



[DATE]

[CUSTOMER NAME]
[ADDRESS]

GAP Claim: Total Loss Accident

GAP Waiver No.

Thank you for contacting our office regarding your vehicle's total loss financed with [LENDER NAME]. Our goal is process your claim as quickly as possible.

Attached to this letter you will find a **Claim Form** and **Claim Checklist**. Please complete the information on the Claim Form and return to our office. The Claim Checklist can be used as a guide in collecting the information needed to process the GAP claim. **Copies of the documents must be obtained by you and submitted to us. Please be advised that all documentation must be received in order for us to process your claim request.** There is also a Statement of Lose form included, please complete this form in lieu of a Police Report if one was not filed.

Vehicle Protection, Inc. (VPI) will not obtain any of the above information for you. **VPI must receive this documentation within 90 days of settlement by your insurance company.** If you do not have insurance you must submit documentation within 90 days of the date of loss. No payment will be made if this documentation is not provided to VPI within the stated time period. Documents can be mailed to 250 NE Mulberry, Lee's Summit, MO 64086 or they can be faxed to 816.347.9265. **Please note that your claim cannot be processed until all documents have been received.** Once all documents are received, the claim takes 1-2 weeks to process.

If you have any questions regarding your claim or this process please contact our office at 1.800.670.9891. Our office hours are Monday through Friday 8:00AM to 5:00PM central standard time.

Sincerely,

GAP Claim Department
Total Loss Division



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

Company (Lender) Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

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



TOTAL LOSS GAP CLAIM CHECKLIST

PLEASE FORWARD THE FOLLOWING DOCUMENTATION TO THE ADMINISTRATOR IN ORDER TO PROCESS YOUR GAP CLAIM. ANY ONE DOCUMENT WILL START A CLAIM. HOWEVER, ALL DOCUMENTS MUST BE RECEIVED BEFORE WE WILL BEGIN PROCESSING. COPIES OF THE DOCUMENTS MUST BE OBTAINED BY YOU AND SUBMITTED TO US.

DOCUMENT	DESCRIPTION	OBTAIN FROM
Financing Contract (Loan/Lease Agreement)	Photocopy of front of Loan Contract or Lease Agreement. Includes mileage at date of purchase and loan terms (interest rate, payment amount, etc.).	Lender or Dealership
Full Payment History and Payoff Statement	History of all transactions occurring since inception of loan. Includes payoff as of date of loss, as well as, statement from lienholder showing detailed payoff with per diem interest.	Lender
GAP Addendum	Photocopy of GAP Addendum (front and back).	Lender or Dealership
Vehicle Valuation Statement	Full Insurance Valuation Report showing how the insurance company determined the Actual Cash Value of the vehicle. Must include any options on the vehicle and mileage at the date of loss.	Insurance Company
Insurance Company Settlement Statement	On Insurance Company letterhead with Adjuster name and telephone number. Includes date of loss, cause of loss, miles at date of loss, Actual Cash Value, applicable taxes and tag fees, deductible amount and final settlement figure.	Insurance Company
Insurance Company Settlement Check	Photocopy or draft copy of the Insurance Company check(s).	Insurance Company or Lender
Insurance Policy	Photocopy of Declaration Page only of Insurance Policy showing coverage of total loss vehicle on date of loss, plus applicable deductible.	Insurance Company
Police Report	Full, official Police Report from responding agency. If a Police Report is not available, a written Statement of Loss (contact Administrator for form), as well as, a letter from the insurance company stating the reason a police report was not filed.	Police Department or Insurance Company and Administrator
Factory Invoice (new vehicles only)	Manufacturer's suggested retail price (MSRP) located on window sticker or invoice.	Dealership
Buyer's Order/Purchase Order	Photocopy of front of Buyer's Order/Purchase Order (not applicable in CA)	Dealership
Proof of Refund Amount or Expiration of any Cancelable Items	If a Refund: Copy of the contract and check copy or statement of dollar amount of refund on dealer letterhead. If Expired: Copy of contract and substantiation of vehicle mileage (mileage expiration).	Dealership
Completed Claim Form	GAP Addendum Total Loss Claim Form	Administrator

Please read your GAP Addendum for all Claim Requirements and contract exclusions. The Administrator must receive all documentation within 90 days of settlement by your primary insurance carrier. If you do not have insurance, you must submit documentation within 90 days of the date of loss. No payment will be waived if the requested documentation is not provided within the stated time period.

Please send all documentation to:

Mailing Address:
 MBPI/VPI
 Attn: GAP Claim Department
 250 NE Mulberry
 Lee's Summit, MO 64086
 800-670-9891

Fax Numbers:
 816-347-9265
 816-525-4188

Email Address:
 gapclaims@mbpinet.com

For questions or further assistance, please contact the GAP Claims Department at 800-670-9891.