

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.

SECTION A. DECEASED BORROWER'S DETAILS

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 the Death			
Provide the following: <input type="checkbox"/> 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. <input type="checkbox"/> Evidence of any change to borrower's name (if applicable)			

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 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 Borrower during the loan application process

Full Name of Claimant	Signature	Date DD / MM / YYYY
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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? <input type="checkbox"/> Collections <input type="checkbox"/> Asset Management Unit			
Could death have been a result of any of the following? Please tick the box relevant to the claim. (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 borrower's completed loan application form and offer letter <input type="checkbox"/> Evidence of any changes to borrower's names (if applicable) <input type="checkbox"/> Evidence of borrower's 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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