

GAP Claim Form

Customer Name: _____

GAP Contract Number: _____

Claim Submitted by: _____

Contact Number: _____

Email Address: _____

To process this claim, several items of information will need to be collected and **mailed, faxed or emailed** to IAS for processing. The following information is needed:

- Copy of GAP Waiver (front and back)
- Police Report
- Recovery Report (if vehicle was stolen and recovered)
- Insurance Declarations Page (page from policy showing deductible)
- Copy of Insurance Settlement check (all if there are multiple checks)
- Insurance Adjusters Report, i.e. CCC Report, NADA, etc. (from insurance co.)
- Statement of Total Loss (from insurance company)
- Total Loss Worksheet (from insurance company)
- Payoff balance as of the Date of Loss (from Lender/Lienholder)
- Payment History (from Lender/Lienholder)
- Original Finance/Lease Agreement (from Lender/Lienholder or dealer)
- Buyer's Order (from Dealer)
- Dealer's invoice (only for New vehicles/ from Dealer)
- BookOut Sheet (Only for Used vehicles/ from Dealer)

- Proof of refund for cancelable items (Credit Life, Credit Disability, Service contract, or any other refundable items) (from dealer)

For GAP II, in addition to above:

- Proof of purchase of a replacement vehicle

Our Contact information is as follows:

IAS Claims Department
12800 Angel Side Drive
Leander, TX 78641
Fax: (512) 421-8911
Email: claims@iasdirect.com

If you have any questions, please call Claims customer service at 1-800-346-6469.
For online processing, please visit our website: www.fasterclaims.com.

Incomplete, Unclear, or Illegible Submissions cannot be processed. Please ensure all documents are legible and all faxes have a cover page.