

GAP Claim Calculations

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

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: _____

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: _____	

LTV CALCULATIONS

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