

| Policy Number: | Claim Number: |
|----------------|---------------|
|----------------|---------------|

**Insured name:** 

## **APPLICANT DETAILS**

| Dependents:     |            | Name                       |  | Age                      |
|-----------------|------------|----------------------------|--|--------------------------|
|                 |            | We will use this email add | dress for all written communication unless | you advise us otherwise. |
| Email:          |            |                            |  |                          |
| Preffered Conta | ct Number: |                            |  |                          |
| Postal Address: |            |                            |  |                          |
|                 |            |                            |  |                          |
| Applicant 2:    | Surname:   |                            | Given name(s):                             |                          |
| Applicant 1:    | Surname:   |                            | Given name(s):                             |                          |

## HARDSHIP DETAILS

## **Circumstances of Hardship:**

Please explain the reason for your application.

## **Nature of Assistance:**

What assistance would you like Lion Underwriting and/or Insurers 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: