



# GAP CLAIM REPORTING FORM

In order to process you GAP Claim, we will need information from you. Please complete this form along with the Vehicle Options Form, sign and **Fax, Mail or Email** the information within ninety **(90) days** from the date of loss as required by your contract. You will need to return **both forms** in order to file your GAP claim.

Phone: 800-349-5191 | Fax: 866-936-6579 | Email: gapclaims@rcwarrantyservices.com

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

Date of Loss: \_\_\_\_\_

Customer Name, Address, Phone \_\_\_\_\_

Type of loss:  Collision  Theft  Fire  Other (Explain): \_\_\_\_\_

Customer Signature \_\_\_\_\_

Required Documentation:	Where to Obtain:
<input type="checkbox"/> 1. Copy of the insurance company's <b>Settlement check(s)</b>	Primary Insurance Co./LENDER
<input type="checkbox"/> 2. Copy of insurance <b>Settlement Breakdown</b> , including Actual Cash Value, applicable taxes or tag fees, deductible amount and settlement Figure. <i>(This must equal the settlement check above.)</i>	Primary Insurance Co.
<input type="checkbox"/> 3. Full insurance <b>Evaluation Report</b> which must show how the Company determined the Actual Cash Value of the vehicle and includes mileage at the date of loss and any options on the vehicle.	Primary Insurance Co.
<input type="checkbox"/> 4. <b>Payment History</b> (complete from the inception of the loan )	Lender
<input type="checkbox"/> 5. <b>Loan Contract / Retail Installment Loan Agreement</b>	Dealership or Lender
<input type="checkbox"/> 6. <b>Warranty Contracts / Credit Life &amp; Disability</b> such as service contract, Dealership maintenance agreement, tire & wheel protection, theft protection, etc. CONTACT THE DEALERSHIP TO START THE CANCELLATION PROCESS. We also need the amount of the cancellation refund for these contracts.	Dealership
<input type="checkbox"/> 7. Copy of <b>Buyers Order or Bill of Sale</b> for vehicle	Dealership
<input type="checkbox"/> 8. Copy of the <b>complete and official Police Report with narrative</b>	Police Department or Insurance Company
<input type="checkbox"/> 9. <b>Vehicle Options Form</b>	www.rcwarrantyservices.com

**Due to the Gramm-Leach-Bliley Act (Privacy Act), we are not able to gather this information for you. Please make every effort to provide the necessary information for us. Without it, we are not able to process you claim.**