

GAP CLAIM REPORTING FORM

In order to process your 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: 800-331-3780 * Fax: 918-250-4873 * Email: gapclaims@orias.com

Today's Date:		Date of Loss:	
Customer Name, Address, Phone			
Тур	be of loss: Collision Theft Fire C	Other (explain):	
Cu	stomer Signature		
Required Documentation:			Where to Obtain:
1.	Copy of the insurance company's <u>Settlement Check(s)</u>		Primary Insurance Co./LENDER
2.	Copy of insurance <i>Settlement Breakdown</i> , including Actual Cash Value, applicable taxes or tag fees, deductible amount and settlement Figure. (This must equal the settlement check above.)		Primary Insurance Co.
3.	Full insurance <i>Evaluation Report</i> 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.
4.	Payment History (complete from the inception of the loan)		Lender
5.	<u>Loan contract / Retail Installment Loan Agreement</u>		Dealership or Lender
6.	<u>Warranty Contracts / Credit Life & Disability</u> such as service contract, 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
7.	Copy of <u>Buyers Order or Bill of Sale</u> for vehicle		Dealership
8.	Copy of the <i>complete and official Police Report with narrative</i>		Police Department or Insurance Company

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 your claim.