## **CONSUMER CREDIT INSURANCE CLAIM FORM**

Please check all details, then complete the relevant areas of the form and return it to:BSP Life PNG Limited, Level 2, Waigani Banking Centre, Klinki Street, Waigani Drive, National Capital District. Telephone: (675) 305 6214 Customer Service Centre: 320 1212 or 7030 1212 Email: \_PLLifeinsuranceClaims@bsp.com.pg Web: www.bsp.com.pg



## **PLEASE READ THESE NOTES:**

- Please complete all details in **BLOCK LETTERS** and tick the appropriate boxes.
- The preparer of the form must initial all changes made on this application and ensure all details are true and correct.

Date of Birth Date of Birth Date of Death Provide the following:	SECTION A. D	ECEASE	D BOF	RROWER'S DETAILS						
Date of Death   Place of Death   Place of Death   Cause of Death	Title	First Name			Middle	Middle Name		Last Name		
Name and Address of Medical Attendant who Certified the Death  Provide the following:  Death Certificate of the Borrower or Medical Certification of Death. In the absence of these documents, a letter from employer or village court magistrate confirming date and cause of death.  Evidence of any change to borrower's name (if applicable)  DECLARATION AND AUTHORISATION BY CLAIMANT  1. Idealess that in the leaf or lay invokings, the information provided in this application is tax, correct and complete and I will notify BSP Life PMS Limited of any changes.  2. Interested that the PMS Limited of any changes.  Enul Name of Claimant  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Date of last additional / new loan  Who is responsible for the loan account?										
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□ clark Certificate of the Borrower or Medical Certification of Death. In the absence of these documents, a letter from employer or village court magistrate confirming date and cause of death. □ Evidence of any change to borrower's name (if applicable)    DECLARATION AND AUTHORISATION BY CLAIMANT   1.1 declare that to the best of my knowledge, the information provided in this application is frue, correct and complete and I will notify BSP Life PNG Limited of any changes. 2. 1 understand in the BSP Life PNG Limited will use the information provided in this form for the purpose of evaluating a claim to the function to the insurance barrefile. 2. 1 understand in the rower the during below application process  Full Name of Claimant   Signature   Date	Name and Address of Medical Attendant who Certified the Death									
DECLARATION AND AUTHORISATION BY CLAIMANT  1. I declare that to the best of my knowledge. The information provided in this application is true, correct and complete and I will notify BSP Like PNG Limited vill use the information provided in this application for the purpose of evaluating a claim for life insurance benefits. 2. I understand that BSP Like PNG Limited vill use the information provided in this application for the purpose of evaluating a claim for life insurance benefits. 3. I understand in the event the office application process.  Full Name of Claimant  Signature  Section B. FOR OFFICE USE ONLY; CLAIM INFORMATION REQUIREMENTS (for completion by Bank South Pacific)  CIF Number  Loan Account Number  Loan Balance at date of death  Date of last additional / new loan DD / MM/ YYYY  Who is responsible for the loan account?   Collections   Asset Management Unit  Could death have been a result of any of the following? Please tick the box relevant to the claim. (a) Suicide   Yes   No  (b) War (whether war be declared or not), invasion, act of foreign enemy, terrorism (other than hijack of a commercial passenger aircraft, vehicle or vessel), civil war, rebellion, revolution or military usurped power   Yes   No Fif yes, please provide details.  (c) Engaging in criminal act.   Yes   No Fif yes, please provide details  (d) An epidemic as declared by the World Health Organisation or other recognised health organisation.   Yes   No Fif yes, please provide details.  Ensure the following requirements are attached:   A copy of the borrower's completed loan application form and offer letter   Evidence of any changes to borrower's names (if applicable)   Evidence of borrower's outstanding loan balance  Details of preparing officer:  Name   Position   Branch   Branch   Signature   Date   Date	□ Death Certificate of the Borrower or Medical Certification of Death. In the absence of these documents, a letter from employer or village court magistrate confirming date and cause of death.									
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SECTION B. FOR OFFICE USE ONLY: CLAIM INFORMATION REQUIREMENTS (for completion by Bank South Pacific)  CIF Number	<ol> <li>I declare that to the best of my knowledge, the information provided in this application is true, correct and complete and I will notify BSP Life PNG Limited of any changes.</li> <li>I understand that BSP Life PNG Limited will use the information provided in this form for the purpose of evaluating a claim for life insurance benefits.</li> </ol>									
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