

# ŠKODA GAP INSURANCE COVER BOOKLET



**ŠKODA**



## ŠKODA Financial Services

Finance. Insurance. Fleet. Mobility.



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# WELCOME

## WELCOME TO YOUR ŠKODA GAP INSURANCE

Having ŠKODA GAP Insurance helps to alleviate the additional worry of finding the money to purchase a replacement ŠKODA or help towards paying off the associated outstanding finance or lease hire charges.

**Your** ŠKODA GAP Insurance has been designed to help if **your vehicle** is written off through accidental or malicious damage, fire or theft. There are two types of cover available:

1. Combined return to invoice and outstanding finance GAP Insurance - This bridges the payment gap between **your vehicle's value** and the amount **you** paid for **your** ŠKODA or the **outstanding balance** payable to the **finance company** at the date of **total loss**, whichever is the greater amount.
2. Lease hire GAP Insurance - This bridges the payment gap between **your vehicle's value** and the **early termination charge** payable to the **lease hire company**.

For details of which type of cover is relevant to **you**, please refer to **your certificate of insurance**.

This Cover Booklet will tell **you** everything **you** need to know about **your cover**. **Your** ŠKODA GAP Insurance is only effective with a valid **certificate of insurance** and where the appropriate premium has been paid. All the details of how to make a claim, together with any conditions that **you** must comply with, are set out in the following pages. Certain words in this Cover Booklet have a specific meaning, which **we** explain under the "Meaning of words" section.

If **you** have any questions that are not answered within this Cover Booklet or **your certificate of insurance**, please contact **us**.

ŠKODA GAP Insurance is administered by Abraxas Insurance Administration Services Limited and underwritten by MAPFRE ASISTENCIA Compañía Internacional De Seguros y Reaseguros, Sociedad Anonima.





# ELIGIBILITY

## You are eligible for this policy if:

- › **You** are a resident of the United Kingdom, or – in the case of a corporate body – registered in the United Kingdom, for the duration of this policy.
- › **You** are the registered keeper and/or owner of **your vehicle**, or **your vehicle** is the subject of a **lease or hire agreement** which is in **your** name.
- › **You** use **your vehicle** for social, domestic, pleasure, commuting, commercial or driving instruction purposes.
- › **You** or any person permitted to drive **your vehicle** holds a current, valid driving licence (this includes provisional driving licences).
- › **Your vehicle** is registered and used principally in the United Kingdom.
- › **You** purchase ŠKODA GAP Insurance within 60 days of the date **you** take delivery of **your vehicle**.

## You are not eligible for this policy if your vehicle:

- › Costs more than £150,000 when **you** purchase it.
- › Is leased or hired with a monthly rental of more than £1,800 including VAT, or has a total credit of over £50,000 including VAT.
- › Is purchased via a private sale, or used for daily or weekly rental purposes.
- › Has been previously written off.
- › Weighs more than 3,500kg, or more than 5,000kg if it is a commercial vehicle.
- › Is insured on any type of motor trade insurance policy.
- › Is used in a dispatch or public service capacity, such as a military, police or ambulance vehicle.
- › Is used for **hire and reward** or **short-term self-drive**.
- › Is used at any time for competition; rally; racing; track days; speed testing; off road; pacemaking, or reliability trials.

- › Is imported, or is not built for sale in the United Kingdom (unless specifically manufactured as right hand drive).
- › Is not listed in **Glass's Guide** or any other motor trade valuation guide.
- › Is not purchased from the **ŠKODA Retailer**.

## To be covered

- › **You** will need to pay the premium. **You** can pay in full, or in instalments. Instalments will be taken by direct debit over 12 equal monthly payments.
- › **You** will need to ensure **your vehicle** is covered by a comprehensive motor insurance policy for the full duration of this policy. The policy must cover the full price of **your vehicle** and list any persons permitted to drive it.
- › **You** should adhere to the terms and conditions of this policy; otherwise **your** claim could be delayed.



# MEANING OF WORDS

These words have the following meaning throughout this policy, where highlighted bold:

## Advance rentals

The non-refundable payment made to the **lease hire company** prior to **you** taking delivery of **your vehicle**. This amount must be detailed in the **lease hire agreement**.

## Certificate of insurance

The document issued alongside this policy that lists the name of the insured person or corporate body, the vehicle covered and the limits applicable to this insurance.

