



BSP TravelCover Overseas Travel Insurance Claiming Guide

Important Information:

This document is designed to assist you in making a claim. The issue of this document is not an admission of liability and is without prejudice. All claims remain subject to the full terms and conditions of the Policy and the BSP TravelCover Policy Information Document. These are both available for viewing at www.bsp.com.pg or a copy can be obtained from your BSP Branch. In case of further enquiry you can also email qbeassist@qbe.com

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ACTIVATION OF COVER: BSP Visa Debit Card

In order to receive cover you must have satisfied the following criteria:

- You are a **current holder of an eligible BSP Visa Debit Card***, and
- You are a permanent resident of PNG and intend returning to your place of residence in PNG upon completion of the Journey. A permanent resident includes a non-PNG Citizen living and working in PNG who holds a current valid work permit, and his/her spouse or defacto partner and dependent children, and
- Prior to the commencement of Your Journey, you purchased with Your eligible BSP Visa Debit Card **a minimum of One Thousand Papua New Guinean Kina (PGK1000)** for Your return overseas costs (airfares and/or cruise costs) including the cost of transport, accommodation and other journey itinerary items, as well as charges, fees and/or taxes.

* **Eligible BSP Visa Debit Card** – means a Visa Debit Card issued to You as an individual BSP Visa Debit Cardholder and does not include Visa Debit Cards issued to companies or corporations.

Please submit your claim form and supporting documents to:

QBE Insurance (PNG) Limited Claims Department
P O Box 814, Port Moresby, National Capital District.
Papua New Guinea

Facsimile: 675 321 2144
Telephone: 675 321 4756
Email: qbeassist@qbe.com

LODGING A CLAIM

In addition to Your Activation of Cover documents, all claims will require reasonable documented verification of your loss. You should submit all documents or any other information that will verify your loss when you submit your Claim Form. The following is a **guide only** of the documents that may be required based on some common claim scenarios. In the event that further information is still required, we may contact you with a request for further information before your claim can be finalised.

OVERSEAS TRAVEL INSURANCE IMPORTANT CLAIMING INFORMATION

Important Information: What do you do if an emergency happens overseas?

In the event of an emergency overseas, simply call

(reverse charge) Travel Guard any time from any place in the world:

To contact the Travel Guard global assistance centre, proceed as follows:

Within PNG ring **320-1948**
Within Australia ring **1800 003 813**

From anywhere in the world, contact the local operator and book a reverse charge (collect) call to

60	3	2772 5682
Country code	Area code	number

If this is not possible, call or email and request an immediate call back. Be sure to provide your contact number including the country name and area code.

Email Address: qbeassist@qbe.com

Subject: Immediate call back required to <your name>

The overseas assistance service in this section is provided by Travel Guard in conjunction with and subject to the terms and conditions of Your Policy.

1. In the event of an emergency whilst You are outside Papua New Guinea, Travel Guard is only a telephone call away anywhere in the world 24 hours a day.

The free telephone number is listed above.

2. Travel Guard is a worldwide team of highly skilled doctors and medical professionals who are available by telephone 24 hours a day for advice and assistance in the event of a medical emergency and any associated problems for travellers outside Australia.
3. Travel Guard provides the following services under Your Policy:
 - Access to a registered medical practitioner for emergency assistance and advice.
 - Emergency transportation to the nearest suitable hospital.
 - Emergency evacuation back home if necessary.
 - The family back home will be advised of Your medical condition and be kept informed of the situation.
 - Payment guarantees to hospitals and insurance verification.
 - Second opinions on surgery.
 - Case management if hospitalised and cost containment and control.
 - Urgent message service and emergency travel planning.
 - All these services are provided free of charge to You.

Important information: What to do in the event of a claim:

1. All claims should be advised to Us within 30 days after the completion of Journey.

2. You must submit to Us all information We require in support of Your claim, such as medical or police reports, declarations, receipts, valuations, certified translations or other evidence of ownership at Your own expense and co-operate with Us at all times.
3. For liability claims, do not make any admission or offer. Request the claim against You to be put in writing.
4. All losses under luggage and travel documents section must be reported to the local authority within 24 hours and a written acknowledgment obtained.
5. In respect of medical expense items: You must submit accounts to Your private health fund before submission to Us.
6. Immediately report any luggage loss or damage to the airline or carrier and submit a claim to them. The airline or carrier may be legally liable for the loss or damage.

Important Information: Information and Documentation to lodge in support of a claim:

1. All Claims

The first three pages of the BSP TravelCover Overseas Travel Claim Form must be completed in full for all claims, and page 3 must be signed and dated.

