

# GAPWISE

## GAP REIMBURSEMENT INFORMATION FORM

Please fill out the following information for your GAP Reimbursement. If you have any questions, please call the Claims Department at 1-888-GAP-2037.

GAP Waiver Number: \_\_\_\_\_ Date of Accident / Theft (please circle one): \_\_\_\_\_

### BORROWER INFORMATION

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number (if available): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LENDER INFORMATION

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ 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 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 of the refund amounts.  
Copy of Buyers Order

**Contact LENDER for:**

Payoff amount from Lender as of date  
of loss and full loan history

GAP PLUS ONLY: Copy of Factory Invoice (New Vehicles)

**Contact YOUR PROPERTY AND CASUALTY INSURANCE COMPANY for:**

Copy of insurance company vehicle valuation statement  
(ACV Worksheet or CCC Valuation).  
Copy of Insurance company's check or settlement statement  
Copy of the Police report for theft or accident