

LIFE INSURANCE CLAIM FORM

Please submit completed form and supporting documents to: cmcustomerexperience@bsplife.com.fj
BSP Life Customer Services Centre, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva,
Fiji. Telephone: (679) 331 7000 Call Centre: 132 700 Website: www.bsplife.com.fj



PLEASE READ THESE NOTES:

- Please complete all details in BLOCK LETTERS and tick the appropriate boxes.
- This is to be completed by the beneficiary(s) for Life Insurance Policies.
- This must be signed by the beneficiary(s).
- Completed form can also be submitted through the BSP Life Customer Self Service (CSS) Portal. If you have yet to register, please contact our Customer Service Center.

SECTION A: POLICY DETAILS

Policy Number:

SECTION B: POLICY OWNER DETAILS *(same details on the medical card)*

1. Personal Details:

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	

SECTION C: BENEFICIARY DETAILS

1. Personal Details:

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	

Relationship to Deceased:

2. Contact Details:

Work No:	Home No:	Mobile No:
Email Address <i>(Preferred)</i> :	Postal Address:	

3. Bank Details:

For efficiency, BSP Life (Fiji) Limited makes payments by Electronic Funds Transfer directly into your nominated bank account. Please advise BSP Life (Fiji) Limited for any changes to your nominated bank account details.

Bank Name:	Bank Account Number:	Bank Account Name:
------------	----------------------	--------------------

Section D: DETAILS OF DECEASED

1. Personal Details:

Title:	First Name:	
Middle Name:	Last Name:	
Date of Birth: <i>dd/mm/yyyy</i>	Date of Death: <i>dd/mm/yyyy</i>	Place of Death:
Cause of death:		

2. List all physicians/doctors or other medical practitioners consulted for any condition in the past five (4) years.

Name	Address	Dates Consulted
		<i>dd/mm/yyyy</i>
		<i>dd/mm/yyyy</i>
		<i>dd/mm/yyyy</i>
		<i>dd/mm/yyyy</i>
		<i>dd/mm/yyyy</i>

3. List all hospital admissions in the past five (4) years.

Name	Address	Reasons for Confinement	From	To
			<i>dd/mm/yyyy</i>	<i>dd/mm/yyyy</i>
			<i>dd/mm/yyyy</i>	<i>dd/mm/yyyy</i>
			<i>dd/mm/yyyy</i>	<i>dd/mm/yyyy</i>
			<i>dd/mm/yyyy</i>	<i>dd/mm/yyyy</i>
			<i>dd/mm/yyyy</i>	<i>dd/mm/yyyy</i>

4. SUPPLEMENTARY REQUIREMENTS <i>(Please ensure all requirements are attached to this form)</i>	
<input type="checkbox"/> Certified copy of Death Certificate stating cause of death	<input type="checkbox"/> Original Policy Document
<input type="checkbox"/> Certified copy of Birth Certificate	<input type="checkbox"/> Certified copy of photo ID of beneficiary
<input type="checkbox"/> Marriage Certificate <i>(if applicable)</i>	<input type="checkbox"/> Copy of Bank Statement
<input type="checkbox"/> Medical Reports <i>(for policies less than 3years or if requested by BSP)</i>	<input type="checkbox"/> Copy of utility bill
<input type="checkbox"/> Police Report <i>(if accidental death)</i>	

SECTION F: DECLARATION - IMPORTANT, PLEASE READ CAREFULLY

I **declare** to the best of my knowledge that the information provided in this form is true, correct, and complete.

I **understand** that BSP Life (Fiji) Limited (BSP Life) will use the information provided in this form for the purpose of evaluating a claim for Life insurance benefits.

I **authorise** BSP Life to obtain from any person or organisation, personal or medical information required to evaluate this claim, and I authorise that person or organisation to disclose such information to BSP Life. This includes information held by any medical provider, allied health service, insurer, or other relevant entity or organisation.

I **agree** that a photocopy of this authority will be used as verification to obtain relevant information for the purpose of this claim.

Signature of Beneficiary:	Date:
---------------------------	-------