POLICY SCHEDULE

Policy Number: [policyexternalref]

Start Date
01/03/2025

End Date
29/02/2029

Renewal
This policy renews automatically after each month up to 01/03/2029

CUSTOMER DETAILS

Name:	Joe Bloggs
Address:	123 Sample Street Sample District Sample Town AB1 2CD
Telephone:	00000 000000
Email:	joe.bloggs@example.com

COVER DETAILS

Cover:	Comprehensive GAP Cover
Claim Limit:	£5,000.00
Duration:	This policy renews automatically after each month up to 01/03/2029

VEHICLE DETAILS

VRM:	AB12 CDE
Purchase Date:	01/03/2025
Purchase Price:	£15,000.00
Make:	Ford
Model:	Focus
VIN:	WFOAXXGCDA12345
Year:	2023
Engine:	1.5L
Fuel:	Petrol
Transmission:	Manual

PREMIUM BREAKDOWN

Retail Price:	**£0.00**

Made up of:

Net Premium:	£0.00
Insurance Premium Tax:	£0.00
Total:	**£0.00**

MAKING A CLAIM

Refer to your policy documents and check if there is another insurance policy in force which covers you for the same loss or expense. If so, we may seek a recovery of some or all of our costs from the other insurer.

1. **Complete Online Claim**
   Before accepting any settlement offer from your vehicle insurer, complete the online claim form at www.example.com within 30 days of the incident.
2. **Provide Documentation**
   You will be required to provide proof of your total loss settlement and terms, a copy of your vehicle insurance policy schedule, the original sales invoice, and a finance agreement or early settlement details if applicable.
3. **Claim Review**
   [Company Name] will then review your claim and, if the insurer's offer is below the market value, we will calculate the loss using Glass's Guide or an equivalent industry-approved value guide.
4. **Payment**
   If your claim is accepted, [Company Name] will pay the difference between your motor insurer's settlement and the greater of either the outstanding finance, or the invoice price of the vehicle, up to your claim limit.

CONTACT US

Website
www.example.com

Email
claims@example.com

Telephone
Call 00000 000000
Mon - Fri, 9am - 5pm
(excl. bank holidays)

Write To
[Company Name]
[Address Line 1]
[Town]
[Postcode]

IMPORTANT INFORMATION

The Policy will continue for consecutive periods of one month at a time. Each monthly premium you pay provides the following month of cover for up to forty-eight (48) months from the start date, as detailed on your Policy Schedule. The monthly premiums are payable in advance and will be collected by Direct Debit by the Policy Retailer. This Policy Schedule and your Policy Document are your insurance documents and together they make up the contract between you and us. It is important that you read this Policy Schedule carefully along with your Policy Document, so you can be sure of the cover provided and to check that it meets your needs.