



**GUARANTEED AUTO PROTECTION (GAP)
NOTICE OF LOSS FORM**

**YOUR CLAIM CAN NOT BE PROCESSED UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED
PLEASE CHECK THAT ANY DOCUMENTS THAT REQUIRE A "BORROWER'S SIGNATURE" ARE SIGNED**

SECTION - 1

Customer/Borrower: _____
 Street Address: _____
 Telephone: ____ - ____ - ____ E-mail: _____
City State Zip
 GAP Waiver Number: _____ Loan Date: _____ Term: _____
 Lienholder (Payee for GAP Benefit): _____
 Lienholder Address: _____
City State Zip
 Lienholder Account Number: _____

SECTION - 2

Date of Loss: ____ / ____ / ____ Loss Odometer: _____
 Was Insurance in Place at the Time of Loss? Yes No
 Insurance Company: _____ Deductible: _____
 Settlement Amount: _____
 Signature & Date Required by Customer/Preparer: _____
Signature Date
 Printed Name, If Third Party: _____ Email: _____
 Telephone: ____ - ____ - ____

SECTION - 3

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS

OBTAINABLE FROM THE DEALERSHIP

- | | |
|---|--|
| 1. A Copy of the GAP Waiver | 5. A Bill of Sale/Dealer Sales Order |
| 2. Manufacturer's Invoice for Vehicles Purchased New (MSRP) | 6. NADA Book Valuation For Vehicles Purchased Used |
| 3. A Copy of the Original Finance Contract | |
| 4. Proof of Proceeds Recovered From Cancellation of Refundable Items, Such As Service Contracts, Credit Insurance or Other Similar Items and a Copy of the Refund Check | |

SECTION - 4

OBTAINABLE FROM THE INSURANCE COMPANY

7. A Copy of the Primary Insurance Company Claim Settlement Check(s), Settlement Worksheet and Actual Cash Valuation Report
8. A Copy of the Complete and Official Police Report with Narrative
9. A Copy of the Insurance Company's "Cause of Loss" Letter (If No Police Report is Available)

SECTION - 5

OBTAINABLE FROM THE LIENHOLDER

10. Documentation from the Financial Institution Detailing the Payoff as of the Date of Loss
11. A Copy of the Complete History of the Loan Showing All Payments and Transactions "Including the Principle Balance"

**Forward All Claim Documents to: American Guardian-GAP Claims Department
P.O. Box 768, Warrenville, IL 60555 Telephone: 800.579.2233 Fax: 630.534.7035
E-mail: GAPclaims@agwsinc.com**