## Early termination charge

The balance payable by **you** to the **lease hire company** at the date of **total loss**.

## Excess

The amount **you** have to pay as part of a claim under **your** motor insurance policy in respect of **your vehicle**.

## Finance agreement

The initial financial arrangement (for example, personal contract purchase (PCP) or hire purchase) between **you** and the **finance company** arranged by the **ŠKODA Retailer** for the purchase of **your vehicle**.

## Finance company

The United Kingdom lender with whom **you** have agreed a loan or credit agreement for the purchase of **your vehicle**.

## Glass's Guide

The motor industry monthly vehicle pricing guide ([www.glass.co.uk](http://www.glass.co.uk)).

## Hire and reward

Where **you** legally carry other people or other people's goods in exchange for payment, for example taxis; chauffeurs; courier or delivery services, or private hire.

## Lease or hire agreement

The initial agreement between **you** and the **lease hire company** arranged by the **ŠKODA Retailer** for the lease or hire of **your vehicle**.

## Lease hire company

The United Kingdom lender with whom **you** have a **lease or hire agreement** for the lease or hire of **your vehicle**.

## Negative equity

Any outstanding debt transferred from a previous vehicle and added to the **finance agreement**.

## Outstanding balance

The amount owing to the **finance company**.

## Short-term self-drive

Where another person drives **your vehicle** in exchange for a fee.

## ŠKODA Retailer

The motor dealer that supplied **your vehicle** and that the insurer authorises to sell this policy.

## Total loss

Where **your vehicle** is the subject of accidental or malicious damage, fire or theft to the extent that a motor insurance settlement is made and **your vehicle** is recorded as salvage category A, B, N or S by the DVLA.

## Value

The amount agreed between **us** and **your** motor insurer or third party's motor insurer, or, if no agreement can be reached, the average of three motor trade valuation guides

## We, our, us

Abraxas Insurance Administration Services Limited.

## You, your

The individual or corporate body named as the policyholder on the **certificate of insurance**, or a partnership, for example by marriage, of whom, one person's name appears on the **certificate of insurance**.

## Your vehicle

The vehicle listed on **your certificate of insurance**.



# YOUR COVER

## WHAT IS NOT COVERED

**REMEMBER** – You need to contact **us** before accepting any settlement offer made to **you** by **your** motor insurer. If **you** don't, this could reduce the amount of any settlement **we** make.

### This policy will not cover:

- › The contents of **your vehicle**.
- › Any discount given by the **ŠKODA Retailer**; government grants; scrappage schemes, or cash back (because **we** cannot reimburse **you** for an amount **you** have not paid).
- › Arrears (including but not limited to late payment charges; loss/damage excesses, or any outstanding premiums).
- › Any additional interest accrued during the **finance agreement** or **lease or hire agreement**, for example, from missing a payment instalment. This includes instalments whilst a claim is ongoing, so please remember to keep up **your** finance, lease or hire repayments.
- › Any secondary schedule(s) noted in the **finance agreement** or **lease or hire agreement**.
- › Additional items that appear on **your vehicle's** purchase invoice (including but not limited to paintwork protection and/or upholstery protection kits; new vehicle registration fees; cherished number plate transfers, or fuel).
- › Modifications made to **your vehicle** during the period of cover.
- › **Negative equity**.
- › Electric vehicle batteries that are leased or hired from a third party.
- › Vehicle excise duty.
- › Insurance premiums; warranty, roadside assistance, servicing and maintenance plans or charges.
- › Deductions made by **your** motor insurance provider for damage not associated with the **total loss** claim, or where **you** fail to maintain **your vehicle** or keep it in a roadworthy condition.