Please note that if you do not satisfy the criteria for Activation of Cover of your BSP Visa Debit Card set out on page 1 of the claim form, your claim will not be accepted.

A copy of the photograph page of your passport and a copy of the BSP Bank Statement clearly showing your name and the details of the transaction which represents the minimum PGK1,000.00 (one thousand Kina) spent on transport costs must be attached to all claims.

Please also note that transport costs means your return overseas transport costs (airfares and/or cruise costs) including the cost of transport, accommodation and other journey itinerary items, as well as charges, fees and/or taxes.

2. Claims for Cancellation of Journey

(Refer to Section 1 of the BSP TravelCover Policy Information Document. Please note that a **PGK500 excess** applies to each claim under this section)

Please complete page 4 of the Claim Form in full.

Please provide your airline or other journey ticket(s).

Please provide all documents relating to your request for refunds, as well as the relevant responses. If your travel/accommodation is non-refundable, then you should provide written confirmation from the airline, travel agent and/or accommodation provider concerned.

If your Cancellation is due to the unforeseeable death, accidental injury or illness of Your Relative (as defined in the BSP TravelCover Policy Information Document), business partner or travelling companion, we will require a detailed Medical Report with a background to the condition suffered and/or treatment received. The Medical report should also advise when the condition leading to your claim first commenced, and provide details of any relevant medical history.

Please also note the following:

No coverage is provided for Pre-existing Medical Conditions (as set out in the BSP TravelCover Policy Information Document) of you, any Relative, travelling companion or any other person giving rise to your claim.

The BSP TravelCover Policy Information Document sets out which Relatives are covered under this section and confirms that they must be resident in Papua New Guinea. Please refer to the definition of Relative in the BSP TravelCover Policy Information Document.

3. Claims for Overseas Medical or Dental Expenses

(Refer to Section 1 of the BSP TravelCover Policy Information Document. Please note that a **PGK500 excess** applies to each claim under this section)

Please complete Pages 4 & 5 of the Claim Form fully.

Please provide the Originals of all accounts and/or receipts for the overseas medical or dental expenses claimed, and original medical certificates which identify and detail the injury or illness suffered.

Please provide a copy of any Medical Report obtained from the overseas treating doctor.

No coverage is provided for Pre-existing Medical Conditions (as set out in the BSP TravelCover Policy Information Document) of you, or any other person giving rise to your claim.

4. Claims for Extra Expenses

(Refer to Section 1 of the BSP TravelCover Policy Information Document. Please note that a **PGK500 excess** applies to each claim under this section)

Please complete Page 5 of the Claim Form fully.

Please provide the Originals of all accounts and/or receipts relating to the extra expenses for which you are claiming.

If applicable, please provide original medical certificates which identify and detail the injury or illness suffered, together with a copy of any medical reports obtained from the overseas treating doctor or hospital. If the claimant was admitted to hospital, please provide a letter from the hospital confirming the length of the stay as an inpatient, together with a hospital discharge summary.

As may be applicable, please provide copies of any letters relating to curtailment or diversion of scheduled public transport sent to you by the conveying Airline or other transport company, the Travel Agent who arranged the journey or any hotel or hotels.

5. Claims for Luggage/Personal Effects (Accidental Loss, Theft or Damage)

(Refer to Section 2 of the BSP TravelCover Policy Information Document. Please note that a **PGK500 excess** applies to each claim under this section apart from claims in respect of Laptop and/or Notebook Computers, where an excess of 10% of the claim, minimum PGK500, applies)

Please complete Page 6 of the Claim Form fully.

It is a condition of the Insurance, set out in the BSP TravelCover Policy Information Document, that you

report the theft or loss of any luggage to the appropriate authority (such as the police, airline, etc) as soon as possible. Please provide a copy of the written report, as well as details of all reasonable steps taken to minimise the loss or recover any items.

Please provide documents to verify ownership of all items claimed, such as receipts, accounts or invoices relating to the original purchase. If these documents are unavailable, you may provide a copy of any relevant credit card or cheque account statement.

Important Information: If your Claim is due to loss or damage by an airline, you should lodge a claim with the airline responsible in the first instance. An international agreement imposes a liability on airlines for loss or damage to baggage. If your loss is not fully reimbursed by the airline, you may submit details of the balance of your loss for consideration under this section. You will need to provide the following:

- A copy of your original irregularity report to the airline at the time of the loss or damage.
- Copies of all correspondence with the airline, including your original claim and details of their settlement.
- Copies of documents to verify ownership of all items claimed (as set out above).

Please note that any cash settlement of your luggage loss will be subject to an allowance for depreciation, and wear and tear.

Please note that no coverage is provided for the loss of cash or bank notes.

