

# Claim Form Gap Insurance

## GAP INSURANCE DETAILS

GAP Insurance Policy No.			
Full Name of Insured	Title	First name	Surname
Address			
	City	Postcode	
Telephone Number			
Email address			
Occupation			
Do you have any other Gap insurance?			

**PLEASE COMPLETE AND RETURN TO:**

**MB&G Insurance Services Ltd**  
**Cobalt Business Exchange, Cobalt Park Way**  
**Newcastle Upon Tyne NE28 9NZ**

T: 0191 258 8154 F: 0191 258 8104  
 E: gap@mbginsurance.com

*We advise to not accept any offer from the motor insurer until a current market valuation has been completed by ourselves.*

*Please contact your motor insurer and give your permission for us to speak to them on your behalf.*

**Please enclose copies of:**

- Sales Invoice (not vehicle order form)
- GAP Insurance Policy Schedule
- Motor Insurers Policy Certificate/Schedule (showing comprehensive coverage)
- Motor Insurers Policy Wording
- V5

**If applicable:**

- Finance agreement
- Finance early settlement figure
- Third party details
- Police correspondence

**Please note:**

Photographs of documents will not be accepted.

## VEHICLE DETAILS

Registration No.		Current Mileage	
Vehicle Make		Vehicle Supplier	
Vehicle Model/Trim		Date of Purchase	/ /
Transmission		Date of 1 <sup>st</sup> Registration	/ /
Purchase Price		Name of Registered Keeper	

## DETAILS OF LOSS

Date/Time of Loss	/ /
Fault/Non-Fault	Reason for Claim <i>e.g. theft, accident, fire</i>
Location/Road/Landmarks	
Details of the incident that led to the loss and who was driving or details of theft:	

**DETAILS OF YOUR COMPREHENSIVE MOTOR INSURER**

Name of Insurer		Date you Notified Insurer	/ /
Policy No.		Claim No.	
Policy start date	/ /	Policy expiry date	/ /
Offer received from insurer (if applicable)		Have you accepted this offer?	
Total policy excess		Do you have to pay excess for this accident?	
Have you had any motor insurance claims in the last 3 years including 3rd party claims?			

Please use this box for any other details you feel may be relevant

**FINANCE** Cross here if not applicable

Name of finance company		Agreement no.	
Date you notified finance company	/ /	Whose name is the finance in?	
Outstanding balance		Settlement figure	

**3<sup>RD</sup> PARTY DETAILS** Cross here if not applicable

Name		Agreement no.	
Vehicle registration no.		Whose name is the finance in?	
Comprehensive insurance policy no.		Settlement figure	

**POLICE DETAILS** Cross here if not applicable

Name of police station		Incident report no.	
Name / No of reporting officer		Were you breathalysed?	
Date of report	/ /	If yes, what was the result?	

In signing this form, I declare that all the information provided is true and correct:

Signed	
Dated	/ /