- › Any salvage amount if **you** retain **your vehicle**.
- › VAT if **your vehicle** is registered to a business, used for business purposes, or in connection with **your** occupation where **you** are VAT registered as self-employed.
- › Any claim:
  - a) if **your vehicle** is not declared a **total loss**, or if no motor insurance settlement is paid to **you**, the **finance company** or the **lease hire company**.
  - b) if **your vehicle** is stolen or driven by any person who has access to a key or key fob and is not insured under **your** motor insurance policy, unless access was gained without **your** consent. If **you** do not consent to a person taking **your vehicle**, the incident must be reported to the police.
  - c) if **your vehicle** is left unattended, unless all security devices or immobilisers have been activated and the vehicle is locked.
  - d) where a key or key fob is left unsecured, in, or on **your vehicle**.
  - e) if a **total loss** occurs while **your vehicle** is in the control of anyone not permitted to drive it, for example, an individual **you** allow to drive **your vehicle** but who is not insured under **your** motor insurance policy, unless it occurs as a result of fire or theft.
  - f) if the driver of **your vehicle** is above the United Kingdom drink driving limit, under the influence of drugs not prescribed by a registered medical practitioner, or drugs prescribed by a registered medical practitioner that warn against driving.
  - g) if **your vehicle** can be repaired but **you** request and obtain a cash settlement from **your** motor insurer or third party's motor insurer.
  - h) if a **total loss** is caused by, or occurs as a result of:
    - Pressure waves of an aircraft or of other aerial device travelling at subsonic or supersonic speed.
    - Natural disaster, or earthquake.
    - War; any warlike activity (whether war be declared or not); civil unrest, or any act that the United Kingdom Government considers to be an act of terrorism.

- Ionising radiation; the combustion of nuclear fuel; contamination by radioactivity from any nuclear fuel or waste, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or associated nuclear parts.
- i) for the loss of use of **your vehicle** or for any other losses caused by the event which led to **your** claim that fall outside the scope of cover of this policy. This includes but is not limited to travel expenses or loss of earnings.

### We will not pay for accessories which are not:

- a) fitted by the vehicle manufacturer or **ŠKODA Retailer**.
- b) listed on the original purchase invoice for **your vehicle**.
- c) present when **you** collect **your vehicle** or that are not on **your vehicle** at the date of **total loss**.

### We will not make a contribution toward your motor insurance excess if:

- a) an **excess** is not deducted from **your** motor insurance claim.
- b) **you** are eligible for a replacement vehicle under **your** motor insurance policy. In this circumstance, this policy will be transferred to the replacement vehicle and **we** will not pay any motor insurance excess contribution unless the replacement vehicle is declared a **total loss**.



## WHAT IS COVERED

**This policy will only provide cover for the following. If you wish to claim for anything else, there is no cover in place.**

The type of insurance that **you** have and the maximum amount that **we** will pay is specified on **your certificate of insurance**.

## ŠKODA COMBINED RETURN TO INVOICE AND OUTSTANDING FINANCE GAP INSURANCE

If **your vehicle** is declared a **total loss** within the period of cover **we** will pay the greater of either:

- a) the difference between **your vehicle's value** and the amount **you** paid for **your vehicle**; or
- b) if **you** have a **finance agreement** in place, the difference between **your vehicle's value** and the **outstanding balance** payable to the **finance company** at the date of **total loss**.

If **you** have a **finance agreement** in place and this is still outstanding after 36 months, this policy will provide additional coverage for a further 24 months at no extra cost. If **your vehicle** is declared a **total loss** in this period, this policy will cover the difference between **your vehicle's value** and the **outstanding balance** payable to the **finance company**.

Any settlement due under a) will be paid to **you** and any settlement due under b) will be paid to the **finance company**. If there is any amount still owing on the **finance agreement** after **your** claim has been settled, it will be **your** responsibility to settle the remaining balance.

If the **finance agreement** is settled, or for any reason ceases to exist prior to the **total loss** of **your vehicle**, this policy will only provide cover under a).

### Vehicle accessories

If **we** make a payment, the settlement amount will include all options and accessories fitted to **your vehicle** by the vehicle manufacturer or **ŠKODA Retailer** as per **your certificate of insurance**.

### Finance deposit allowances

If the manufacturer or **finance company** contributes an amount toward the purchase of **your vehicle** and this appears on the original sales invoice, **we** will include this in any settlement that **we** make, up to the amount specified on **your certificate of insurance**.

### Motor insurance excess contribution

If **you** incur an **excess** as part of any **total loss** motor insurance settlement and **we** authorise **your** claim (regardless of whether any settlement can be made), **we** will pay **you** up to the limit specified on **your certificate of insurance** toward the cost of **your** motor insurance policy **excess**.

## ŠKODA LEASE HIRE GAP INSURANCE

If **your vehicle** is declared a **total loss** within the period of cover and **you** have a **lease or hire agreement** in place **we** will pay the difference between **your vehicle's value** and the **early termination charge** payable to the **lease hire company**.

