

# FreightSafe's Financial Hardship Application Form



## FINANCIAL HARDSHIP APPLICATION

**"Financial Hardship"** means you are having difficulty meeting your financial obligations.

The following information will be of use to us in assessing your request for Financial Hardship assistance. Depending on the circumstances of your request, we may ask you to provide further information.

To apply for financial hardship assistance, please complete this form and return it:

- By **email** to [info@freightsafe.com.au](mailto:info@freightsafe.com.au)

OR

- By **post** to Group Claims Manager, FreightSafe, Unit 3/8 Ponderosa Parade, Warriewood, NSW 2102.

### For more information

We can provide you with more information about our Financial Hardship process and information about our privacy policy relating to the use and disclosure of your information. Free, confidential, independent financial advice is also available to you via Financial Counselling Australia <http://www.financialcounsellingaustralia.org.au> and through the national financial counselling hotline **1800 007 007**.

### Privacy

The information collected in this form will be used to assess your request for financial hardship assistance in accordance with our Privacy Policy. In accordance with our Privacy Policy, you may access any information we hold about you. We may share your information with third parties if required, as defined in our Privacy Policy.

In signing this form, you expressly consent to us using your personal information in accordance with our Privacy Policy.

Failure to complete this form in full may result in FreightSafe not being able to provide you with financial hardship assistance.

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## Section 1 – Personal Details [These details are required for your application]

Are you Insured with FreightInsure? <input type="radio"/> Yes <input type="radio"/> No		Name of Freight Carrier		
Policy Number / Claim Number / Reference Number /Other Identifier as applicable				
Your Name				
Address				
Home Number	Mobile Number		Email Address	
Number and Age of Dependents				
Occupation				
Employment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed
Employer				

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## Section 2 – Representative Details [This section is optional]

If you would like to nominate a representative to handle your application on your behalf, include their details as well

Representative's Name

Address

Home Number

Mobile Number

Email Address

## Section 3 – Financial Details [You must complete this section]

### Weekly Income

Please provide weekly income from all sources. If you receive income monthly, please calculate what it is per week.	Amount
Wages after tax	
Centrelink benefits (Family Allowance, Jobstart or other)	
Rent Received	
Other	
<b>Total Weekly Income (A)</b>	

### Weekly Expenses

Please provide weekly expenses. If you make monthly payments, please calculate what it is per week.	Amount
Rent and/or mortgage payments	
Other loan payments	
Credit card payments	
Motor vehicle expenses (petrol, insurance, lease payments)	
Living costs (food, public transport, telephone etc)	
Other	
<b>Total Weekly Expenses (B)</b>	

### Total Usable Funds per Week

<b>Total income (A) – Total expenses (B)</b>	
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## Section 4 – Assistance Required [You must complete this section]

Please provide a description of your financial circumstances and your situation with your insurer, and why you are requesting assistance for Financial Hardship

The following documents may assist your application if they are relevant to your application and you choose to attach them. **PLEASE NOTE:** If any of the documents contain your Tax File Number (TFN), please blank this out.

- Centrelink statements
- Payslips
- Letter from your doctor confirming your inability to earn income due to disability, injury, illness or caring for sick family member
- Overdue medical bills
- Bank notice regarding unpaid overdraft or repossession of mortgaged property
- Eviction notice
- Copies of unexpected bills/payments
- Proof of pending disconnection of essential services
- Letter from former employer confirming loss of employment
- Letter from charitable organisation re loss of employment or inability to provide for basic necessities
- Repossession notice of essential items, e.g. car, motorcycle
- Funeral expenses
- Notice of impending legal action

What assistance would you like us to consider?

- ☐ Extension of due date for payment, when will you be able to make payment?

- ☐ Paying in installments, what can you afford and when?

- ☐ Paying a reduced lump sum, what can you afford?

- ☐ Postponing one or more instalments. When will you be able to make payment?

- ☐ Other (including a combination of the above options). Please provide details of what you are seeking.

- ☐ While you are not automatically entitled to a release, discharge or waiver of a debt, you may ask us to consider this option

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## Section 5 – Declaration [You must complete this section]

Applicant's Name

Applicant's Signature

Date

### Complaints

If you are unable to reach an agreement with us about Financial Hardship assistance, or are unhappy with any aspect of the application process, you may make a complaint to us.

Please review our [dispute resolution policy](#) for further information.

**This form was last updated July 2025.**