

Financial Hardship Application Form

solution.

Policy Number:

Claim Number:

Insured Name:

Applicant Details

Applicant 1 - Surname:

Applicant 1 - Given Name(s):

Applicant 2 - Surname:

Applicant 2 - Given Name(s):

Postal Address:

Preferred Contact Number:

Email:

We will use this email address for all written communication unless you advise us otherwise.

Hardship Details

Circumstances of Hardship:

Please explain the reason for your application.

Nature of Assistance:

What assistance would you like Solution and/or Insurers to consider?

- Extension of due date for payment. If so, when will you be able to make payment?
- Paying in instalments. What can you afford, how often and over which period?
- Paying a reduced lump sum. What can you afford?
- Postponing one or more instalments. When will you be able to start/re-start making payment?
- Other (including a combination of the above options or a possible waiver of the debt). Please provide details of what you are seeking:

Any queries, please contact us

Solution Underwriting
Agency Pty Ltd

Level 5, 289 Flinders Lane
Melbourne, VIC 3000

P. 03 9654 6100
solution@solutionunderwriting.com.au
solutionunderwriting.com.au

ABN 68 139 214 323 AFSL 407780

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