

**American Home
Assurance Company**

Trading in Papua New Guinea as Chartis
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BSP TRAVELCOVER OVERSEAS TRAVEL CLAIM FORM

(Please mail completed forms to the postal address shown above.)

By Furnishing this form the company makes no admission of liability or waiver of its rights	Policy Number	Claim Number

(Complete this section for all claims.)

INSURED PERSONS FULL NAME	HOME ADDRESS	CITY	PROVINCE
.....
DATE OF BIRTH	OCCUPATION	SEX	
.....	
TELEPHONE NO.			
.....			

ACTIVATION OF COVER: BSP Visa Debit Card

In order to receive cover you must have satisfied the following criteria: (please tick all boxes and attach the supporting activation documents set out in italics below.)

- You are a current holder of an eligible BSP Visa Debit Card*, and
- You are a permanent resident of PNG and intend returning to your place of residence in PNG upon completion of the Journey. A permanent resident includes a non-PNG Citizen living and working in PNG who holds a current valid work permit, and his/her spouse or defacto partner and dependent children, and
- Prior to the commencement of Your Journey, you purchased with Your eligible BSP Visa Debit Card a minimum of One Thousand Papua New Guinean Kina (PGK1000) for Your return overseas transport costs (airfares and/or cruise costs) including the cost of transport, accommodation and other journey itinerary items, as well as charges, fees and/or taxes.

Please provide a copy of your BSP Bank statement, transaction receipt or other documentary proof of use of the Visa Debit Card for the purchase noted above, which clearly shows (i) your name, and (ii) details of the transaction representing the PGK1000 minimum travel costs described above.

* Eligible BSP Visa Debit Card – means a Visa Debit Card issued to You as an individual BSP Visa Debit Cardholder and does not include Visa Debit Cards issued to companies or corporations.

Are there any other policies of insurance in force covering you in respect of this mishap? If so, please give details

.....
.....

Exact place where incident or loss occurred

.....
.....

Date of incident.....Time.....a.m / p.m

Give brief description of the incident.....

.....
.....

Name and address of any witness.....

.....
.....

Please include a photocopy of the photo page of your passport when returning this claim form.

Information Authority and Warranty

(Complete this section for all claims)

I,

hereby authorise any physician or other person who has attended me, or my employer or my accountant to furnish Chartis or its representatives with:

- i) All copy hospital and medical reports/notes;
- ii) All copy employment records and income tax returns; and
- iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

I agree that a photostat copy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that Chartis relies upon the truthfulness of the particulars supplied by me in respect of the claim.

I also declare that I have:

- 1) * No other travel insurance with any Insurance Company.
- 2) * Travel insurance with (Name of insurance company).

* Please delete whichever is not applicable

This form must be fully completed in the sections applicable to your claim and signed.

Signature:

Date:

Section 1 – Cancellation, Overseas Medical, Dental and Extra Expenses

1.1. (Complete this section for Cancellation Claims)

What was the reason you could not commence your proposed journey or complete the return flight?

.....
.....
.....

Was the cancellation as a result of Injury/Sickness to yourself? YES / NO

Was the cancellation as a result of Injury / Sickness to some other relative or person as defined in the Policy? YES / NO

If so,
.....

Name	Address	Relationship	Age

Nature of complaint preventing travel

.....
.....

Date of first medical treatment:

Has the Injured/Sick person had a similar condition in the past? YES / NO

Name and address of Patient's normal Doctor

.....
.....

Date you advised Travel Agent to cancel bookings:

Amount of Deposit paid and date paid: K Date:

Balance of Full Fare and date paid: K Date:

Total paid: K

Refund received on cancellation: K

Full amount being received: K (excluding Insurance Premium)

Were any alternative arrangements offered or made (Give details)

.....
.....

Where any additional fares incurred as a result of cancellation (Give details)

.....
.....

1.2. (Complete this section for Overseas Medical and Dental Claims)

What was the accidental injury or illness which you suffered during the period of journey?

.....
.....

Was Hospitalisation required as a result of the injury or illness noted above? Yes/No

If yes, was Travel Guard contacted? Yes/No

If yes, by whom was contact made, and when?

