



GAP CLAIM REPORTING FORM

APPI GAP CLAIM No.: _____

Please be advised that a GAP claim has been opened on your behalf. In order to process your GAP claim, we will need information from you. Please complete and sign this form along with the **Vehicle Options Form**, and **Fax, Mail or Email** both forms along with all of the below requested information to APPI. Make sure that all the documents are legible. **Do not send phone pictures or other JPEG formatted documents unless otherwise requested.** The information required to adjudicate your GAP claim must be submitted **within ninety (90) days from the date of Primary Insurance settlement** or, in the absence of Primary Insurance, within ninety (90) days from the Date of Loss. **Failure to submit the required information within this time period will result in your GAP contract being voided and your claim being denied.**

Phone: 888-366-3774 ♦ Fax: 225-412-3796 ♦ Email: info@appiadmin.com

Today's Date: _____ Date of Loss: _____

Claimant Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

My Preferred Method of Communication is: US Postal Service _____ Email: _____

Type of loss: Collision Theft Fire Other (explain): _____

Claimant(s) Signature: _____

Received

Required Documentation:

Where to Obtain:

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| <ol style="list-style-type: none"> 1. This <u>GAP Claim Reporting Form</u> and the APPI <u>Vehicle Options Form</u>. 2. Copy of the insurance company's <u>Settlement Check(s)</u>. Please provide a photocopy of the front and back of the check. 3. Copy of the insurance <u>Settlement Breakdown</u>, including Actual Cash Value, applicable taxes or tag fees, deductible amount and settlement figure. This must equal the amount of the Settlement Check(s). 4. Full insurance <u>Market Evaluation Report</u> which must show how the insurance company determined the Actual Cash Value of the vehicle and includes mileage at the date of loss and any options on the vehicle. 5. Copy of your <u>Payment History</u>, complete from inception of the loan/lease. 6. Copy of the <u>Loan/Lease Contract or Retail Installment Loan Agreement</u>. 7. Copy of all <u>Warranty Contracts /Credit Life & Disability policies</u> such as Vehicle Service Agreements, Maintenance Agreement, Tire & Wheel protection... We will also require the amount of <u>Cancellation Refunds</u> for all applicable contracts. If you have not already done so, CONTACT THE DEALERSHIP TO START THE CANCELLATION PROCESS NOW! 8. Copy of the <u>Buyer's Order or Bill of Sale</u> from your original purchase. In California, a copy of the "Vehicle/Vessel Transfer & Reassignment Form" (DMV Form 262) will suffice. 9. Copy of the complete and official <u>Police Report with narrative</u>. If no Police Report was created, we will require a "<u>Cause of Loss</u>" statement from the insurance company giving the following information: *Date, time, and location of Loss. *Person(s) and vehicle(s) involved. *Cause(s) and/or determining factors of the Loss. *Any citations that may have been issued as a result of and/or contributing to the Loss. | <p>APPI</p> <p>Primary Insurance Co. or Lender</p> <p>Primary Insurance Co.</p> <p>Primary Insurance Co.</p> <p>Lender</p> <p>Lender or Dealership</p> <p>Dealership</p> <p>Dealership</p> <p>Police Department or Primary Insurance Co.</p> |
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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 information requested above. Without this information, we are not able to process your claim. Remember, failure to submit the required information within the time stipulated will result in your GAP contract being voided.