Frost GAP Claim Reporting Form

Date of Loss: _____ Loan Date / GAP purchase date: _____

Type of Loss: ❑ Theft ❑ Collision ❑ Weather ❑ Other: _____

Borrower / Vehicle Information:

Name: _____ Account #: _____

Year, Make & Model of Vehicle: _____

Mileage at Loan Inception: _____ Deductible: _____

Checklist:

- **Required Items:**
  - ☐ A copy of the settlement check & total loss worksheet (showing the settlement calculation)
  - ☐ A copy of the loan agreement (Note & Disclosure / Advance Voucher)
  - ☐ The complete loan payment history (from the beginning of loan thru date of loss)

- **Variable Items:**
  - ☐ Service contract refund amount (MBI / Extended Warranty) $_____
  - ☐ Credit life refund amount (for single premium only) $_____
  - ☐ Credit disability refund amount (for single premium only) $_____
  - ☐ The vehicle invoice / purchase order (**if available or if Indirect**)
  - ☐ A copy of the police report (**thefts or no primary insurance only**)

Lender Information:

Lender Name: _____

Contact Name: _____ E-mail: _____

Mailing Address: _____

Phone: _____ Ext: _____ Fax: _____

Please send this form with all the items that apply in the above Checklist via:

- **Fax: (513) 697-9383**
- **E-mail: jared@visualgap.com**
- **Or mail to:**

Frost Financial Services. Inc
Attn: GAP Claims Department
8650 Governor's Hill Dr, Suite 355
Cincinnati, OH 45249

VisualGAP by frost

If you have any questions, please feel free to call us at (888) 753-7678.