LEXUS FINANCIAL SERVICES

GAP INSURANCE CLAIM FORM

Please check and fully complete all relevant sections below.

Reference Numbers

GAP Insurance Policy Number:

Claim Reference Number:

GAP Product:

Policy Holder Details

Title:

First Name:

Last Name:

Occupation:

Is the vehicle used solely for business purposes? ☐ Yes ☐ No

(if yes) Are you VAT Registered: ☐ Yes ☐ No

Company Name (If applicable):

VAT No (if applicable):

Address:

Post Code:

Date of Birth:

Preferred Telephone Number:

Alt Contact Number:

Email Address:

Vehicle Details

Registration Number:

Make:

Exact Model (inc. engine size & fuel type):

Date of First Registration:

Mileage at Delivery:

Purchase Date:

Full Invoiced Purchase Price: £

Purchased From:

If personalised Plate, please provide original Registration No:

If any factory-fitted optional extras were fitted to the vehicle at the time of purchase, please list these below:

Lexus Total Loss Asset Protection is underwritten by Aioi Nissay Dowa Insurance UK Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register number 816870. Aioi Nissay Dowa Insurance UK Limited is registered in England and Wales (Company Number: 11105895), registered office: 52-56 Leadenhall Street, London, EC3A 2BJ.

Lexus Total Loss Asset Protection is administered by Nukula Limited T/A InsureThat which is authorised and regulated by the Financial Conduct Authority No. 616475. Nukula Limited is registered in England and Wales (Company Number: 07646376), registered office: Sterling House, Sitka Drive, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG.

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Claim Details

Date of Incident:		Mileage at time of Incident:	
Was Vehicle Stolen?		If yes, Provide Crime Reference Number:	

Police Station Reported to:

Please indicate the cause of the Total Loss Incident?

☐ Accident ☐ Fire ☐ Theft ☐ Flood ☐ Malicious Damage

Please provide details of the incident in which your vehicle was written-off. (use additional pages if required)

What was the vehicle being used for at the time of the incident?

Who was driving / in possession of the vehicle at the time of the incident? (please provide full name)

Was the accident caused by another party, which was not your fault? ☐ Yes ☐ No

If Yes, have they admitted liability? ☐ Yes ☐ No

Have you made a claim against your own motor insurer or directly against the other party's motor insurer? ☐ Own ☐ Other Party

If you have answered Other Party, please provide name, address and contact details.

Is your claim being handled by a solicitor or accident management company? ☐ Yes ☐ No

If yes, please provide name, address and contact details.

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Motor Insurance Details

Name of your Motor Insurance Company:

Policy Number:

Claim Reference Number:

Policy Holder Name:

Named Drivers:

Has the vehicle been comprehensively insured at all times? ☐ Yes ☐ No

Is there an excess applicable to your Motor Insurance policy? ☐ Yes ☐ No

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) ☐ Yes ☐ No

Has your vehicle been declared a total loss by the Motor Insurance Company? ☐ Yes ☐ No

Has the motor insurer offered to repair your vehicle? ☐ Yes ☐ No

Has the motor insurer offered to replace your vehicle? ☐ Yes ☐ No

Has the motor insurer made you a settlement offer? ☐ Yes ☐ No

If yes, please provide the settlement offer. £
Please do not accept any insurers offer until we advised it is acceptable.

On occasion we may need to contact your Motor Insurance Company to discuss ongoing claims and expediate the handling.
Are you happy for us to do this? ☐ Yes ☐ No

Finance Details

Purchase Method:

☐ Cash ☐ HP ☐ PCP ☐ Contract Hire ☐ Lease ☐ Personal Loan

Finance Company Name:

Agreement No: Finance Term: (months) Start Date:

Name on Finance Agreement:

If different to GAP policyholder, please state relationship.

Original Finance Settlement Figure: £

This must have been obtained at date of total loss. We will require this is writing from your Finance Company.

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Supporting Documentation Checklist

The following documents must be submitted with this claim form (where applicable):

- ☐ Vehicle Sales / Purchase Invoice
- ☐ Motor Insurance Certificate and Schedule
- ☐ Motor Insurance Total Loss Offer Letter
- ☐ Finance Agreement
- ☐ Original Finance Company Settlement Letter (early settlement balance)

Payment Details

In order to expediate any approved claims settlement payments due to you, please provide the bank details for the payment to be sent directly to once it has been authorised.

Please note, payments can only be made to the account of the GAP insurance policy holder

Bank Name: (e.g. Santander)		Name on Bank Account:	
Account Number:		Sort Code:	

Declaration

☐ **I declare that all of the information provided is correct, and that I have not withheld any information which may impact the insurers decision about the acceptance of this claim.**

☐ **I understand that as the Policyholder, it is my responsibility to supply all requested supporting documentation required to assist in the settlement of my claim.**

Signed:		Print Name:		Date:	

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