



FINANCIAL HARDSHIP REQUEST

We encourage to tell us about your Financial Hardship so that we can work with you to discuss your situation and the options available to support you.

In order for us to consider your request for Financial Hardship assistance, please complete the below information sheet to assist us in assessing support.

Please return via email or by post to the following:

Email: nationalclaims@nti.com.au

Post: PO Box 13550 George Street, QLD, 4003

If further assistance is required in dealing with financial concerns, please contact the National Debt Hotline on **1800 007 007** to speak with a financial counsellor.



Statement of Financial Position

Date: __/__/__

PERSONAL DETAILS	
Full name	
Date of Birth	
Current Permanent Address	
Contact Number(s)	
Claim Details	
Insured Name	
Claim number (if available)	
Date of accident	
REASON FOR REQUESTING HARDSHIP ASSISTANCE	
Total amount of obligation (owing)	
Please briefly explain why you are requesting assistance due to Financial Hardship	



YOUR PROPOSAL TO PAY OFF THE AMOUNT DUE

Please indicate below your proposed arrangement for paying off the amount due for us to consider, should you be assessed as being entitled to financial hardship assistance:

(Tick more than one circle if a combination of options is proposed)

- Extension of payment due date extended until _____
- Payment in instalments of \$_____ every week / fortnight / month starting _____
- Pay a reduced lump sum amount of \$_____ and to be paid by _____
- Postponement of one or more instalment payments for an agreed period

(Please state proposed period: _____)

- Other: _____

I, (print name) _____ acknowledge that the information in this document is true and correct to the best of my knowledge. I acknowledge that if any of the above circumstances change to my financial situation, I will advise NTI in writing, as reasonably practicable.

Signature: _____ Date: _____