Any settlement will be paid to the **lease hire company**.

If there is any amount still owing on the **lease or hire agreement** after **your** claim has been settled, it will be **your** responsibility to settle the remaining balance.

### Advance rentals

If **we** authorise **your** claim (regardless of whether any settlement can be made), **we** will pay up to the limit specified on **your certificate of insurance** toward the cost of the **advance rentals** detailed in the **lease or hire agreement**.

This amount is in addition to the maximum amount payable under this policy, and **we** will only pay **advance rentals** not covered by any other insurance.

### Motor insurance excess contribution

If **you** incur an **excess** as part of any **total loss** motor insurance settlement and **we** authorise **your** claim (regardless of whether any settlement can be made), **we** will pay **you** up to the limit specified on **your certificate of insurance** toward the cost of **your** motor insurance policy **excess**.

## WHERE AND WHEN

**You** are covered from the start date listed on **your certificate of insurance** until the earliest of the following:

- a) the end of the period of cover shown on **your certificate of insurance**, unless there is still an **outstanding balance** due on the **finance agreement**. If there is an **outstanding balance**, **your** cover will be extended until 60 months from the start date listed on **your certificate of insurance**, or until the date on which there is no longer any **outstanding balance** due.
- b) the date on which a claim is paid under this policy.
- c) the date this policy is cancelled.
- d) the date **your vehicle** is no longer covered by a comprehensive motor insurance policy.
- e) the date **your vehicle** is sold, repossessed, or transferred to another party who is not an immediate family member (i.e., parent; spouse; civil partner; son or daughter).

**We** will not pay any claim if the **total loss** of **your vehicle** occurs outside of this period.

**You** are covered in the United Kingdom; the Isle of Man; the Channel Islands; any member country of the European Economic Area and Switzerland.

**We will** not pay any claim if the **total loss** of **your vehicle** occurs anywhere else.

# MAKING A CLAIM

When **your vehicle** is declared a **total loss**, please contact **us**. **You** will need **your certificate of insurance** and vehicle registration to hand. **You** can contact **us**:

Online: [www.skodagapclaims.co.uk](http://www.skodagapclaims.co.uk)

By email: [claims@skoda-gapinsurance.co.uk](mailto:claims@skoda-gapinsurance.co.uk)

By telephone: 0330 400 1631

In writing: ŠKODA GAP Insurance, 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA

If **you** contact **us** by email, telephone or post, **we** will register **your** claim and send **you** a Claims Declaration. **You** will need to sign it and return it to **us** before **we** can pay any claim.

**REMEMBER – You need to contact us before accepting any settlement offer made to you by your motor insurer. If you don't, this could reduce the amount of any settlement we make.**

In order for **us** to assess **your** claim, **we** will need copies of:

- › **Your** motor insurance policy certificate and schedule.
- › The motor insurance settlement letter and confirmation that payment has been made.
- › The original purchase invoice for **your vehicle**.

If **your vehicle** was purchased using a **finance agreement**, **we** will also need:

- › A copy of the **finance agreement**.
- › Confirmation of the **outstanding balance** at the date of **total loss** from the **finance company**.

If **your vehicle** was leased or hired, **we** will also need:

- › A copy of the **lease or hire agreement**.
- › Confirmation of the **early termination charge** from the **lease hire company**.

Depending on **your** circumstances, **we** may require additional information or documentation so that **we** can pay **your** claim.

To avoid delays, documentation should be provided to **us** as soon as **you** are able. All documentation will need to be supplied at **your** own expense.

