

AFG GAP Claim Reporting Form

250 East Broad Street, 7th Floor
Columbus, Ohio 43215
Phone: 1-800-628-8581
Fax: 614-228-1656
Email: claims@ohioindemnity.com



Lender/Lessor Name _____ Borrower/Lessee Name _____
GAP Policy # _____ Date of Loss _____ Loan/Lease# _____
Origination Date _____ Enrollment # _____

Outstanding Loan/Lease Balance on Date of Loss	\$ _____
LESS	
Primary Insurance Settlement	(\$ _____)
Primary Carrier Deductible Greater than Policy Maximum	(\$ _____)
Refundable Amounts from cancellable items	
Vehicle Service Contracts	(\$ _____)
Credit Life and Disability	(\$ _____)
Mechanical Breakdown Insurance	(\$ _____)
Other	(\$ _____)
Past Due Payments, Late Charges, Fees	(\$ _____)
Amount of Claim	\$ _____

See GAP Claim Checklist for a complete list of required supporting documentation and contact information.

Completed by _____ Claim Payable to _____

Phone # _____ Address _____

FRAUD NOTICE: It is unlawful to make any materially false or fraudulent statement or representation in connection with an insurance transaction, including, but not limited to any application for coverage or the presentation of any claim. Violation may result in criminal prosecution and/or civil litigation. The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.

Form-GAP Claim Reporting 8/08



NOTICES:

GENERAL FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDELENT INSURANCE ACT.

MARYLAND FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENT FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

LOUISIANA FRAUD NOTICE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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