Financial Hardship Application Form

2025_02



INTRODUCTION

We appreciate there are times when circumstances beyond your control can make it difficult to meet all your financial commitments. If you're struggling to make a payment to us, please let us know as soon as possible:

Sync Underwriting

Call: 1800 299 444

Email: support@syncunderwriting.com.au

Follow the steps below to make a financial hardship application and we'll consider any financial issues you're experiencing.

COMPLETE YOUR APPLICATION

Complete a financial hardship application form and gather your supporting documents. You'll need to provide supporting information for your main income (payslip or Centrelink statement). The following documents may be required if they're relevant to your circumstances:

Financial Situation

- · letter from former employer confirming loss of employment.
- · letter from charitable organisation regarding loss of employment or inability to provide for the basic necessities.
- bank notice regarding unpaid overdraft or repossession of mortgaged property.
- eviction notice.
- · copies of unexpected bills/payments.
- · pending disconnection of essential service/s.
- · repossession notice of essential items, e.g., car, motorcycle.
- · funeral expenses.
- · notice of impending legal action.
- · family law court document regarding changes.
- · Overdue medical bills

Medical Situation

letter from doctor confirming inability to earn income due to disability, injury, illness or caring for sick family.

Please Note: For privacy reasons, if any of the documents you provide contain any government identifiers such as Tax File Number, Medicare Number etc. please blank these out before sending.



SUBMIT YOUR APPLICATION

If you need help with the application process, contact Sync on 1800 299 444

We can take you through the process and help you complete your application, but you'll still be required to supply supporting information.

Submit your completed financial hardship application and all supporting information to Sync via email at support@syncunderwriting.com.au. We understand the urgency of your application. Once we receive your application, we will endeavour to get back to you as soon as reasonably possible.

Financial Counselling

Sometimes you may need extra help to get through a difficult time.

For free, confidential, independent financial advice visit www.financialcounsellingaustralia.org.au or call the national financial counselling hotline on 1800 007 007

Financial Hardship Provisions in the Code of Practice

You can find out more by reviewing the General Insurance Code of Practice at www.codeofpractice.com.au

Our Privacy Policy

We comply with the Privacy Act 1988 (Cth), the Australian Privacy Principles and any other applicable privacy regulations regarding the collection, storage, use and disclosure of "personal information" as defined under the Privacy Act 1988 (Cth). Our Privacy Policy outlines how we may collect, store, use and disclose your personal information.

If you require a copy of our Privacy Policy, please visit www.syncunderwriting.com.au.



FINANCIAL HARDSHIP APPLICATION FORM

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Reference		
(If there are more than t	two applicants, please complete an additional appl	olication)
Applicant		
(If there are more than t	two applicants, please complete an additional appl	plication)
Full Name of the Insured		
Full Name of the Insured		
Postal Address		
	STATE	POSTCODE
Email Address		
0	4.15	
Circumstances of Har		
Please explain the reason	on for your application	
Nature of Assistance		
What assistance would	you like Sync to consider?	
+ Paying in instalments.+ Paying a reduced lum+ Postponing one or mo	e for payment. If so, when will you be able to make person what can you afford, how often and over which person. What can you afford? ore instalments. When will you be able to start/re-sombination of the above options or a possible waive	period? estart making payment?
Please provide details o	of what you are seeking:	



1.	Employment Details:	
	Zinpioyinoni Botano.	
	Current Employer	
	Monthly Income	
	Employment Status	
2.	2. Monthly Expenses:	
	Rent/Mortgage	
	Utilities	
	F	
	Food/Groceries	
	Transportation	
	Other (Specify)	
Su	pporting Documents:	
	-	
PIE	ease attach any supporting doci	nents, such as pay stubs, bills, medical expenses, etc.
De	claration:	
		ed in this application is true and accurate to the best of my knowledge. rmation may result in denial of assistance.
SIG	NATURE:	DATE: (DD/MM/YY)



Financial Details: