



CLASSIC GAP WAIVER REPORTING SHEET

Please Fill out and return with paper work:

NAME OF DEALERSHIP	
DATE OF PURCHASE	
DATE OF LOSS	
CUSTOMER NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
EMAIL ADDRESS	
CONTACT NUMBER(S)	
LAST 6 OF VIN	
MILEAGE AT TIME OF PURCHASE	
MILEAGE AT TIME OF LOSS	
INSURANCE COMPANY	
CAUSE OF LOSS	
LIENHOLDER	
ACCOUNT NUMBER	
LENDER FAX #	
PAYOFF ADDRESS	
CITY, STATE, ZIP CODE	

106 State Street East
Oldsmar, FL 34677
Phone 1-800-930-4633
Fax 813-855-8325

CLASSIC GAP WAIVER LOSS DOCUMENT REQUIREMENTS

Our goal is to process the gap waiver loss as quickly as possible. In order to do so, copies of **ALL DOCUMENTS LISTED BELOW** must be submitted to our office within the required time referenced on the gap waiver.

Please note: **It is the responsibility of the customer to make sure all documents are filed timely. Once you have submitted the documentation, please allow five to seven business days for the file to be updated.**

Listed below are the documents required:

From the Lender or Original Selling Dealership:

1. Loan/Lease Agreement/ Retail Installment Contract

This is usually a legal sized document (8½x 14). The loan agreement shows the itemization of the amount financed and terms of the loan/lease.

2. Buyers order/ Vehicle Invoice

The buyer's order or vehicle invoice will list additional information not provided on the loan, including the mileage at the time of purchase and any additional options in the vehicle.

3. Extended Service Warranty, Credit Life or Disability Contracts

This will include any additional contracts purchased from the dealership with the purchase of the vehicle.

4. Refund amounts for any warranties or cancellable items

Please cancel any of the following add-on products purchased with your vehicle:

Service Contracts/Extended warranties

Credit Life Insurance

Disability Insurance

Tire/Wheel/ Road Hazard

DO NOT CANCEL YOUR GAP POLICY. THIS WILL BE DONE BY CLASSIC WHEN YOUR FILE IS COMPLETE

After canceling these contracts with the dealership, please have the dealership fax a copy of the refund check or the amount to be refunded on company letterhead to Classic Claims Department: 813-855-8325.

5. Gap Waiver

This is your Classic Gap waiver. Please include a copy of the front and back of your Gap Waiver.

From the Lender:

6. Detailed Payment History

This is a detailed summary of all payments made to the assignee. The payment history is mandatory even if **NO** payments were scheduled to be made before the date of loss.

From the Insurance Company:

7. Police Report/ Fire Report

If a police report was filed, this is mandatory. If a police report is not obtainable, please provide a written statement along with verification of the type of loss from the insurer. Also include the fire report/ recovery if applicable.

8. Insurance Settlement Check

Please obtain a photocopy or computer screen printout from the insurance company. The check can also be listed on the detailed payment history. **PLEASE MAKE SURE YOUR SETTLEMENT OFFER FROM THE INSURANCE COMPANY IS A FAIR MARKET VALUE FOR A REPLACEMENT VEHICLE. IF YOU ARE UNSURE OF THE VALUE OF YOUR VEHICLE PRIOR TO THE TOTAL LOSS, PLEASE CONTACT OUR CLAIMS DEPARTMENT. WE WILL BE HAPPY TO ASSIST YOU WITH THIS INFORMATION.**

9. Vehicle Valuation Report

This is normally an Autosource Valuation containing summary details of the loss vehicle, comparisons, and estimates. NADA and Kelly Blue Book are also used.

10. Settlement Breakdown

This is a breakdown of the settlement check. It will list ACV, taxes, deductible, prior damage, salvage, and any other fees determining the settlement value.

11. Insurance Declarations Page

This is a copy of the insurance policy active as of the date of loss. It details the vehicle and coverage afforded on the policy. This is not needed if the responsible insurance company is a 3rd party.

*****Please note: If you did not have any insurance at the time of loss you will be required to supply an appraisal to determine the vehicle's value.**

Please mail, fax, or email ALL loss documents to the office listed below:

**Classic GAP
Attn: Claims Dept.
106 State Street East
Oldsmar, FL 34677
1.800.930.4633
Fax: 813.855.8325
claims@classictrak.com**

*** Due to size restraints, we cannot accept attachments over 10MB. Please submit documents accordingly.**

The Classic Claims Department is available to take calls Monday-Friday 9am to 5pm EST.



**IF YOU DRIVE IN EXCESS OF 3,500 MILES PER MONTH, IN ORDER TO
PROCESS YOUR CLAIM, PLEASE COMPLETE THIS FORM**

CUSTOMER NAME:

LAST SIX OF VIN #:

- I hereby confirm that this vehicle has not been used for any commercial or business purposes (*Including working part time for any ride-sharing company such as Uber, Lyft, Curb, Grab or any other ride sharing company*) and any miles added to the vehicle were strictly for personal use.

Name _____ Date _____

- I hereby confirm that this vehicle has been used for commercial or business purposes as detailed below:

Miles of commercial or business purposes _____

Miles for personal use _____

Please write a detailed explanation for accounting of the high mileage.

Occupation: _____

Employer: _____

Work address:

Miles driven to and from work daily _____

Name _____ Date _____