Was any emergency Dental treatment required during the period of journey? Yes/No

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Original accounts and/or receipts for the overseas medical and/or dental expenses incurred.
- 2. Proof of cause i.e. original doctor's / hospital's certificate relating to injury or illness suffered, and a copy of any Medical Reports obtained from the overseas treating doctor or hospital.
- 3. If you were admitted to hospital, a letter confirming the length of your stay as an inpatient and a copy of the discharge summary.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

1.3 (Complete this section for Extra Expenses claims)

Reason for incurring additional expenses or forfeiting travel or Accommodation expenses

Details of expenses incurred (please show applicable currency)

TOTAL		

Were these expenses incurred as a result of injury or sickness as claimed on previous page YES / NO

If these expenses were incurred as a result of injury or sickness to any other person, please give details of cause, name, address and age of person.

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 4. Original receipts and/or tickets relating to additional expenses incurred.
- 5. Proof of cause i.e. original doctor's / hospital's certificate relating to injury or sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport from the airline, travel agent or hotel (as applicable).
- 6. If you were admitted to hospital, a letter confirming the length of your stay as an inpatient and a copy of the discharge summary.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 2 – Luggage, Personal Effects and Travel Documents

Give full details of how loss damage or theft occurred: (Detail each event)

Date of occurrence: Time: AM / PM

Date of loss reported: Time: AM / PM

Loss reported to

Name:

Address:

Were articles lost by Carrier (e.g. Airline) Yes / No Name:

Have you yet lodged a claim or complaint against any Carrier / Airline or other authority or against any individual responsible for the loss or damage to your property? If so, give details and attach copies of correspondence.

NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first

Airline:

Claim No.

Are any of the items covered by other insurance? Yes / No..... If Yes – which Company?

Were all the missing articles your property Yes / No If not, who is the owner?

Description and size of suitcase in which missing goods were carried

Full details of articles claimed remarks (include value of cases)	Name & Address from whom the goods were purchased	Date of Purchased	Purchase Price	Deduction for Depreciation	Amount Claimed

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

1. Report or letter authority (e.g. Police, Airline) regarding the loss, where available.
2. Proof of purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Cards Vouchers, etc.)

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

Section 3 – Personal Liability

Bodily Injury – Provide relevant details – Name and address of Injured Party and details of injury

Damage to Property – List all Property Damage together with Name and Address of Party claiming damage against you

Is the Injury or Damage related to your travelling companion(s)? YES / NO

Do you consider you were at fault? (If so, why)YES/ NO

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Letters or Demands in respect of a claim made on you;
2. Statements from any witness who saw the injury or damage occur;
3. Any Police or other official report related to the injury or damage;
4. Details of any party other than you or your travelling companion who caused or contributed to the injury or damage.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 4 – Rental Vehicle Excess

Please provide details of the loss or damage to the rental vehicle: Date of loss/damage, place where loss/damage occurred and an outline of damage to the vehicle (which parts were damaged and how the damage was caused)

Were you the driver of the vehicle at the time of the loss or damage? (Yes/No)

If no, who was the Driver and what is their relationship to you?

.....

Have you received a demand for payment of the excess from the rental company? (Yes/No)

Is there any suggestion from the rental company that the vehicle was being used in violation of the terms of the rental agreement? (Yes/No)

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Letters or Demands in respect of a claim made on you;
2. Statements from any witness who saw the injury or damage occur;
3. Any Police or other official report related to the injury or damage;
4. A copy of the rental agreement and any other documentation relevant to the loss or damage to the rental vehicle;
5. A copy of the Driver's Licence of the driver of the vehicle at the time of the loss or damage to the rental vehicle.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 5 – Accidental Death and Loss of Income

Details of person or persons in respect of whom this benefit is claimed:

Name	Address	Relationship to BSP Cardholder	Age

If the claim is for Accidental Death:

Please advise date of death of person(s) for whom this claim is made:

