



GAPWISE REIMBURSEMENT INFORMATION FORM

Please fill out the following information for your GAP Reimbursement.
If you have any questions, please call the Claims Department at 888-427-2037

| | |
|--------------------|---|
| GAP WAIVER NUMBER: | DATE OF <input type="checkbox"/> ACCIDENT OR <input type="checkbox"/> THEFT (CHECK ONE) |
|--------------------|---|

BORROWER INFORMATION

| | | |
|--------------------------|----------------|-----|
| NAME | STREET ADDRESS | |
| DAYTIME TELEPHONE NUMBER | CITY | |
| EMAIL | STATE | ZIP |

LENDER INFORMATION

| | | |
|----------------|----------------|-----|
| NAME | STREET ADDRESS | |
| ACCOUNT NUMBER | CITY | |
| PHONE NUMBER | STATE | ZIP |

PRIMARY INSURANCE INFORMATION

| | |
|-------------------|---------------|
| COMPANY NAME | ADJUSTER NAME |
| CLAIM NUMBER | PHONE NUMBER |
| DEDUCTIBLE AMOUNT | FAX NUMBER |

COPIES OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED IN ORDER TO PROCESS YOUR GAP CLAIM. PLEASE MAIL TO FINANCIAL GAP ADMINISTRATOR TO THE ADDRESS BELOW.

CONTACT DEALERSHIP FOR:

- Copy of Lenders Loan Agreement
- Copy of GAP Waiver
- Cancel any Extended Warranty or Credit Insurance and attach a copy each with refund, if available.
- Copy of Buyers Order
- Copy of Factory Invoice (New Vehicles)

CONTACT YOUR PROPERTY AND CASUALTY INSURANCE COMPANY FOR:

- Copy of Insurance Company Vehicle Valuation Report (e.g. NADA, CCC or ADP Report)
- Copy of Insurance Company's Settlement Check
- Copy of Insurance Company's Settlement Breakdown
- Copy of the Police Report for theft or accident

CONTACT LENDER FOR:

- Payoff Amount from Lender as of Date of Loss and Full Payment History

Financial GAP Administrator LLC

Attention: Claims
1670 Fenpark Drive
Fenton, MO 63026
Phone: 888-427-2037
Fax: 636-349-3169