

# Allied Solutions GAP Claim Reporting Form

## -----Borrower and Loan Information-----

Lender Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Original Loan or Lease Date: \_\_\_\_\_ Month/Year in Which Premium was Reported: \_\_\_\_\_

## -----GAP Settlement Information-----

Outstanding Loan or Lease Amount as of Date of Loss: \$ \_\_\_\_\_

LESS:

Primary Insurance Net Insurance Settlement: \$(\_\_\_\_\_)

Primary Carrier's Deductible \$ \_\_\_\_\_ \$(\_\_\_\_\_)  
(subtract amount in excess of \$1000)

Return Premium from all items that should be canceled:

A) Extended Warranty: \$(\_\_\_\_\_)

B) Credit Life & Disability: \$(\_\_\_\_\_)

C) Mechanical Breakdown Insurance: \$(\_\_\_\_\_)

D) Other: \$(\_\_\_\_\_)

Delinquent Installment Pmt, Late Charges & Fees \$(\_\_\_\_\_)

Unearned Interest \$(\_\_\_\_\_)

AMOUNT OF CLAIM \$ \_\_\_\_\_

## -----Lender Information-----

Completed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Claim Settlement payable to: \_\_\_\_\_

Address: \_\_\_\_\_

**Please attach copies of the following materials and forward to the Allied Solutions Claim Department:**

- Copy of original finance contract and all pages of the GAP Waiver Addendum
- Payment history record
- Dealership Bill of Sale (if vehicle purchased from dealer)
- Auto physical damage worksheet and check
- Color photos from insurance claim adjuster
- Original appraisal from insurance claim adjuster which totaled the vehicle
- Police Report (if unrecovered theft)
- Copy of Mechanical Breakdown Protection (MBP) or service contract refund (if applicable)

MAIL OR FAX TO:

ALLIED SOLUTIONS, LLC  
CLAIMS DEPARTMENT  
800-447-9401

PO BOX 262625  
PLANO, TX 75026  
FAX: 800-796-6511

Email: [claims@alliedsolutions.net](mailto:claims@alliedsolutions.net)