

Guaranteed Asset Protection (GAP) – Claim Form

By mail: RMA, Inc. 170 University Ave, Suite 500, Toronto ON M5H 3B3

By Fax: 888-475-1116

By Email: info@rmacan.com

Customer Service: 888-307-7443

POLICY INFORMATION

GAP Policy Number	Claimant Name	Telephone
Address		
City	Province	Postal Code

CLAIM DETAILS

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

Name of Dealership		
Dealership Address		
City	Province	Postal Code

REQUESTED DOCUMENTS

Please submit the following documents to enable your claim to be processed (please check the box if the document is submitted):

- Copy of your GAP policy
- Copy of your vehicle bill of sale / automobile sales contract including signatures
- Copy of your finance contract or lease agreement.
- Loan payment history from your lender **up to the date of loss.**
- Proof of loss** showing settlement from primary insurer.
- 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.

Notice of Claim - I will give written notice of Claim as soon as practicable after the date of Total Loss.

Proof of Loss - I will give the Proof of Loss within sixty (60) days of providing the written notice of Claim.

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 RMA 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.

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