

Prosidium Auto Gap – Notice of Loss

Customer/Borrower:							
Street Address:							
City, State, Zip:						-	
Phone:		Email:					
Waiver Number:		l					
Loan Date:			Term:				
Lien holder: (Payee for GAP Benefit)		Account Number with Lien holder:					
Lien holder Mailing Address:		.		1			
City, State, Zip:							
Date of Loss:		eter Readir s:	eter Reading :				
Type of Loss:	Physical Damage – Customer's Insurance		3rd Party Claim		Theft		
Insurance Company:		Settleme Amount:			Customer's Deductible:		
Collateral :			I				
(Year, make model and VIN)							
Form Completed By:							
What We Need			Where 1	Where You Can Find It If You Don't Have It			
Copy of GAP Waiver				Dealer			
Copy of Loan/Lease Agreement				Dealer or Lender			
Copy of Dealer Purchase Order for the vehicle				Dealer			
If you purchased your vehicle NEW – Copy of the Dealer Window Sticker showing how vehicle was equipped & MSRP OR New Car Dealer Invoice.				Dealer or Lender			
If you purchased your vehicle USED – Copy of the retail book value at the time of vehicle purchase. This could be either Kelley Blue Book, NADA, etc. Dealer may							
refer to this as a "book-out" sheet. Copies of all products and policies, i.e. service contracts, extended warranties,				Dealer or Lender			
maintenance, tire/wheel, etc. and, cancellation refund documentation if such items were included in your financed amount.				Dealer or Lender			
Copy of the Insurance Settlement Worksheet with breakdown and a copy of				In command A month			
the settlement check. Copy of the Insurance Company's Valuation showing how they computed the				Insurance Agent			
value of your vehicle. (Examples may be a "CCC Valuescope Report" or an "ADP AutoSource" report; this is typically several pages in length).				Insurance Agent			
Copy of Police/Crash/Accident Report that details events of incident.				Police			
Copy of Loan documents showing loan effective date, loan fund amount & payments made on your loan.				Lender			
	s form and all required docun	nentation i	n one of th	e following w	ays:		
Fax: 1-888-983-0333 Fax: 1-888-983-0333 Attn: GAP Claims Departmen 1500A E College Way PMB 541 Mount Vernon, WA 9827			ent B	Email: claims@pwcteam.com			