



GAP ADDENDUM TOTAL LOSS CLAIM FORM

Thank you for contacting our office regarding your vehicle's total loss. Our goal is to process your claim as quickly and efficiently as possible. We ask that you please complete the following information in order for us to review your claim request. In addition to the information below, please be certain to forward ALL required documentation noted on your GAP Addendum. For your convenience, we have included a list of all the required documents and how to obtain them on GAP Addendum Total Loss Claim Checklist.

Please print. All information is required.

First Name, Last Name _____ Date of Total Loss _____

Current Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

Year/Make/Model _____ VIN (Vehicle Identification Number) _____

FINANCE/LEASING COMPANY

RELIABLE AUTO FINANCE

Company (Lender) Name _____ Account # _____

1515 28TH ST _____ WYOMING _____ MI _____ 49509 _____
Address _____ City _____ State _____ Zip

800-373-9933 _____
Phone _____

PRIMARY INSURANCE CARRIER

Company Name _____ Adjuster Name _____ Phone _____

Please fill out the following Information and Options. Please do NOT include any items added to your vehicle after the time of purchase. Including these items could reduce your final claim amount.

Vehicle Purchased NEW Vehicle Purchased USED Trucks Only – Body Style: Fleetside Sportside

Mode Type: _____ Mileage/Odometer at Date of Purchase: _____
(e.g. LS, SLT, XE, SLE, etc.)

- | | | |
|---------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> 4x4 | <input type="checkbox"/> Fiberglass Cap | <input type="checkbox"/> Removable Hard Top |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Heated Seats | <input type="checkbox"/> Running Boards |
| <input type="checkbox"/> Air Conditioning (rear) | <input type="checkbox"/> Leather Seats | <input type="checkbox"/> Satellite Radio |
| <input type="checkbox"/> Aluminum/Alloy Wheels | <input type="checkbox"/> Luggage/Roof Rack | <input type="checkbox"/> Second Row Bucket Seats |
| <input type="checkbox"/> AM/FM Stereo | <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Snow/Plow Package |
| <input type="checkbox"/> Auto Transmission | <input type="checkbox"/> Navigation System | <input type="checkbox"/> Specialty Stereo System (Bose, Infinity) |
| <input type="checkbox"/> Bedliner | <input type="checkbox"/> Power Door Locks | <input type="checkbox"/> Spoiler |
| <input type="checkbox"/> Bedliner (spray-on) | <input type="checkbox"/> Power Seat (drivers) | <input type="checkbox"/> Theft Deterrent/Alarm |
| <input type="checkbox"/> CD Play | <input type="checkbox"/> Power Seat (dual) | <input type="checkbox"/> Theft Recovery System |
| <input type="checkbox"/> Cassette Player | <input type="checkbox"/> Power Sliding Doors | <input type="checkbox"/> Third Row Seats |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Power Steering | <input type="checkbox"/> Tilt Wheel |
| <input type="checkbox"/> DVD Entertainment System | <input type="checkbox"/> Power Sunroof | <input type="checkbox"/> Tonneau Cover |
| <input type="checkbox"/> Fog Lamps | <input type="checkbox"/> Power Windows | <input type="checkbox"/> Towing/Trailer Package |

Other (please list any specialty packages or options not listed above): _____

Customer Signature _____ Date _____

Please include this form with your required claim documentation, as note in the GAP Addendum Total Loss Claim Checklist. For questions or further assistance, please contact the GAP Claims Department at 800-670-9891



STATEMENT OF LOSS – ACCIDENT

Please return this form to:

Vehicle Protection, Inc.
Attn: GAP Total Loss Dept.
250 NE Mulberry, Lee's Summit, MO 64086
Fax to: 816.347.9265 or Email: gapclaims@mbpinet.com

Name: _____ Date of Loss: _____ GAP Addendum #: _____
Address: _____ City: _____ State: _____ Zip: _____

Registered Owner of the Vehicle: _____

Time & Place of Loss: Date: _____ Time: _____ [] AM [] PM

Location of Loss: _____ City: _____ State: _____

Is there a Police Report: [] Yes [] No Case No. _____

Name of Agency that responded: _____ Police Dept. Phone No. _____

Do you have a copy of the Police Report? [] Yes [] No (If yes, please attach a copy.)

Driver at Time of Loss: _____ Driver Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

If you are not the driver, what is their relationship to you? _____

Where were you/driver coming from at the time of the loss? _____

Where were you/driver going at the time of loss? _____

What was the purpose of the trip? _____

At the time of the loss, were you using the vehicle for your business or occupation? [] Yes [] No

If yes, what is your business or occupation? _____

Is this vehicle ever used in the scope of your business or occupation? [] Yes [] No

If yes, how is this vehicle used in the course or scope of your business or occupation? _____

How Often? _____

Describe how the loss occurred? _____

Was the driver of your vehicle cited or charged with DUI/DWI at the time of loss? [] Yes [] No

What is the outcome of the citation or charge? [] Pending [] Guilty [] Not Guilty [] Dismissed

Additional Comments: _____

Any person who knowingly and with intent to injure, defraud or deceive by filing a Statement of Claim containing any false, incomplete or misleading information may be guilty of a felony in the third degree.

Signature

Print Name

Date