## NEED TO KNOW ABOUT MAKING A CLAIM

- › If the motor insurance settlement is less than the **value** of **your vehicle**, **we** will ask **you** to provide authority to **us** to contact **your** motor insurance policy provider or third party's motor insurance provider to negotiate an increase to the motor insurance settlement on **your** behalf.
- › If **you** decline the offer of a replacement vehicle under **your** motor insurance policy, or if **your vehicle** can be replaced by the manufacturer but **you** choose not to do so, **we** will settle **your** claim using the price of the replacement vehicle offered according to the manufacturer's list price. This may result in no settlement being paid.
- › If **you** are the first registered keeper of **your vehicle** and **your** motor insurance policy provider is unable to provide **you** with a replacement vehicle, **we** will require confirmation of the reason they cannot.
- › If **negative equity** is included in the **finance agreement**, this will be removed from **our** settlement calculations as it is not covered under this policy. For example, if the **outstanding balance** at the date of **total loss** is £15,000, and £5,000 of that is **negative equity**, **we** will calculate **our** settlement using the sum of £10,000.
- › If the **total loss** occurs as a result of malicious damage, or if **your vehicle** is taken without **your** authorisation, **you** will have to report it to the police and obtain a crime reference number.
- › If **you** retain **your vehicle** after any motor insurance settlement is paid, **we** will reduce the amount that **we** pay by the price of the vehicle retained by **you**.





# CHANGES, TRANSFERS, CANCELLATIONS AND COMPLAINTS

## CHANGES IN CIRCUMSTANCES AFTER PURCHASE

We want to be able to pay **your** claim, but if **you** do not tell **us** about a change in **your** circumstances and **you** or **your vehicle** become ineligible for cover, **we** might not be able to. If **you** contact **us** however, **we** will be able to let **you** know if **you** are still covered.

If any of the changes in circumstances listed below occur after **you** purchase this policy, **you** should contact **us** by email on [customersupport@skoda-gapinsurance.co.uk](mailto:customersupport@skoda-gapinsurance.co.uk) or by telephone on 0330 400 1631.

- › **You** change, return or transfer ownership of **your vehicle**.
- › **You** change what **you** use **your vehicle** for (for example, if **you** start using it for **hire and reward**).
- › **You** make any modifications to **your vehicle**.
- › **You** change the registration number of **your vehicle** to a cherished number plate.
- › **You** change **your** address.
- › **You** change **your** name (for example, due to marriage).
- › **Your** motor insurance policy is declined, cancelled, or changed (for example, to third party only cover).

- › The **finance agreement** or **lease or hire agreement** is cancelled, paid off or reaches its scheduled expiry.
- › **You** develop any problems that affect **your** ability to drive.

If **you** advise **us** of a change in **your** circumstances and **you** or **your vehicle** become ineligible for cover, **we** will cancel **your** policy and let **you** know if **you** are entitled to a partial refund.

## HOW TO TRANSFER

If **you** are provided with a replacement vehicle as part of a motor insurance settlement, under a manufacturer's or **ŠKODA Retailer's** warranty, or because **your vehicle** fails to work as intended, **you** can transfer this policy to the replacement vehicle. The transfer has to occur within 24 months of the start of this policy, and if **you** have chosen to pay the premium in instalments, all payments need to be up to date.

**You** will need to contact **us** by email on [customersupport@skoda-gapinsurance.co.uk](mailto:customersupport@skoda-gapinsurance.co.uk), or by telephone on 0330 400 1631 within 30 days of the date **you** take delivery of the replacement vehicle.

**You** will need to provide a copy of the original purchase invoice for **your vehicle** and a copy of the purchase invoice for the replacement

vehicle. If a copy of the purchase invoice for the replacement vehicle is not available or applicable, **you** will need to provide a copy of the V5 document instead.

If **you** would like to transfer this policy an administration charge of £22.00 will apply, although **you** will not have to pay anything if **your vehicle** fails to work as intended or is replaced by the manufacturer or **ŠKODA Retailer**. Our Administration Team will tell **you** how **you** can pay when **you** contact **us**.

**You** can also transfer this policy to an immediate family member (i.e., parent; spouse; civil partner; son or daughter) without incurring a charge, provided no money is exchanged, the **finance agreement** or **lease or hire agreement** does not need amending and the new keeper becomes responsible for the upkeep of **your vehicle**. Please note that documentary evidence (i.e., proof of address; birth certificate, etc.) may be required to support the transfer and any documentation will need to be supplied at **your** own expense.

If this policy is transferred to a replacement vehicle **we** will refer to the replacement vehicle as **your vehicle** from the date the transfer is completed. The start date and the period **you** are covered for won't change, and either the amount **you** originally paid for **your vehicle** or the original **lease or hire agreement** (depending on which is applicable to **your vehicle**) will be used to calculate any future claim.



## HOW TO CANCEL

If this policy does not meet **your** needs **you** can cancel it at any time.

