

# GAP Claim Calculations

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Claim Number: _____	Status: _____
Borrower: _____	Vehicle: _____
Date Of Loss: _____	Type Of Loss: _____
Lender: _____	
Lender Contact: _____	Insurance Carrier: _____
Inception Date: _____	Deductible: _____

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## GAP CALCULATIONS

Outstanding Principal Balance on Date of Loss: \_\_\_\_\_

LESS: \_\_\_\_\_

OTHER CHARGES:

Past Due Payments: \_\_\_\_\_

Late Fees: \_\_\_\_\_

Skipped Payments: \_\_\_\_\_

Skip Fees: \_\_\_\_\_

PRIMARY INSURANCE:

Settlement From Primary Insurance Carrier: \_\_\_\_\_

Deductible Amount In Excess of Limit: \_\_\_\_\_

REFUNDS:

Service Contract Refund: \_\_\_\_\_

Credit Life Refund: \_\_\_\_\_

Credit Disability Refund: \_\_\_\_\_

Other Refund: \_\_\_\_\_

OTHER REDUCTIONS:

Salvage: \_\_\_\_\_

Prior Damage: \_\_\_\_\_

LTV Over Limit: \_\_\_\_\_

OTHER:

Other 1: \_\_\_\_\_

Other 2: \_\_\_\_\_

Total Amount Deducted From Outstanding Balance: \_\_\_\_\_

Total GAP Payable Amount: \_\_\_\_\_

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## PAYOFF CALCULATIONS

Last Payment Date: _____	Balance as of Last Payment Date: _____
Date Of Loss: _____	Interest Rate: _____
Number of days: _____	Interest Per Day: _____
Loan Payoff As of Date of Loss: _____	

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## LTV CALCULATIONS

Financed Amount: _____	Maximum Amount Financed: _____
Actual Cash Value: _____	LTV Coverage Limit: _____
LTV: _____	Percentage Not Covered: _____