

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, Ground Floor, Ravalien House, Harbour City, Konedobu, National Capital District
Telephone: (675) 305 6138 Customer Service Centre: 320 1212 or 7030 1212,
Email: _PLLlifeinsuranceclaims@bsp.com.pg Web: www.bsplife.com.pg



PLEASE READ THESE NOTES:

- ▶ 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.

SECTION A. INSURED DETAILS (for completion by claimant)

Title	First Name	Middle Name	Last Name
Date of Birth DD / MM / YYYY	Residential Address		
Date of Death DD / MM / YYYY	Place of Death	Cause of Death	
Name and Address of Medical Attendant Who Certified Death			
Provide the following:			
<input type="checkbox"/> Death Certificate of the Insured 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.			
<input type="checkbox"/> Evidence of the change of any of the Insured's name (if applicable)			
DECLARATION AND AUTHORISATION			
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 Life PNG Limited of any changes.			
2. 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.			
3. I understand , in the event the claim is approved, the funeral benefit will be paid to the nominated administrator as appointed by the insured during the loan application process.			
Full Name	Signature		Date DD / MM / YYYY

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 loan DD / MM / YYYY
Who is responsible for the loan account? <input type="checkbox"/> Collections <input type="checkbox"/> Asset Management Unit			
Could death have been a result of any of the following? <i>Please tick the box relevant to the claim.</i>			
(a) Suicide <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, please provide details.			
(c) Engaging in criminal act. <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, please provide details.			
(d) An epidemic as declared by the World Health Organisation or other recognised health organisation. <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, please provide details.			
Ensure the following requirements are attached:			
<input type="checkbox"/> Death Certificate or Medical certification of death.		<input type="checkbox"/> A copy of the insureds completed loan application form.	
<input type="checkbox"/> Evidence of change of any of the insureds names (if applicable).		<input type="checkbox"/> Evidence of insureds outstanding loan balance.	

Details of preparing officer:

Name	Position	Branch	Signature	Date DD / MM / YYYY
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Details of approving officer:

Name	Position	Branch	Signature	Date DD / MM / YYYY
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