If **you** cancel within 30 days of receiving **your** policy documents and **we** have not made any payment, **we** will provide a full refund of the premium **you** have paid.

In addition to **your** statutory rights, if **you** cancel this policy at any time after the first 30 days and **we** have not made any payment, **we** will provide a refund of the unused portion of the premium **you** have paid. Any refund will be calculated on a daily pro-rata basis from the date **we** receive the letter, email or phone call of cancellation.

If **you** cancel this policy at any time after the first 30 days an administration charge of £22.00 will apply.

If **you** have a ŠKODA combined return to invoice and outstanding finance GAP Insurance policy the standard duration of this policy is 36 months. However, if the purchase of **your vehicle** was financed under a **finance agreement** and this is still outstanding after 36 months, additional cover will be provided up to a maximum of 60 months. As the period of additional cover is provided at no additional charge, **you** will not be entitled to any refund for the cover provided to **you** in months 37 – 60.

If **you** have a ŠKODA lease hire GAP Insurance policy, refunds will be calculated using the period of cover noted on **your certificate of insurance**.

To cancel this policy, please contact **us** on any of the below:

By email: [customersupport@skoda-gapinsurance.co.uk](mailto:customersupport@skoda-gapinsurance.co.uk)

By telephone: 0330 400 1631

In writing: ŠKODA GAP Insurance, 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA

## WHAT TO DO IF YOU HAVE A COMPLAINT

**We** hope **you** will not have any cause to complain, however if **you** wish to make a complaint about how this policy was sold to **you**, please contact the **ŠKODA Retailer**.

If **you** wish to complain about any other aspects of this policy, please contact **our** Customer Care Manager who will investigate the matter:

By email: [complaints@skoda-gapinsurance.co.uk](mailto:complaints@skoda-gapinsurance.co.uk)

By telephone: 0330 400 1420

In writing: ŠKODA Customer Relations Team, 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA

If **you** make a complaint **we** will confirm receipt within 5 working days and aim to resolve the problem within 8 weeks.

If **you** are not satisfied with the outcome of **your** complaint, **you** can ask the Financial Ombudsman Service to review **your** case. **You** can contact them:

By telephone: 0800 023 4567

By email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

In writing: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR

For more information please visit [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

This procedure does not affect **your** statutory rights and is in addition to any other rights **you** have to take legal proceedings.





# LEGAL, REGULATORY AND DATA PROTECTION

## YOUR INSURER

This policy wording confirms **you** have a contract of insurance with the insurer, MAPFRE ASISTENCIA.

ŠKODA GAP Insurance from ŠKODA Financial Services is underwritten by MAPFRE ASISTENCIA Compañía Internacional de Seguros y Reaseguros Sociedad Anonima which is authorised by Dirección General de Seguros y Fondos de Pensiones and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority, number 203041. Details about the extent of regulation are available on request. MAPFRE ASISTENCIA Compañía Internacional de Seguros y Reaseguros Sociedad Anonima is incorporated and registered in Spain and registered as a foreign company in the United Kingdom with company number FC021974, acting through its UK branch with branch number BR008042 and its principal office is at Dixon House, 72-75 Fenchurch Street, London, EC3M 4BR.

ŠKODA Financial Services is a trading name of Volkswagen Financial Services (UK) Limited ("VWFS UK"), registered in England and Wales No.2835230. Registered office: Brunswick Court, Yeomans Drive, Blakelands, Milton Keynes, MK14 5LR. VWFS UK is authorised and regulated by the Financial Conduct Authority (FCA), registration number 311988.

ŠKODA GAP Insurance is administered by Abraxas Insurance Administration Services Limited acting on behalf of the insurer. Abraxas Insurance Administration Services Limited is authorised and regulated by the Financial Conduct Authority with FCA number 308702. Abraxas Insurance Administration Services Limited is registered in England and Wales with company number 02928787 and its registered office is at 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA.

VWFS UK and Abraxas Insurance Administration Services Limited are authorised and regulated by the FCA. Authorisation details can be checked on the Financial Services Register by visiting [fca.org.uk](https://www.fca.org.uk). VWFS UK is not part of the same corporate group as MAPFRE and Abraxas Insurance Administration Service Limited.

## PREMIUMS

The premium is the amount **you** need to pay in order to be covered under this policy. **You** can pay the premium in full, or in monthly instalments by direct debit in 12 equal monthly payments.

