

Please complete this application form as fully as you are able to. Where documents are requested, please enclose same when you return the application.

Claim number

Incident date

 Your personal details

Name

Date of birth

Address

Suburb

State

Postcode

Home phone number

Work phone number

Mobile phone number

Reasons why you are requesting financial assistance

Please provide us details of your circumstances:

What assistance would you like us to consider?

Please outline the assistance you'd like us to consider:

Weekly expenses

Rent/board	\$		Mortgage	\$	
Other loans	\$		Credit card	\$	
Insurance (e.g. Life, Home, Contents, Car, etc)	\$		Superannuation	\$	
Education	\$		Car expenses (including rego)	\$	
Travel fares	\$		Food	\$	
Electricity	\$		Gas	\$	
Water	\$		Rates	\$	
Telephone	\$		Mobile phone	\$	
Internet	\$		Pay TV	\$	
Petrol	\$		Maintenance	\$	
School fees	\$		Medical	\$	
Pets	\$		Entertainment	\$	
Clothing	\$				
Total weekly expenses	\$	0.00			

Loans

Loan description	Monthly repayment	Name of bank/finance company
	\$	
	\$	
	\$	
	\$	

Please provide copies of the following document to substantiate expenses for the last 3 months:

- Bank/Loan statements
- Credit card statements
- Pay slips
- Utilities accounts
- Centrelink statements

It is important that you provide us with accurate information so we can fully assess your financial situation.

Employment and income

Are you employed? Yes ☐ No ☐

Occupation

Name of employer

Length of employment

Employment type (Please check box):

Full time ☐

Part time ☐

Casual ☐

Seasonal ☐

If part time/casual how many hours do you work a week?

hrs

What is your net annual salary package?

\$

What is your net weekly income?

\$

Do you receive any other work allowances? If yes, give details:

Benefits

If you are not working, do you receive benefits from Centrelink? Yes ☐ No ☐

If yes, provide details of the benefit(s) you receive:

Amount of benefit(s) you receive fortnightly:

Dependants

Number of dependants

Age of dependants

Other income

Do you receive any other form of income?

Board

\$

Rental income \$

Overseas pension \$

Other

\$

Do you own any shares? Yes ☐

No

☐

If yes, provide details:

Your supporting information & signatures**What I may need to provide with the financial assistance request?**

1. Statements, credit cards or vehicle finance
2. Any other information or documentation you believe relevant to assist us in assessing your request.

What happens next?

- You will need to send this completed request and supporting documents to Insuret Pty Ltd (Insuret).

Address: PO Box 779, Spring Hill QLD 4004**Email:** claims@insuret.com.au

- We'll review the documentation and contact you to discuss your request in detail.
- If we determine other additional information is required we will contact you.
- All requests for financial assistance are subject to a case by case assessment.

You may also contact the national financial counselling hotline on 1800 007 007, who will direct you to a free financial counselling service in your state. This service is free, confidential, independent financial advice is available to you under these circumstances.

If you have any questions please contact us on 07 3239 7000, Monday to Friday from 9 am to 5 pm AEST.

Application

I acknowledge and agree that Insuret is collecting the information in this form to assess my hardship application and will rely upon the information I have given to assess the application. If the information is not complete or accurate this may affect Insuret's ability to assist me.

Note: For privacy reasons if you have given any information about another person please tell them that you have provided their details to Insuret.

Please read our Privacy Policy available at: www.insuret.com.au/privacy-policy or you can call us for a free copy.

Declaration and authority

By signing below, you agree that you have answered all questions honestly and to the best of your knowledge.

Applicant name:

Applicant signature:

Date completed:

/ /

Authorised representative

Name of representative:

Company name:

Phone:

Applicant signature:

Date completed:

/ /