

# Vehicle Information Form

Please fill out the following options and information about the vehicle and return this completed form so we may process your GAP claim.

Customer:

Claim #:

Vehicle/ VIN:

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Vehicle Purchased NEW     Vehicle Purchased USED    **Trucks Only** – Body Style:  Fleetside     Sportside

Model Type: \_\_\_\_\_     Mileage/Odometer at Date of Loss: \_\_\_\_\_  
*(e.g., LS, SLT, XE, SLE, AWD, Turbo, Denali)*

<input type="checkbox"/> 4X4 <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Air Conditioning <i>(rear)</i> <input type="checkbox"/> Aluminum / Alloy Wheels <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Bedliner <input type="checkbox"/> Bedliner <i>(spray-on)</i> <input type="checkbox"/> Bluetooth <input type="checkbox"/> CD Player <input type="checkbox"/> Cassette Player <input type="checkbox"/> Chrome Wheels <input type="checkbox"/> Cruise Control <input type="checkbox"/> DVD Entertainment System <input type="checkbox"/> Fog Lamps	<input type="checkbox"/> Fiberglass Cap <input type="checkbox"/> Heated Seats <input type="checkbox"/> Leather Seats <input type="checkbox"/> Luggage/ Roof Rack <input type="checkbox"/> Manual Transmission <input type="checkbox"/> Navigation System <input type="checkbox"/> Off-Road Suspension Package <input type="checkbox"/> Power Door Locks <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Power Seats <i>(Drivers)</i> <input type="checkbox"/> Power Seats <i>(Dual)</i> <input type="checkbox"/> Power Sliding Doors <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Sunroof <input type="checkbox"/> Power Windows	<input type="checkbox"/> Removable Hard Top <input type="checkbox"/> Running Boards <input type="checkbox"/> Satellite Radio <input type="checkbox"/> Second Row Bucket Seats <input type="checkbox"/> Snow/ Plow Package <input type="checkbox"/> Specialty Stereo <i>(Bose, Infinity)</i> <input type="checkbox"/> Spoiler <input type="checkbox"/> Theft Deterrent / Alarm <input type="checkbox"/> Theft Recovery System <i>(LoJack)</i> <input type="checkbox"/> Third Row Seats <input type="checkbox"/> Tilt Steering Wheel <input type="checkbox"/> Tonneau Cover <input type="checkbox"/> Towing / Trailer Package <input type="checkbox"/> Upgraded Engine <i>(specify below)</i> <input type="checkbox"/> Upgraded Rim Size <i>(specify below)</i>
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*Other: (Please list any specialty packages, custom accessories or other options not listed above)* \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

**National Property Claim Center**

P.O. Box 105706 • Atlanta, GA 30348-9623 • Tel: (866) 212-1304 (option 1) • Fax #: (800) 337-9264  
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