

# BSP TRAVELCOVER OVERSEAS TRAVEL INSURANCE

## CLAIMS DOCUMENTATION CHECKLIST:

**NOTE: This is a summary only. Refer to the BSP TravelCover Claiming Guide or the BSP TravelCover Policy Information Document if unsure of how to submit a claim. In case of further enquiry send an email to [qbassist@qbe.com](mailto:qbassist@qbe.com)**

### FOR ALL CLAIMS:

1	First three pages of Claim Form completed and page 3 signed	
2	Copy photo page of passport	
3	Copy of BSP Bank Statement, transaction receipt or other documentary proof of use of the Visa Debit Card for the purchase noted above showing name and details of K1000 Minimum travel cost transaction or transactions	

### FOR CANCELLATION CLAIMS: (SECTION 1)

1	Page 4 of the Claim Form completed	
2	Airline or other conveyance Ticket	
3	Correspondence, original receipts, documents relating to request for refunds, and responses	
4	Medical Certificates and reports, if cancellation due to death accident or illness	

### FOR OVERSEAS MEDICAL OR DENTAL CLAIMS: (SECTION 1)

1	Page 4 & 5 of the Claim Form completed	
2	Original accounts and/or receipts for overseas medical/dental expenses incurred	
3	Original Medical Certificates relating to injury or illness suffered	
4	Copy of any medical reports obtained from the overseas treating doctor or hospital	
5	(If claimant was admitted to hospital) letter from hospital confirming length of stay and discharge summary	

### FOR EXTRA EXPENSES CLAIMS: (SECTION 1)

1	Page 5 of the Claim Form completed	
2	Original receipts and/or tickets relating to additional expenses incurred	
3	Original Medical Certificates relating to injury or illness suffered (if applicable)	
4	Letter relating to cancellation, curtailment or diversion of scheduled public transport from Airline, Travel Agent or Hotel (as applicable)	
5	Copy of any medical reports obtained from the overseas treating doctor or hospital	
6	(If claimant was admitted to hospital) letter from hospital confirming length of stay and discharge summary	

### FOR LUGGAGE, PERSONAL EFFECTS AND TRAVEL DOCUMENTS CLAIMS: (SECTION 2)

1	Page 6 of the Claim Form completed	
2	Police Report or correspondence to and from Airline/Travel provider regarding the loss	
3	Proof of purchase of lost goods (e.g. Receipts, guarantees, valuation certificates, card vouchers)	

### FOR PERSONAL LIABILITY CLAIMS: (SECTION 3)

1	Page 7 of the Claim Form completed	
2	All letters or demands in respect of a claim made on you	
3	Statements from any witnesses who saw the injury or damage occur	
4	Any police or official report related to the injury or damage	
5	Details of any party other than the claimant or the claimant's travelling companion who contributed to the injury or damage	

**FOR RENTAL VEHICLE EXCESS CLAIMS: (SECTION 4)**

1	Page 8 of the Claim Form completed	
2	All letters or demands in respect of a claim made on you	
3	Statements from any witnesses who saw the injury or damage occur	
4	Any police or official report related to the injury or damage	
5	A full copy of the rental agreement and any other documentation relevant to the loss or damage to the rental vehicle	
6	(If claimant was admitted to hospital) letter from hospital confirming length of stay and discharge summary	

**FOR ACCIDENTAL DEATH CLAIMS: (SECTION 5)**

1	Page 9 of the Claim Form completed	
2	A copy of the relevant Death Certificate(s) detailing cause of death, certified by a Justice of the Peace or Commissioner for Oaths as being true and correct copies	
3	Any police or other official report related to the accident which caused the death(s)	
4	A copy of any coronial or other inquest into the death(s) or the surrounding circumstances thereof	

**FOR LOSS OF INCOME CLAIMS: (SECTION 5)**

1	Page 9 of the Claim Form completed	
2	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	
3	Three payslips from the claimant's employer or a certificate from the claimant's accountant (if self employed) confirming the claimant's usual income	
4	A certificate from the claimant's treating doctor certifying that due to the incident detailed on page 2 of the Claim Form: <ul style="list-style-type: none"> <li>• the claimant is unable to carry out his or her normal work,</li> <li>• the nature of the incapacity preventing carrying out of normal work,</li> <li>• the period for which this incapacity will continue, and</li> <li>• the date on which normal work duties may be resumed.</li> </ul>	

**FOR ACCIDENTAL DEATH CLAIMS – TRANSPORT ACCIDENT COVER: (SECTION 6)**

1	Page 10 of the Claim Form completed	
2	A copy of the relevant Death Certificate(s) detailing cause of death, certified by a Justice of the Peace or Commissioner for Oaths as being true and correct copies	
3	Any police or other official report related to the accident which caused the death(s)	
4	A copy of any coronial or other inquest into the death(s) or the surrounding circumstances thereof	

**FOR ACCIDENTAL DISABLEMENT CLAIMS – TRANSPORT ACCIDENT COVER: (SECTION 6)**

1	Pages 10 of the Claim Form completed	
2	A certificate from the claimant's treating doctor certifying that due to an accident (as described on Page 2 of the Claim 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: <ul style="list-style-type: none"> <li>• Accidental Death</li> <li>• Loss of either hand or both feet</li> <li>• Loss of the entire sight of both eyes</li> <li>• Loss of one hand and one foot</li> <li>• Loss of one hand and the entire loss of sight of one eye</li> <li>• Loss of one foot and the entire loss of sight of one eye</li> <li>• Loss of one hand, or one foot, or the entire loss of sight in one eye</li> </ul>	

**FOR HIJACK AND DETENTION CLAIMS: (SECTION 7)**

1	Page 11 of the Claim Form completed	
2	A copy of any police, consular or other report into the events surrounding your hijack or detention	

**FOR KIDNAP AND RANSOM CLAIMS: (SECTION 8)**

1	Page 12 of the Claim Form completed	
2	A copy of any police, consular or other report into the events surrounding your kidnap	