

Thank you for contacting n2n Claims Solutions regarding an Income Protection Insurance claim.

### What you need to do next

As part of our claim assessment we will require you to complete or provide documentation relating to your claim condition. In order for us to progress further with your claim, please provide the following information as soon as possible.

Item	What it means
Claim Form*	Please complete Sections A, B, C as indicated.
Tax File Number (TFN) Declaration Form*	We require you to complete the enclosed TFN Declaration Form. This will enable us to process any payments on your claim if approved.
Proof of Identity*	A certified colour copy of your photo I.D. (Drives Licence, Proof of Age Card or Passport)
Medical Certificate – Original	Please provide all medical certificates for your time loss. Please note valid medical certificates must state the medical condition and period you are claiming for.
Supplementary Medical Reports	These include any reports relating to you claim condition or medical history completed by your Treating Doctor, Specialist, Physiotherapist, Psychologist/Psychiatrist.
Hospital Admission and Discharge Summary	If admitted to Hospital please provide your Admission and Discharge Summary.
Wage Report – 12 Months*	Please provide a complete wage report for the 12months immediately prior to your disability date. This report must show a full breakdown of your income earned during this period.
Job Description – Current Role	Please obtain a copy of this from your employer.
Tax Returns – Self-Employed Only*	Please provide your full business and individual tax assessment including Notice Of Assessment for last year, along with your profit & loss statement for those periods.
Additional Benefits	If in receipt of any other benefits from any other sources including Centrelink / Government, Employer or other Insurance benefits e.g. mortgage insurance, other Income Protection entitlements, credit card insurance, please provide details.
Work Related	If your claim is work related please provide a copy of your approval or declinature letter and a payment history of any benefits paid.
Sports Related	If your claim is sports related please provide a copy of your approval or declinature letter and a payment history of any benefits paid.
Motor Vehicle Incident Related	If your claim is related to a motor vehicle Incident please provide a copy of the police report if applicable.

\*Indicates required documents

### Please send requested information to n2n Claims Solutions

Email: [info@n2nclaims.com.au](mailto:info@n2nclaims.com.au)

Post: Locked Bag 3111, Rhodes NSW 2138

Please note that all documents received will be securely destroyed, so please keep a copy for your own records.

### We're here to help

To view a copy of our privacy policy please visit our website [www.n2nclaims.com.au](http://www.n2nclaims.com.au).

If you have any queries regarding this, please do not hesitate to contact us on 1800 999 626.

Yours Sincerely,  
Claims Department – n2n Claims Solutions