GAP COVERAGE – LOSS REPORT FORM
The loss <u>must be a total loss</u> to be eligible under GAP coverage.

Claims must be submitted within 30 days of receipt of the Primary Carrier settlement or 30 days from date of repossession, whichever is later.

Insured Lender: _____

Borrower Name: _____

Acct # / Loan Number: _____

<u>Date of Loan</u>: _____

Year, Make, Model: _____

Vehicle ID # (VIN): _____

Primary Insurance Co.: _____

    Phone #: _____

    Contact: _____

    Claim #: _____

<u>Loss Report Date to ESA</u>: _____

Lender Rep Filing Claim: _____

Lender Phone # & Ext.: _____

<u>Cause of Loss</u>: (please check)

Collision   ☐

Comprehensive   ☐

Theft   ☐

  **If Theft, please provide police report with claim.

<u>Date of Loss</u>: _____
                  (Date of Accident or Theft)

Attach <u>ALL OF THE FOLLOWING REQUIRED</u> documentation:
☐ Copy of GAP contract waiver
☐ Copy of Original Loan Agreement with Disclosure Statement
☐ Complete Payment History Record showing loan inception through primary insurance settlement posting
☐ Copy of Retail Buyer's Order, Purchase Order, or Bill of Sale - OR - If a Refinance, then copy of JD Power used to assess value of vehicle
☐ Copy of Title (original or electronic)
☐ Primary Insurance Settlement docs – <u>Must have all 3 items</u>: Copy of Settlement Check, Settlement Calculation Breakdown, and Total Loss Evaluation Report
☐ Copy of Warranty Contract (if applicable) and any refund amount
☐ Any other Refundable Items (if applicable)
☐ Replacement Vehicle Benefit documentation (if applicable) – <u>Must have all 3 items</u>:
    1. Copy of New Purchase Order or Bill of Sale
    2. Copy of New Security Agreement
    3. Copy of Check to dealer OR Verification of ACH paid to dealer OR New Pay History showing funding on system

E-mail claim information to
gapclaims@evans-simpson.com

Or fax claim information to
Evans, Simpson & Associates at
770-982-1418

DO NOT FILL OUT BELOW THIS LINE – The following section will be completed by Evans, Simpson & Associates:

GAP Policy Number: _____

Current Loan Balance as of Date of Last Payment: $_____

Less Unearned Interest or **Plus** Accrued Interest: $_____

Less Primary Insurance Adjustments or Deductions: $_____

Less Late Fees, Finance Charges: $_____

Less Unearned Insurance Premium & Warranty Fees: $_____

Equals Estimated Net Payoff: $_____

Less Amount Paid by Borrower's Primary Insurance: $_____

Equals Estimated <u>GAP Claim</u>: $_____