



# GAP INSURANCE CLAIM FORM

## POLICYHOLDER'S DETAILS

Title:	First Name:	Last Name:
Company Name (If applicable):		
Are you VAT Registered: Yes      No		
Address:		
County:	Postcode:	
Telephone:	Mobile:	
Email:	Date of Birth:	/ /

## TOTAL LOSS DETAILS

Date of Incident: / /	Mileage at Time of Write-off:
Was the vehicle stolen? <b>Yes</b> <b>No</b>	
Police Station Reported to:	Crime Reference No.
Has your vehicle been declared a total loss by the motor insurance company? <b>Yes</b> <b>No</b>	
Has the motor insurer instead offered to repair your vehicle? <b>Yes</b> <b>No</b>	
Has the motor insurer offered to replace your vehicle? <b>Yes</b> <b>No</b>	
Has the motor insurer made you settlement offer? <b>Yes</b> <b>No</b>	
If yes please provide the settlement offer £	
Please provide details of the incident in which your vehicle was written-off (use additional pages if required):	
Has the accident been caused by another party which was not your fault? <b>Yes</b> <b>No</b>	
If <b>Yes</b> have they admitted liability? <b>Yes</b> <b>No</b>	
Have you made a claim against your own motor insurer or directly against the other party's motor insurer?	
<b>Own</b> <b>Other Party's</b>	
If other Party's insurer please provide Name, address and contact details:	
Is your claim being handled by a solicitor or accident management company?	
<b>Yes</b> <b>No</b>	
If yes please provide Name, address and contact details:	

## VEHICLE DETAILS

Make:	Registration No:	
Exact Model (inc. engine size & fuel type):		
Date of First Registration: / /	Mileage at Delivery:	Purchase Date: / /
Full Invoiced Purchase Price: £	Purchased from:	
If Cherished Plate, please provide original Registration No.:		

## MOTOR INSURANCE DETAILS

AMS Insurance Policy No.:	AMS Claim Reference No.:
Your Motor Insurance Company:	
Policy No.:	Claim Reference No.:
Policy Holder Name:	
Named Drivers:	
Has the vehicle been comprehensively insured at all times? <b>Yes No</b>	
Is your Motor Insurance subject to any excess? <b>Yes No</b> If Yes please provide the amount £	
Does your Insurance Policy provide Replacement Cover? (i.e. If your car is less than one year old and you are the first and only registered owner, your insurance company will replace it with one of the same make and model) <b>Yes No</b>	
Do you have a separate Motor Excess Insurance Policy? <b>Yes No</b> If Yes please provide level of cover £	

**NOTE: PLEASE ADVISE AMS OF ANY SETTLEMENT OFFER FROM YOUR MOTOR INSURER, A THIRD PARTY INSURER, SOLICITOR OR AN ACCIDENT MANAGEMENT COMPANY BEFORE ACCEPTANCE.**

## FINANCE DETAILS

Purchase Method - Cash	HP	PCP	Contract Hire	Lease	Personal Loan
Finance Company:					
Agreement No.:	Finance Term:	(months)	Start Date:	/	/
Name on Finance Agreement: If different to AMS policyholder, please state relationship:					
Original Finance Settlement Figure £ Must have been obtained at date of total loss. Please note we require this in writing from your Finance Company.					

## CHECKLIST

The following documents must be submitted with this claim form:

- |   |   |
|---|---|
| Vehicle Purchase Invoice                | Completed Letter of Authority (by policy holder of motor insurance) |
| Motor Insurance Certificate and Policy  | Finance Company Settlement Letter                                   |
| Finance Agreement                       | I have Signed and Dated the Claim Form                              |
| Motor Insurance Settlement Offer Letter |   |

## DECLARATION

I declare that all the information provided is correct and that I have not withheld any information which may affect the insurer's decision to accept this claim.		
Signed:	Print Name:	Date: / /

AMS Insurance Services Ltd., Heyford Park House, Heyford Park, Heyford, Oxfordshire, OX25 5HD.  
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AMS Insurance Services United Kingdom Limited

Authorised and Regulated by the Financial Conduct Authority. Registered Number: 310422



# Insurance Services Ltd.

Heyford Park House, Heyford Park, Upper Heyford, Oxfordshire OX25 5HD  
TEL: 01869 232563 FAX: 01869 233301  
www.ams-gap.com email: Claims@ams-gap.com

## LETTER OF AUTHORITY

I the undersigned hereby expressly authorise AMS Insurance Services Ltd to exclusively act on my behalf directly with any of the following (as detailed), concerning the prompt and equitable settlement of my motor insurance write-off claim.

- 1. My Motor Insurer and/or their Claims Management Agent**
- 2. Any Third Party Insurer and/or their Claims Management Agent**
- 3. Accident Management Company**
- 4. A Solicitor, acting on my behalf or any third party**
- 5. If required, to lodge a Complaint on my behalf with the FOS (Financial Ombudsman Service) against my Motor or other Third Party Insurer regarding an inequitable offer of settlement.**

<b>POLICY HOLDER NAME</b> on main insurance.			
Address			
AMS Policy Reference		Claim Reference	
Your Motor Insurer			
Motor Insurance Address			
Insurance Contact Name			
Telephone Number			
Motor Insurance Policy Reference		Claim Reference	
Date of Incident			

IF APPLICABLE		
Third Party Insurer	Solicitor	Accident Management Company
Contact Name	Contact Name	Contact Name
Telephone Number	Telephone Number	Telephone Number
Reference	Reference	Reference

Signed by Policy Holder			
Print Name		Date	