

## Financial Hardship Application Form

If you have any questions about the process, or if you require assistance to complete this application, please contact our Claims Team on **1300 387 338** during office hours Monday to Friday, 9am to 5pm except public holidays.

<b>Reference</b>	(Policy number/claim number/other reference)				
<b>Please complete all sections</b>					
<b>Applicant</b> (If there are more than two applicants, please complete an additional application)					
<b>Applicant 1</b>	Surname		Given name(s)		
<b>Applicant 2</b>	Surname		Given name(s)		
Postal address					
			State		Postcode
Preferred Contact No.			Email		
<i>We will use this email address for all written communication unless you advise us that you want to receive contact by post.</i>					
<b>Dependants</b>		<b>Name</b>		<b>Age</b>	

## Hardship Details

### Circumstances of Hardship

Please explain the reason for your application

### Nature of Assistance

What assistance would you like Fuse Fleet 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