



**Guaranteed Auto Protection (GAP)
NOTICE OF LOSS**

Customer/Borrower: _____

Street Address: _____
City State ZIP

Phone: _____ E-mail: _____

GAP Waiver Number: _____ Loan Date: _____ Term: _____

Lienholder (payee for GAP Benefit): _____

Lienholder Address: _____
City State ZIP

Lienholder Account Number: _____

Date of Loss: _____ Loss Odometer: _____

Type of Loss: Collision Comprehensive Theft

Insurance Company: _____ Deductible: _____

Settlement Amount: _____

Signature Required by Customer/Preparer: _____ Date: _____

PRINTED NAME, if Preparer

EMAIL ADDRESS

PHONE NUMBER

Please Attach the Following Documents

Obtainable from the Dealership

Copy of **GAP Waiver**

Copy of **Dealer Purchase Agreement**

If NEW VEHICLE - A copy of the **Dealer Invoice** or **Window Sticker** showing how the vehicle was equipped
or

If USED VEHICLE - A copy of the seller's "**Book-Out Sheet**"

Documentation of refunds that were made for the cancellation of items that were included in your financed amount (Vehicle Service Contract, Maintenance Agreements, etc.)

Obtainable from the Lienholder

Copy of **Loan/Lease Agreement**

Copy of **Loan History** showing the payments that have been made on your loan

Obtainable from the Insurance Company

Primary Insurance Carrier Declaration Page

Copy of **Settlement Check** and **Payment Breakdown**

Copy of the **Insurance Company's Valuation** and **Settlement Worksheet**

Showing how they computed the value of your vehicle (this may be a "CCC Valuescope Report" or an "ADP AutoSource" report or a worksheet they have created)

Copy of the **Police Report**

Forward all Claim Documents to: **American Guardian - GAP Claims Department | PO Box 768, Warrenville, IL 60555**