

Letter to insurer – can't pay excess

[Insert date]

[Name of insurer]

[Address of insurer]

Dear Manager

Insurance type: Comprehensive motor vehicle insurance

Policy number: [insert policy number]

I refer to the above insurance policy.

I confirm that you have agreed to pay my claim if I pay an excess of [insert amount]

I am in financial hardship and I am unable to pay the excess in full. I am in financial hardship because:
[list reasons, for example]

- My available income after essential expenses is insufficient to pay the amount claimed in a lump sum.
- I have recently had a drop in income.

I am therefore writing to request that you pay my claim following receipt of this letter and that you agree that I can pay the excess in instalments of [insert amount] per week/fortnight/month [select frequency].

My request is made pursuant to the General Insurance Code of Practice, Section 54 of the *Insurance Contracts Act* and your duty of utmost good faith (Section 13 of *the Insurance Contracts Act*).

Please confirm in writing within 14 days that the above proposal is acceptable.

Yours faithfully

[Signature]

[Name]

[Address]