

MAIL HARD COPY ORIGINALS TO:

American Risk Services
11135 Kenwood Road
Cincinnati, OH 45042
Attention: GAP Repossession Claims Dept.



AND FAX TO: (877)396-5292

Attention: Mary Lou,
GAP Repossession Claims Dept.
Phone: (877) 313-7301, Ext. 1
Email: claims@americanriskservices.com

REPOSSESSION GAP COVERAGE CLAIM FORM

REQUIRED DOCUMENTS:

- Loan Contract
- Bill of Sale
- Hypothetical Amortization Schedule for Conventional Loan
- Documentation showing refunds for other products financed (i.e. Credit Life, Credit Disability, CPI, A & H, or service contracts)
- Documentation Supporting Date of Repossession
- Actual Loan History Showing Loan Balance on Date of Repossession

LENDER AND BORROWER INFORMATION

Lender Name: _____ Policy Number: **5166755**

Lender Address: _____

Contact Name: _____ Phone No: (_____) _____

Borrower Name: _____ Loan/ Account No: _____

Borrower Address: _____

COLLATERAL INFORMATION

Year: _____ Make & Model: _____ VIN#: _____

Mileage: _____ Date of Repo: _____ Residual Value: _____

Location where vehicle can be inspected: _____

Borrower Primary Insurance Carrier: _____

Primary Policy No: _____ Primary Phone No: (_____) _____

ACTUAL FINANCING AGREEMENT

CONVENTIONAL HYPOTHETICAL LOAN

Loan Payoff on DO Repo): _____

Less Payments more than (_____) 60 days past due

Less Unearned – A & H, (_____) Credit Life and CPI

Less Unearned Service (_____) Contract fees

Less Late fees (_____) _____

Net Pay-Off (ANP): (_____) _____

Loan Payoff on DO Repo): _____

Less Payments more than (_____) 60 days past due

Less Unearned – A & H, (_____) Credit Life and CPI

Less Unearned Service (_____) Contract fees

Less Late fees (_____) _____

Net Pay-Off (ANP): (_____) _____

ANP (Financing Agreement) _____ Less – ANP (Hypothetical) _____ = Loss _____

Signature: _____ Date: _____