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. A copy of the relevant Death Certificate(s) detailing the cause of death, certified by a Justice of the Peace or Commissioner for Oaths as being a true and correct copy;
2. Any Police or other official report related to the accident which caused the death(s);
3. A copy of any coronial or other inquest into the death(s) or the surrounding circumstances thereof;

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

If the claim is for Loss of Income:

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. A letter from the claimant's employer confirming pre trip employment details: Date of Commencement of Employment, Position Title, Statement of Positional Duties, standard hours of work, and confirming the fact that the claimant is still employed by the employer following completion of the journey and return to Papua New Guinea;
2. Three payslips from the claimant's employer confirming the claimant's usual income;
3. A certificate from the claimant's treating doctor certifying that due to the incident detailed on page 1 of this form:
 - the claimant is unable to carry out his or her normal work,
 - the nature of the incapacity preventing carrying out of normal work,
 - the period for which this incapacity will continue, and
 - the date on which normal work duties may be resumed.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 6 – Accidental Death and Disablement (Transport Accident Cover)

Details of person or persons in respect of whom this benefit is claimed:

Name	Address	Relationship to BSP Cardholder	Age

If the claim is for Accidental Death:

Please advise date of death of person(s) for whom this claim is made:

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. A copy of the relevant Death Certificate(s) detailing the cause of death, certified by a Justice of the Peace or Commissioner for Oaths as being true and correct copies;
2. Any Police or other official report related to the accident which caused the death(s);
3. A copy of any coronial or other inquest into the death(s) or the surrounding circumstances thereof;

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

If the claim is for other than Accidental Death:

THE FOLLOWING ITEM MUST BE INCLUDED WITH THIS CLAIM*

A certificate from the claimant's treating doctor certifying that due to an accident (as described on Page 1 of this form) resulting from travelling in a conveyance during the claimant's journey, the claimant has suffered an injury resulting in an event set out below:

Injury Resulting in

Accidental Death
Loss of either hand or both feet
Loss of the entire sight of both eyes
Loss of one hand and one foot
Loss of one hand and the entire Loss of sight of one eye
Loss of one foot and the entire Loss of sight of one eye
Loss of one hand, or one foot, Or the entire Loss of sight of one eye

* Failure to provide this item may result in delays in processing your claim. If it is impossible to provide this item please advise the reason:

Section 7 – Hijack and Detention

In addition to the information requested on Page 1 of this form, please complete the following in respect of claims under this section:

1. Were you on a scheduled airline flight or other mass transport conveyance at the time of the hijack and/or detention? (Yes/No)
2. If yes, please provide details: Flight/Voyage Number, approximate number of fellow travellers on the conveyance, last port or point of departure and next scheduled port or point of arrival:
.....
3. Were you and/or your family the only people hijacked or detained? (Yes/No)
4. If no, approximately how many other travellers were hijacked or detained with you?.....
5. When and under what circumstances was your release achieved? (Date/Time, who rescued or freed you, how was this done?)
.....
.....
6. Where were you taken immediately following your release?
7. Was any police, consular or other official report into the events surrounding your hijack or detention compiled? (Yes/No)
8. If "yes" please provide a copy attached to this claim form.

Section 8 – Kidnap and Ransom

In addition to the information requested on Page 1 of this form, please complete the following in respect of claims under this section:

1. Were you on a scheduled airline flight or other mass transport conveyance at the time of the kidnap? (Yes/No)
2. If yes, please provide details: Flight/Voyage Number, approximate number of fellow travellers on the conveyance, last port or point of departure and next scheduled port or point of arrival:
.....
3. Were you and/or your family the only people kidnapped? (Yes/No)
4. If no, approximately how many other travellers were kidnapped with you?.....
5. When and under what circumstances was your release achieved? (Date/Time, who rescued or freed you, how was this done?)
.....
.....
6. If a ransom was paid to secure your release, how much was the ransom amount?.....
7. Where were you taken immediately following your release?.....
8. Was any police, consular or other official report into the events surrounding your kidnap compiled? (Yes/No).....
9. If "yes" please provide a copy attached to this claim form.
10. Has any of the ransom money paid been recovered? (Yes/No)
11. If "yes" how much and where is the money now?.....