If **you** pay the premium in instalments and miss a payment, **we** will write to **you**. **You** will have two weeks from the date **you** receive **our** letter to pay the arrears, and if **we** do not receive any correspondence from **you** within two weeks of the date **you** receive **our** letter, **we** will cancel this policy with immediate effect.

If **you** wish to reinstate the policy after **we** have cancelled it, **you** will need to contact **us**. **You** will have 60 days from the date the premium was originally due and will have to pay the outstanding amount and provide **us** with a declaration that no claims are known, pending or reported. If **you** do not contact **us** within 60 days **we** will not be able to reinstate the policy. If **you** do not wish to reinstate the policy **you** should contact **us** to find out whether **you** are entitled to any refund.

Please note that if **you** pay for this policy in instalments, any outstanding payments **you** are contracted to pay will be deducted from any settlement **we** make.





## LAW APPLICABLE TO THIS POLICY

The laws of England and the jurisdiction of the English courts apply to this policy. This policy is in addition to **your** legal rights.

## FINANCIAL SERVICES COMPENSATION SCHEME

MAPFRE ASISTENCIA is covered under the Financial Services Compensation Scheme (FSCS). If they are unable to meet some of their liabilities and **you** make a valid claim, **you** may be entitled to compensation from the FSCS, depending on the type of business and circumstances of the claim.

Protection for claims under this policy is at 90% with no upper limit.

Further information can be obtained from the Financial Services Compensation Scheme:

By email: [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)

By telephone: 0800 678 1100 or 020 7741 4100

For more information please visit [www.fscs.org.uk](http://www.fscs.org.uk)

## OTHER INSURANCE

If the risk covered by this policy is also covered by any other insurance **you** should tell **us** about the other insurer(s) when **you** make a claim.

## FRAUD

If any information provided by **you** or anyone acting on **your** behalf is inaccurate or fraudulent, or if **you** fail to disclose any information in response to a specific request which might reasonably affect the Insurer's decision to provide cover, **your** right to any benefit under this policy will end. **We** will cancel the policy and take steps to recover any settlement paid or costs incurred as a result of any such fraudulent or misleading means.

## DATA PROTECTION

Any information **you** have provided to **us** will be used for the administration of **your** policy. The information **you** provide will be shared with the following parties:

- The insurer of the policy, MAPFRE ASISTENCIA Compañía Internacional de Seguros y Reaseguros (the "Insurer"), to obtain a premium if **your** quote requires referral to them.
- If **you** purchase a product, **your** information will be shared with the Insurer to underwrite **your** policy.
- In the event of a claim **your** personal information will be shared with the Insurer and its appointed provider(s) and claims administrator.
- The Financial Conduct Authority, other insurers where **we** are obliged to do so under data protection legislation, the police and other law enforcement agencies and/or other regulatory/governing bodies for the purposes of compliance monitoring and to prevent and detect fraud.

**We** reserve the right to disclose personal data in order to comply with the law, applicable regulations and government requests. **We** ensure any third parties employed by **us** to process **your** data on **our** behalf are subject to contractual obligations to protect the security of **your** data.

