with a copy of the **front** and **back** of each contract, and a copy of the **refund checks** along with the **refund calculation**.

Please contact your **LIENHOLDER** and obtain the following documents:

- Complete **PAYMENT HISTORY**.

Please contact your **PRIMARY INSURANCE COMPANY** and obtain the following documents:

- Copy of their **SETTLEMENT CHECK, SETTLEMENT BREAKDOWN LETTER** (letter must be typed), and **TOTAL LOSS VALUATION REPORT** (Ex.: CCC, NADA, ADP or KBB report).
- Copy of their detailed line by line **REPAIR ESTIMATE** which ultimately deemed the vehicle a total loss.
- Copy of your **INSURANCE COMPANY PHYSICAL DAMAGE POLICY DECLARATION PAGE**. The declaration page indicates your applicable coverages, limits and deductible amount of the totaled vehicle. Please be sure that the date of loss falls within the effective coverage date listed on the declaration page.

Please contact the **POLICE DEPARTMENT** and obtain the following document:

- Copy of the **POLICE REPORT** with a complete **NARRATIVE** of the theft/accident.
- In addition to the **DOCUMENTATION REFERENCED ABOVE**, be sure to follow the instructions for **OTHER DOCUMENTATION** and/or **FORMS** specified in the **COVER LETTER** to this package.

**In the event that you are unable to procure any of the required documentation, you must provide us with a written explanation as to why the document(s) could not be obtained. This explanation will be submitted to the underwriters for consideration.**

**Please be advised that if the above documents are not legible, we will NOT be able to accept the claim.** Each claim is distinctive and the claim administrator may request additional information not listed above. Once you have provided us with a complete set of documents as enumerated above, we will remit your claim to the underwriter for resolution. If you have any questions, please do not hesitate to contact us.