



GAP Claim Worksheet

Please complete this worksheet and fax the items from the checklist to 512-485-2659. Write your GAP claim number on the pages you fax. If you are unable to complete the entire worksheet, be sure to complete as much as possible. Thank you so much for your help.

Customer Name: _____ GAP Policy Number: _____

Address: _____ Date of purchase: _____

City/State/Zip: _____ Email: _____

Date of Birth: _____ Occupation: _____

Daytime Phone #: _____ Cell #: _____

Year: _____ Make: _____ Model: _____

VIN: _____ Current Mileage: _____

Lender (Bank or Lienholder) Name: _____ Refinance: Y N Repo: Y N

Phone number for Lender: _____ Loan Account #: _____

Was an Extended Warranty purchased? Y N Refund Amount: \$ _____

Was a Credit Life/Disability policy purchased? Y N Refund Amount: \$ _____

(If you choose to cancel the above policies, cancel at the dealership effective on the date of loss; refund to lender.)

Date of Loss: _____ Location of Loss (city & state): _____

Collision or Theft? _____ Description of Incident: _____

Was Police Report filed? _____ Which Law Enforcement Agency (Police/DPS/Sheriff)? _____

Auto Insurance Company: _____

Insurance Settlement Amount: _____ Deductible Amount: _____

Claim Number: _____ Policy Number: _____

Auto Adjuster Name: _____ Phone Number: _____

Loss Reported by: _____ Relation to Insured: _____

Date of Report: _____ Email address (if different than above): _____

CHECKLIST OF DOCUMENTS NEEDED TO COMPLETE THE GAP CLAIM:

(documents are available from the financial institution, dealership and/or insurance company as referenced below)

- Financing Agreement – from the financial institution or the dealership.
- Entire Loan Payment History and Loan payoff at the time of loss – from your financial institution.
- Refund Amount(s) for the Extended Warranty and/or Credit Life/Disability contract(s) – from your dealership
- Repair estimate, photos of damaged vehicle, if available, breakdown of settlement, prior damage history, current mileage and a copy of the police report – primary insurance carrier.
- ACV (Actual Cash Value) Evaluation – from the primary insurance carrier who evaluated your vehicle’s value.

GAP Claims P.O. Box 26800 • Austin, TX 78755-0800 • (800) 299-6977 ext. 3930 • Fax (512) 485-2659

Fax, mail or email this completed GAP Claim Worksheet with supporting documentation. Email: gapclaims@sgifs.com