

GAP Notice & Proof of Loss

Type of Claim:

Physical Damage

Theft

Insured:

Policy Number:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

Email:

Borrower's Name:

Account Number:

Address:

City:

State:

Zip:

Date of Lease or Loan:

Date of Accident or Theft:

Original Term of Lease or Loan:

Net Unpaid Balance at Date of Loss:

Note: Exclude payments due after date of loss and late payment charges, all refunds from insurance or warranties, and other refundable items.

Actual Cash Value:

Borrower's Deductible:

Amount Received from Primary:

Vehicle Year:

Make:

Model:

Vehicle Identification #:

Primary Insurance Carrier Information:

Telephone:

For all claims, please attach these documents:

Notice and Proof of Loss
Copy of Gap Waiver Form
Copy of Original Security Agreement—Front and back
Leases—Need cap cost and residual value
Copy of the Service Contract, if purchased, with terms

Copy of Primary Insurance Settlement Check
Copy of Primary Insurance Settlement Worksheet showing deductible amount
Copy of loan history showing all payments made and the unpaid balance as of the date of loss

§3999.21 Applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature:

Date:



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