

# PARTNERS ALLIANCE CORPORATION

"Linking Agents & Insurers through Quality Service"

GAP CLAIM NO.:

## GAP CUSTOMER INFORMATION DATA SHEET

To help expedite this claim, please supply the following information:

### Personal Information:

Customer Name \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### Loan Company Information:

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Account Number \_\_\_\_\_

### Primary Insurance Company Information:

Name of Company \_\_\_\_\_  
Claim Number \_\_\_\_\_  
Adjuster's Name \_\_\_\_\_  
Adjuster's Phone Number \_\_\_\_\_

### Additional Information:

Date Vehicle Purchased \_\_\_\_\_ Mileage at Date of Purchase \_\_\_\_\_  
Date of Loss \_\_\_\_\_ Mileage at Date of Loss \_\_\_\_\_  
Service Contract Terms (if purchased)  
Number of Months Effective \_\_\_\_\_  
Number of Miles Effective \_\_\_\_\_