

GAP CLAIM FORM INSTRUCTIONS
FOR INSURED

Enclosed is a claim form required in order to process your claim for GAP benefits.

Instructions:

INFORMATION REQUIRED TO PROCESS A GAP CLAIM

WHO TO CONTACT

From the Insured

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Copy of the police report | Insurance Adjuster/Police Department |
| <input type="checkbox"/> Copy of proof of insurance showing the deductible | Insurance Adjuster |
| <input type="checkbox"/> Mileage at time of loss | Insurance Adjuster |
| <input type="checkbox"/> Copy of the finance contract | Dealership/Lender |
| <input type="checkbox"/> Copy of the purchase order | Dealership |
| <input type="checkbox"/> Claim settlement worksheet | Insurance Adjuster |
| <input type="checkbox"/> The payment history on the contract | Lender |
| <input type="checkbox"/> Copy of the primary insurance check(s). <i>If a third party insurance is applicable and there is an outstanding balance on the loan after the payment is applied, the insured must also file on his/her underinsured/uninsured motorist's coverage. A copy of this insurance check is also required.</i> | Lender/Insurance Adjuster |
| <input type="checkbox"/> Copy of the dealer's factory invoice (<i>new vehicles only</i>) | Dealership/Lender |
| <input type="checkbox"/> Copy of the book out sheet (<i>used vehicles only</i>) | Dealership/Lender |
| <input type="checkbox"/> The payoff amount on the loan as of the date of loss \$ _____ | Lender |
| <input type="checkbox"/> Amount of insurance deductible \$ _____ | Insurance Adjuster's Worksheet |
| <input type="checkbox"/> Cancel additional coverage(s), if any - for example: mechanical warranty, credit life, disability, service contract, etc. <i>Dealership will forward any refund to your lender to be applied toward the balance of your loan.</i> | Dealership/Lender |

IF ANY OF THE ABOVE INFORMATION IS NOT PROVIDED, THERE WILL BE A DELAY IN PROCESSING THE CLAIM.

Your cooperation in this matter will help speed your claim processing. All payments will be made to the lender. Once completed, mail your claim including all attachments to:

American National Insurance Company
Credit Insurance Division
ATTN: GAP Claims Department
P. O. 696785
San Antonio, Texas 78269-6785

If you have any additional questions, we may be reached at 1-800-899-6502. Our business hours are from 8:00 a.m. to 4:30 p.m., Central Standard Time.

AMERICAN NATIONAL PROPERTY AND CASUALTY

P. O. 696785 San Antonio, Texas 78269-6785

(800) 899-6502 FAX (409) 766-2912

POLICY OR
CERTIFICATE NO.

CLAIM FOR GAP BENEFITS

(Please attach a copy)

Please complete this worksheet and mail the information to the above address with the items listed below in the checklist. Please make sure to reference your policy number, and attach a copy of the policy.

Name on Policy: _____ Original Loan/Lease Date: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Driver's License Number: _____ State Issued: _____

Social Security Number: _____ Date of Birth ____/____/____

Vehicle Identification Number (VIN): _____ Current Mileage: _____

Year: _____ Make: _____ Model: _____

Lender (Bank/Financial Institution) Name: _____ Address: _____

Lender Phone No.: _____ Loan Account No.: _____ Was vehicle refinanced? Y or N

Type of Loss: Physical Damage – Customer's Insurance 3rd Party Claim Theft

Date of Loss: _____ City and State where the loss occurred: _____

Description of the Loss: _____

Primary Insurance Carrier: _____ Claim No. _____

Phone Number: _____ Adjuster's Name: _____

Was a Credit Life and/or Disability policy purchased? Y or N Refund Amount: \$ _____
(Please cancel the above policy at the dealership effective on the date of loss; refund to the lender)

Was an Extended Warranty purchased? Y or N Refund Amount: \$ _____
(Please cancel the above policy at the dealership effective on the date of loss; refund to the lender)

CHECKLIST of items necessary to complete the GAP claim:

(Documents are available from the lender, dealership, and/or insurance company, as indicated below)

(L – Lender, D – Dealership, and I - Insurance)

- _____ Retail Installment Contract (L, D) _____ ACV (Actual Cash Value) Evaluation (I)
- _____ Auto Payoff Effective on the Date of Loss (L) _____ Breakdown of Settlement (I)
- _____ Entire Loan Payment History (L) _____ Repair Estimate (I)
- _____ Refund Amount (s) for the Extended Warranty and/or Credit Life/Disability Contract (s) (D, L)
- _____ Police Report (if no police report, written statement as to what happened and why no police report filed) (I)
- _____ Copy of Dealer's Invoice or Book-Out Sheet (D, L) _____ Purchase Order (D)

Completed by: _____ Relation to the Policy owner: _____ Date: _____



**AMERICAN NATIONAL INSURANCE COMPANY
P. O. 696785 San Antonio, Texas 78269-6785
800-899-6502**

CONSENT FOR COMMUNICATION

Pursuant to the Graham-Leach-Bliley Act, American National Insurance Company must adhere to certain guidelines in handling credit insurance claims. Please read below and sign that you understand and give consent for the following:

I, _____, understand that I have filed a credit GAP claim for total loss of my vehicle.

I hereby authorize any insurance company, creditor, law enforcement agency, fire department, attorney, financial institution and/or any other institutions necessary to release to American National Insurance Company information regarding my claim for total loss of my vehicle.

I hereby authorize my creditor, _____, to speak with American National Insurance Company regarding my loan account and to furnish account history and/or any other documentation necessary.

Please sign your name

Date

This form shall remain valid through the life of the claim.

GAP FRAUD WARNINGS/STATEMENTS

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, West Virginia

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.

California

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Delaware

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

New Hampshire

Any person who with a purpose to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico

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 CIVIL FINES AND CRIMINAL PENALTIES."

Ohio, Oregon

Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

"WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony."

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Tennessee, Maine, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.