

# **Aftercare**

## **GAP CLAIM CHECKLIST**

Thank you for contacting Aftercare concerning your GAP claim. In order for us to process the claim, we will need **ALL** the following information and documentation. Please make sure all documentation is legible. If any of the following information is not applicable or cannot be obtained, please contact our office for further instructions.

### **Your Information:**

NAME \_\_\_\_\_ PHONE# ( \_\_\_\_\_ ) \_\_\_\_\_

### **Your Loan Information:**

LENDER \_\_\_\_\_ ADDRESS \_\_\_\_\_

ACCT# \_\_\_\_\_ PHONE# ( \_\_\_\_\_ ) \_\_\_\_\_

TERM OF LOAN \_\_\_\_\_ INTEREST RATE OF LOAN \_\_\_\_\_ % MILEAGE AT LOAN \_\_\_\_\_

WARRANTY/SERVICE CONTRACT REFUND AMOUNT \_\_\_\_\_ (contact dealer or lender to cancel and submit a copy of the contract and a copy of the refund check or written refund quote)

CREDIT LIFE AND/OR DISABILITY REFUND \_\_\_\_\_ (contact dealer or lender to cancel and submit a copy of the contract and a copy of the refund check or written refund quote)

### **Documentation required about your loan:**

- ☐ Copy of your GAP Election Form
- ☐ Copy of your Finance contract (shows amount financed, interest rate, loan date, payment amount and due dates) / Bill of Sale (**Revolving Credit**)
- ☐ Copy of your complete loan history showing all payments from the loan inception date through the date of loss

### **Revolving Credit Purchase (credit card):**

- ☐ First Billing Statement for your account (showing amount financed, APR and first payment due date)

### **Insurance Information:**

Who paid for the loss? ☐ Your insurance company ☐ other party's insurance company  
☐ No insurance for this loss

Date of loss: \_\_\_\_\_

Type of loss: Collision or Theft

INSURANCE CO \_\_\_\_\_ POLICY# \_\_\_\_\_

CLAIM# \_\_\_\_\_ ADJUSTER NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

### **Documentation required from the Insurance Company:**

- ☐ Copy of insurance company settlement draft and settlement worksheet
- ☐ Copy of the evaluation showing how they arrived at the vehicle value and listing the vehicle options
- ☐ A letter from the insurance co. stating date of loss & exact type of total loss/ All thefts and claims where no insurance coverage was applicable, **MUST** have a police report
- ☐ Copy of your policy showing deductible
- ☐ If there was no Primary Insurance on this vehicle we will need an appraisal done by a certified appraiser stating that this vehicle was a total loss.

Return this completed form to us with the required documentation. You may have your lender and the Insurance company mail or fax their documentation directly to us with your name clearly shown on the documentation. Any settlement will be sent directly to your lender to apply to any outstanding loan balance.

**PLEASE NOTE: We cannot** process the claim until we receive **all** the documentation and this completed form.

**Our Address:** 126 E. Dyer Road Suite A  
Santa Ana, CA 92707

**Our Fax:** (714) 546-0849  
**Our Phone:** (800) 832-3237