

Guaranteed Asset Protection (GAP) – Claim Form

By Email: gapclaims@canadageneral.ca
Customer Service: 866-320-8975, extension 7

WARNING: Insurance fraud is a criminal offence under *the Insurance Act in Canada* and all claims are subject to the investigation of any appropriate documents related to a claim, including, but not limited to police reports. Suspicious claims will also be investigated and assistance will be provided to local authorities in prosecuting offenders to the full extent of the law.

POLICY INFORMATION

GAP Policy Number	Claimant Name	Telephone
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Address

City	Province	Postal Code
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CLAIM DETAILS

1. Date of Loss (mm/dd/yy) : __ / __ / ____ 2. Cause of Loss : _____

Name of Dealership

Dealership Address

City	Province	Postal Code
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REQUESTED DOCUMENTS AND INFORMATION FOR SUBMISSION

Please review this checklist before your submission

- Please provide the name of your current employer: _____
- Copy of your signed GAP policy.
- Vehicle bill of sale / automobile sales contract including signatures.
- Finance contract or lease agreement including original repayment schedule.
- Outstanding amount owing to your lender **on date of loss**.
- Loan payment history from your lender **up to the date of loss**.
- Proof of loss** showing settlement from primary insurer.
- Copy of primary insurance company settlement cheque.
- Valuation Report from primary insurer. Please confirm mileage on date of loss if not indicated in valuation report.
- Complete copy of your Automobile Insurance Policy.
- Copy of the accident report for collisions or a copy of the full police report for vehicle theft.
- If applicable, copy of any warranty refund, creditor life/disability refund and/or other cancelable coverages.

DECLARATION

I submit all the requested documentation above and while this claim is under review, I will continue my financial obligations to my lender.

The claim information stated above is true and correct to the best of my knowledge and belief. I understand this claim form must be completed in full and all documentation required must be submitted before any claim under this program can be processed. I authorize all information regarding my account retained by my underwriter, broker, or dealer to be released to Canada General Inc. and if required, to obtain a statement of oath. I understand that making a false or fraudulent claim will result in a loss of benefits provided under this program and potential criminal charges under *the Insurance Act of Canada*.

Signature	Date (mm/dd/yy)	No. of pages (incl. this one)
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