

Financial Hardship

Application Form



If you have any questions about the process, or if you require assistance to complete this application, please contact our National Claims team on 1300 0 SOMPO or 1300 076 676 (Office hours Monday to Friday, 9am to 5pm except public holidays).

Reference

Policy number/claim number/other reference

Applicant

Please complete all sections.

If there are more than two applicants, please complete an additional application.

Applicant 1:

Surname

Given name(s)

Applicant 2:

Surname

Given name(s)

Postal address

State

Postcode

Preferred contact number

Email

We will use this email address for all written communication unless you advise us that you want to receive contact by post.

Dependants:

Name

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Age

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Hardship Details

Circumstances of Hardship

Please explain the reason for your application:

Nature of Assistance

What assistance would you like Sompo 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: