

Gap Insurance Claim Form



What to know and do when making a claim

We are sorry to hear that your vehicle is a Total Loss, and understand that you want your claim settled as quickly as possible.

When completing this form it is important that all questions are correctly and fully answered as this will enable us to promptly process and settle your claim.

Please arrange for your financier to complete section 3 and your comprehensive motor vehicle insurer to complete section 4 of the claim form where possible.

Should you encounter any problems with the financier and/or motor vehicle insurer completing the claim form we will still process your claim provided the following is forwarded to us.

1. A copy of the settlement statement from the financier.
2. A copy of the Total Loss release or settlement letter from your comprehensive motor vehicle insurers.

DriveRight is a member of the Insurance and Savings Ombudsman Scheme (Insurance and Savings Ombudsman, PO Box 10-845 Wellington. Ph 0800 882-202). This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.

You should first take your complaint up with our local office. In most cases the problem will be resolved easily. Our Dispute Resolution procedures are readily available to you. For a copy of these procedures please contact us.

National telephone is **0800 374 448**.

Mailing address is DriveRight PO Box 68-200 Newton, Auckland.

Gap Insurance Claim Form



Please print and ensure that all sections are fully completed.

Claim No.

Insured Person

Title (Mr/Mrs/Miss/Ms) _____ Given Name(s) _____ Surname _____

Address _____ Post code _____

Phone No. (Bus) _____ Phone No. (Hm) _____ Phone No. (Mob) _____

Email address _____ Proposal No. _____

Motor Vehicle Information

Make _____ Model _____ Year _____ Registration Number _____

Financier Name _____ Account No. _____ Phone No. _____

Insurance Company _____ Policy Number _____ Phone No. _____

Reason for Total Loss (tick as appropriate) Accident Theft Fire Date of loss _____

Financier to complete

Balance of account at date of loss (incl. interest) \$ _____

Less (if applicable) Rebate of unearned interest \$ _____

Sub total \$ _____

Less (if applicable) Arrears (and/or interest on arrears and any other penalties) \$ _____

Sub total \$ _____

Less (if applicable) Insurance premium rebates \$ _____

Settlement figure as at ____ / ____ / ____ \$ _____

On behalf of _____

I hereby certify that the answers above are true and correct to the best of my knowledge. A copy of the original finance/loan/ lease agreement is attached.

Signature _____ Date _____

Insurer to complete

Type of Policy _____ Market Value Agreed Value

Claim Accepted Yes No (Provide further details)

Sum insured/PAV \$ _____

Less any other amounts (eg. overdue premiums, storage costs, etc.) \$ _____

Sub total \$ _____

Less excess \$ _____

Nett settlement paid to financier \$ _____

On behalf of _____

I hereby certify that the answers above are true and correct to the best of my knowledge.

Signature _____ Date _____

Declaration (Insured Person to complete)

I declare that:

- to the best of my knowledge and belief the particulars on this form are true and correct and I have not withheld any relevant information.
- I undertake to give every assistance in dealing with this matter.
- I consent to DriveRight using my personal information I have provided for insurance related purposes. I understand that if I choose not to provide the required details, this is my choice, however, DriveRight may not be able to process my claim.
- DriveRight is authorised to give or obtain any information relating to this claim from any financier, other interested party, supplier, or the insurance industry, including the Insurance Claims Register.

Signature of Insured Person: _____ Date: _____