GP GAP Protection Claim Form PS

To initiate a claim on your covered vehicle, we ask that you please complete the following information to help efficiently process your claim. In addition to the information below, please be certain to forward all required documentation noted on the back of your GAP claim contract. For your convenience, we have included a list of all the required documents and how to obtain them on the reverse side of this Claim Form.

Last Name, First Name *required* | Date of Total Loss

Current Mailing Address *required*

Home Phone | Cell Phone | E-mail

Year/Make/Model *required* | Model Type: (e.g., LS, SLT, XE, SLE, etc.)

VIN (Vehicle Identification Number) *required*

FINANCE/LEASING COMPANY

Company Name | Account #

Address | City | State | ZIP

Phone

PRIMARY INSURANCE CARRIER

Company Name | Adjuster Name | Phone

Please fill out the following Options and Information. Please do not include any items added to your vehicle after the time of purchase.

☐ Vehicle Purchased NEW ☐ Vehicle Purchased USED

☐ Mileage/Odometer at Date of Purchase: _____

☐ AM/FM Radio-Cassette w/Speakers
☐ Cruise Control
☐ CB Radio
☐ Engine Guards (Chrome)
☐ Exhaust — High Performance (ATV)
☐ Exhaust — High Performance (Off Road)
☐ Exhaust — High Performance (Street)
☐ Fairing — Full
☐ Fairing — Windshield Only
☐ Lawn Mower (ATV)
☐ Oil Cooler
☐ Power Blades (ATV)
☐ Saddle Bags (Pair)
☐ Security Alarm System
☐ Sleeper Tent Trailer
☐ Snow Blower (ATV)
☐ Travel Trunk w/Rack
☐ Utility Trailer (Standard)

Other: *(please list any specialty packages or options not listed above)*

Customer Signature | Date

Please include this form with your required claim documentation, as noted in the Claim Submittal Instructions.

For questions or further assistance, please contact the Claims Department at 800-890-7211.

SAFE-GUARD Products International, LLC

GP GAP Protection Claim Submittal Instructions

PLEASE FORWARD THE FOLLOWING DOCUMENTATION TO SAFE-GUARD PRODUCTS IN ORDER TO PROCESS YOUR CLAIM. ANY ONE DOCUMENT WILL START A CLAIM.

DOCUMENT	DESCRIPTION	OBTAIN FROM
Insurance Company Settlement Check	Photocopy or draft copy of the Insurance Company check(s).	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 Evaluation	Full Insurance Evaluation 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
Complete Payment History Record and Payoff Statement	History of all transactions occurring since inception of loan. Includes payoff as well as a statement from the lienholder showing detailed payoff with per diem interest.	Lender
Police Report	Full, official Police Report or letter from insurance company stating the reason a police report was not filed.	Police Department or Insurance Company
GAP Contract	Photocopy of GAP Loan/Lease Deficiency Waiver Addendum (front and back).	Dealership or Lender
Loan/Lease Contract	Photocopy of front of Loan Contract or Lease Agreement. Includes mileage at date of purchase.	Dealership or Lender
MSRP (new vehicles only)	Manufacturer's suggested retail price located on the window sticker and the invoice.	Dealership
Completed Claim Form	GAP Protection Claim Form	Safe-Guard
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

Please note, under Claim Requirements on the reverse side of the GAP Deficiency Waiver Addendum: Your claim is time sensitive. Please refer to your contract regarding the time required to submit your claim documents. Failure to provide the documentation within the specified timeframe may VOID the protection.

Please send all documentation to:

Mailing Address:
Safe-Guard Products International, LLC
Attn: GAP Claim Department
3500 Piedmont Rd, Suite 400
Atlanta, GA 30305
800-890-7211

Fax Numbers:
678-553-1372
678-553-1365

Email Address:
claims@sgintl.com

For questions or further assistance, please contact the Claims Department at 800-890-7211.

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Products International, LLC

www.safe-guardproducts.com • 800.742.7896