

# BMW Shortfall Claim Form



## IMPORTANT INFORMATION WHEN MAKING A CLAIM

Incomplete claim forms may cause delay in the assessment of your claim.

You must provide any other details we request that relates to your claim before we will consider any payments.

All costs incurred to submit this claim are the responsibility of the claimant.

Premiums must continue to be paid until a decision has been made on your claim. We have the right to take any instalment you have not paid from any claims payment.

One of our appointed representatives may visit you while you claim. Failure to see them could invalidate or seriously delay your claim.

Please note you will need to contact us before accepting any settlement offer made by your motor insurer.

If you accept a settlement offer from your motor insurer for a total loss without our consent, or you have not used reasonable endeavours to obtain full indemnity under the terms of the motor insurance policy, we will settle your claim using the current market value of the insured vehicle according to Glass's Guide retail value, not the settlement offered by your motor insurer.

**Please note that this insurance is underwritten by Allianz Insurance PLC who are authorised and regulated by the Financial Services Authority (FSA).**

**This insurance product is administrated by Mondial Assistance Limited who are authorised and regulated by the Financial Services Authority (FSA). Mondial Assistance (UK) Limited will act as agent for Allianz with respect to claims process.**

**Please note that all calls are recorded for accuracy and training purposes.**

**We recommend that you send your claim documents by recorded delivery.**

**Return your completed claim forms as soon as possible in order for us to progress your claim as quickly as we can. Return forms to Claims Department, BMW Protect Services, PO Box 1852, Croydon, CR9 1PW.**

**We strongly recommend that you keep copies of your completed claim form and all other supporting documents.**

# BMW Shortfall Claim Form - Please Complete in Block Capitals

## POLICYHOLDER DETAILS (TO BE COMPLETED BY CLAIMANT)

Policy Number	<input type="text"/>		
Title	<input type="text"/>		
Last Name	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>		
Home Telephone Number	<input type="text"/>		
Mobile Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Would you like to be contacted via email in relation to your claim?	<input type="text"/>		
Date of Birth	<input type="text"/>		
Vehicle Registration	<input type="text"/>	Date of Registration	<input type="text"/>
Vehicle Mileage at Loss	<input type="text"/>		
Company Name and Address (if applicable)	<input type="text"/>		
Post Code	<input type="text"/>		
Do you have any other shortfall/GAP protection insurances?	<input type="text"/>		

If yes, please attach full details including name and telephone number of company.

## CLAIM DETAILS (TO BE COMPLETED BY CLAIMANT)

Motor Insurer Claim Number	<input type="text"/>		
Motor Insurer Name	<input type="text"/>		
Please give the name, address and telephone number of your Motor Insurer.			
<input type="text"/>			
Post Code	<input type="text"/>	Telephone Number	<input type="text"/>
Date of Loss	<input type="text"/>	Time of Loss	<input type="text"/>
Location of Loss	<input type="text"/>		

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## CLAIM DETAILS CONTINUED (TO BE COMPLETED BY CLAIMANT)

Please give a detailed description of loss.

Was a police report filed?

If yes, please provide police report number.

Name and Address of Police Department dealing with the incident.

Postcode

Telephone number

Name and Address of Police Department who dealt with recovery of the vehicle.

Postcode

Telephone number

If the vehicle was stolen has it now been recovered?

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## BMW SHORTFALL CLAIM FORM CHECKLIST

Please check you have included all the requested information.

Have you completed all parts of the claim form? (where applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Written confirmation of the motor insurance settlement offer following your claim for total loss.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copies of the original sales invoice or receipt related to the insured vehicle.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A copy of any applicable finance agreement.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Written confirmation from the finance company of early settlement amount and how it was calculated.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## APPLICATION DECLARATION

I hereby declare that all information supplied is true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the assessment of my claim. I consent to the seeking of information from any person/organisation as deemed necessary by the insurers to verify the answers provided.

I understand and agree that information regarding my claim may be shared with other parties for fraud prevention purposes, and that I consent to my claim being investigated as part of this process.

DATA PROTECTION ACT 1998 - I hereby consent to any information about me being processed for the purposes of providing insurance and claims handling, which may necessitate the provision of such information to third parties.

Signed

Please print name  Date