GAP CLAIM NOTIFICATION FORM

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Insurance	
GAP Insurance policy N°	Casco Insurance policy N°
GAP Insurance period	Casco insurance period
Vehicle data	
Make	Model
Mileage (km)	Registration number
VIN No.	
Policyholder's data	
Full name or company	
name Address	
Address	
Phone number	E-mail
Lessor's or lendor's name	
Primary insurance company's data (Casco or Third-par	ty Insurer)
Name	
Claim data	
Date of claim occurence	Compensation amount
	paid out by the Primary Insurer
Claim settled	
Own Casco insurance Perpetrators	
third party insurance	
Other insurance	
	\bigcirc
Is the claim in question covered by other GAP insurance?	Yes No
Has the Insured received or will the Insured apply for compensation under another GAP agreement?	Yes No

GAP CLAIM NOTIFICATION FORM



reby declare, that I have	not received a GAP compensati	on from any other Insurance con	npany, nor do l intend to seek s	uch a compensation.	
			Notifier's legible		
ace and date			signature		
			-		

GAP claims handling procedure

If a Primary insurer has declared a total loss, an Insured or a Policy holder need to contact Claims Authorization Center within 7 business days to receive information on further proceedings:

WAGAS S.A. 15 Rydygiera Street, 01-793 Warsaw, Poland Tel.: +48 22 670 96 04 Email: gapszkody@wagas.pl

Documents required to start handling a GAP claim:

- a) Copies of the Casco insurance policies for the GAP Insurance validity period,
- b) Decision on discontinuation of the action regarding vehicle theft, if the vehicle was stolen,
- c) Copy of a document, confirming that a total loss has been settled by the Primary Insurer. This document needs to contain vehicle's market value used to settle the claim an a detailed total loss calculation.,
- d) Decision on compensation payment made by Primary Insurer with received bank transfer confirmation,
- e) Vehicle purchase invoice,
- f) Registration card of the vehicle,
- g) Filled-in claim notification form.