Claims which arise as a result of your leaving your luggage, personal effects or travel documents unattended in any public place, unlocked and unattended vehicle or building are not covered.

6. Claims in respect of your Personal Liability

(Refer to Section 3 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete Page 7 of the Claim Form fully.

Important Information: it is a condition of this insurance that you do not admit fault or liability to any other person without our prior written consent. Breach of this condition will mean no payment of claims under this section of coverage.

Please provide us with all letters or demands in respect of a claim made upon you, together with any statements from witnesses who saw the injury or damage occur.

Please also provide us with any Police or other official report related to the injury or damage, as well as details of any party, other than you or anyone travelling with you, who contributed to the injury or damage.

7. Claims for Rental Vehicle Excess

(Refer to Section 4 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete Page 8 of the Claim Form fully.

Please provide a full copy of the Rental Vehicle Agreement, including details of the insurance & excess applicable, and a copy of the driver's licence of the driver of the vehicle at the time of the injury, loss or damage.

Please provide a full description of the loss or damage to the Rental Vehicle, including relevant dates & times, details of any witnesses, and details of any other parties involved.

Please provide a copy of all documents from the Hire Company in relation to the loss or damage, including relevant damage repair accounts, and any other letters or demands in respect of a claim made upon you.

8. Claims for Accidental Death

(Refer to Section 5 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete the name, address, relationship to BSP cardholder and age details at the top of Page 9 of the Claim Form, and the section on Page 9 noted for completion if the claim is for Accidental Death fully.

Please provide a copy of the relevant Death Certificate(s) which show the cause of death together with the identity of the deceased and the date and time of death. The copy must be certified as a true and correct copy by either a Justice of the Peace or a Commissioner for Oaths.

Please also provide any Police or other official report into the accident which caused the death(s), or the result of any Coronial or other inquest into the death(s) or the surrounding circumstances thereof.

9. Claims for Loss of Income

(Refer to Section 5 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete the name, address, relationship to BSP cardholder and age details at the top of Page 9 of the Claim Form, and the section on Page 9 noted for completion if the claim is for Loss of Income fully.

Please provide a letter from your employer, or the employer of the claimant, detailing the employment details of the claimant which were in place before the journey took place. This letter must include:

- The date on which the claimant commenced employment
- The claimant's position, title and a statement of the claimant's positional duties
- The claimant's standard hours of work
- Confirmation that the claimant is still employed by the employer following the claimant's return to Papua New Guinea upon completion of the journey.

Please provide three (3) payslips to verify the claimant's usual income.

Please also provide a certificate from the claimant's treating doctor certifying that, due to the incident described on Page 2 of the Claim Form:

- the claimant is unable to carry out his or her normal work,
- the nature of the incapacity preventing carrying out of normal work,
- the period for which this incapacity will continue, and
- the date on which normal work duties may be resumed.

10. Claims for Accidental Death – Transport Accident

(Refer to Section 6 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete the name, address, relationship to BSP cardholder and age details at the top of Page 10 of

the Claim Form, and the section on Page 10 noted for completion if the claim is for Accidental Death fully. Please provide a copy of the relevant Death Certificate(s) which show the cause of death together with the identity of the deceased and the date and time of death. The copy must be certified as a true and correct copy by either a Justice of the Peace or a Commissioner for Oaths.

Please also provide any Police or other official report into the accident which caused the death(s), or the result of any Coronial or other inquest into the death(s) or the surrounding circumstances thereof.

11. Claims for Accidental Disablement – Transport Accident

(Refer to Section 6 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete the name, address, relationship to BSP cardholder and age details at the top of Page 10 of the Claim Form, for completion if the claim is for Accidental Disablement fully.

Please also provide 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:

- Accidental Death
- Loss of either hand or both feet
- Loss of the entire sight of both eyes
- Loss of one hand and one foot
- Loss of one hand and the entire loss of sight of one eye
- Loss of one foot and the entire loss of sight of one eye
- Loss of one hand, or one foot, or the entire loss of sight in one eye.

12. Claims for Hijack and Detention

(Refer to Section 7 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete Page 11 of the Claim Form fully.

If there was any police report, or report from any consulate, security, military or other organisation into the events surrounding your hijack, your detention and/or your release, please provide a copy to us when lodging your claim.

13. Claims for Kidnap and Ransom

(Refer to Section 8 of the BSP TravelCover Policy Information Document. Please note that there is no excess applicable under this section)

Please complete Page 12 of the Claim Form fully.

If there was any police report, or report from any consulate, security, military or other organisation into the events surrounding your kidnap and/or your release, please provide a copy to us when lodging your claim.