



Covering you co-operatively

CLAIM NUMBER:
(office use only)

GAP INSURANCE CLAIM FORM

GAP Policy Number	
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INSURED DETAILS			
Surname:	Christian Name(s):	DOB:	
Address:		Town, City or District:	
Home Phone No:	Work Phone No:	Cellular Phone No:	
Drivers Licence No:	Is it a full, restricted or learners licence?	Expiry Date:	
If it is an overseas licence, what is the country of issue?		Expiry Date:	
Are you the registered owner of the vehicle? (please circle) Yes No			
If "No" state your relationship to the owner (eg spouse, son daughter etc)			
FINANCE COMPANY DETAILS			
Lender Name:		Lender Address:	
Contact Name:		Contact Phone Number:	
Contact E-mail Address:		Contact Fax Number:	
Loan Account Number / Reference No:		Original Date of Loan:	
VEHICLE DETAILS			
Registration No.:	Make:	Model:	Year:
Mileage:	Date of Total Loss:	Insured's Primary Insurance Company:	
Cause of Loss:	<input type="checkbox"/> Collision	<input type="checkbox"/> Theft	<input type="checkbox"/> Fire <input type="checkbox"/> Other

Co-op Insurance NZ

0800 369 258
info@coopinsurancenz.co.nz
www.coopinsurancenz.co.nz

Level 3, 25 Teed Street
Newmarket, Auckland 1023
PO Box 9582, Newmarket, Auckland 1149



DECLARATION

I, the undersigned, authorise the insurer to give to or obtain from any other party, any information that in the insurer's view is relevant to this claim.

I understand that:

- The claim may be refused if information is untrue or concealed.
- The information is needed before the insurer can decide whether to accept this claim.
- The Privacy Act 1993 entitles me to have access to and if necessary request correction of information.

Signature of Insured: Date:/...../.....

GAP CLAIM CALCULATION

Net Pay Off (Loan Balance as at Date of Loss)	\$
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Deductible Amounts

Total of Overdue Payments as at Date of Loss (Greater than 60 days past due date)	\$								
Late Payment charges throughout duration of loan or future finance charges:	\$								
Amounts included in the original loan agreement which could be recoverable by cancellation. E.g. PPI, extended warranty, motor vehicle insurance policy.	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; text-align: center;">\$</td> <td style="width: 60%;">Type_____</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Type_____</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Type_____</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Type_____</td> </tr> </table>	\$	Type_____	\$	Type_____	\$	Type_____	\$	Type_____
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Gross Primary Insurer Settlement Figure	\$								

TOTAL ESTIMATED GAP PAYMENT: (subject to final claim approval)	\$
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MAXIMUM ADDITIONAL BENEFITS PAYABLE: (Payable on submission of receipts by insured)	\$
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REQUIRED DOCUMENTATION	
Copy of original finance agreement	Copy of loan repayment history
Copy of primary insurance claim (if not insured with Co-op Insurance NZ)	Copy of primary insurance settlement documents
Copy of Loan Calculator Payment Schedule	Documentation of insured's deductibles

Please scan & email claim form to: claims@coopinsurancenz.co.nz

or

Post the claim form to Co-op Insurance NZ
 GAP Claims Department
 PO Box 9582
 Newmarket
 AUCKLAND 1149