

# COLLATERAL INSURANCE QUESTIONNAIRE



Please check all details, then complete the relevant areas of the form and return it to:  
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

## Supplementary Personal Statement in Support of an Application for Insurance

### Personal Details

Name of Life to be Insured	
Address	
What is the connection between the Borrower and the Life to be Insured?	

### Loan Details

Who is providing the loan?

What is the purpose of the loan?

To whom has the loan been made to?

How much is the loan amount?

What is the term of the loan?

How much is the rate of interest per annum on the loan?

What is the method of loan repayment?

Is the policy to provide security for the loan?  No  Yes

Are there any other loans in existence?  No  Yes

▶ If yes, please provide details

Does the policy term differ from the loans' term?  No  Yes

If yes, please provide details

Does the sum insured (from time to time) differ from the loan amount?  No  Yes

If yes, please provide details

PLEASE ATTACH EVIDENCE THAT THE LOAN IS TO BE GRANTED

(ie a letter of intent from the lending body)

I/We declare that the answers given above are to the best of my/our knowledge, complete and I/We understand that this Supplementary Personal Statement will form part of the basis of the contract for effecting the desired insurance on the Life to be Insured.

Date

DD/MM/YYYY

Signature of Proposer

Signature of Life to be Insured

Sales Advisor