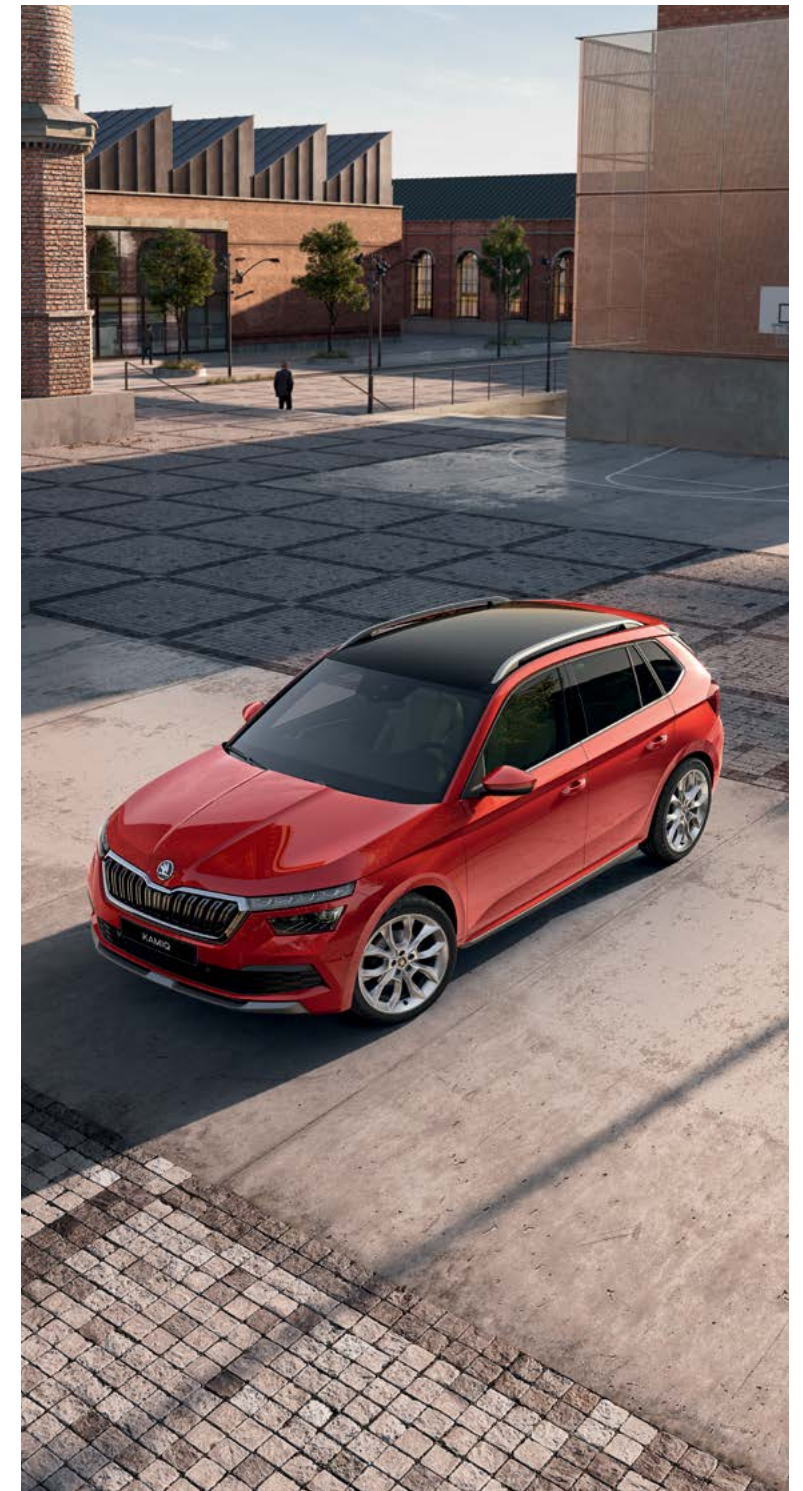
For more information about how the Insurer will process **your** personal information and to exercise **your** rights, please see the Insurer's full privacy notice at:

Online: [http://www.mapfreassistance.co.uk/privacy\\_assistance](http://www.mapfreassistance.co.uk/privacy_assistance)

By email: [dpo@mapfre.co.uk](mailto:dpo@mapfre.co.uk)

In writing: 1 Victoria Street, Bristol Bridge, Bristol BS1 6AA

**We** are committed to working with **you** to obtain a fair resolution of any complaint or concern about privacy. If, however, **you** believe that **we** have not been able to assist with **your** complaint or concern, **you** have the right to make a complaint to the UK Information Commissioner's Office.





# HOW TO CONTACT US

We recommend that you save the below to your mobile phone.

## Claims

Online: [skodagapclaims.co.uk](https://skodagapclaims.co.uk)

By email: [claims@skoda-gapinsurance.co.uk](mailto:claims@skoda-gapinsurance.co.uk)

By telephone: 0330 400 1631

In writing: ŠKODA GAP Insurance,  
1 Victoria Street, Bristol Bridge,  
Bristol, BS1 6AA

## Customer services

By email: [customersupport@skoda-gapinsurance.co.uk](mailto:customersupport@skoda-gapinsurance.co.uk)

By telephone: 0330 400 1631

## If you are calling from outside the UK

By telephone: +44 330 400 1631

Telephone lines are open Monday – Friday between the hours of 9.00am – 5.30pm.

If **you** have any difficulties reading this document, please contact the Customer Services Team.

