

**ACCIDENT / GOLDEN PROTECTOR CLAIM  
CLAIMANT'S STATEMENT**

**Important Note:** (1) The Great Eastern Life Assurance Company Limited hereby referred to as "The Company".  
(2) The Doctor's Statement must be furnished (at the expense of the Policyholder) if the claim amount exceeds S\$1,500.  
(3) To be completed by the Policyholder.

\* Please delete where appropriate

**1 POLICY(IES) ISSUED BY THIS COMPANY**

Policy No(s).:

**2 DETAILS OF POLICYHOLDER (Please complete in BLOCK letters)**

Name (According to NRIC/ Passport): 



  
NRIC/ Passport No.: 



 Date of Birth (dd/mm/yyyy): 



 Gender: M / F \*  
Occupation: 



  
Home Tel: 



 Office Tel: 



 HP No.: 



  
E-mail Address: \_\_\_\_\_

Claims Acknowledgement Update via SMS : YES / NO\* (Kindly note that this SMS facility is available for Great Eastern Life policies only).

**3 SETTLEMENT OPTION**

**PayNow is the default settlement option up to S\$200,000 per policy:**

In line with the nation's initiatives to go cheque-free by 2025, PayNow is the default settlement option up to S\$200,000 for policyholder who has registered with PayNow and has linked his/ her Singapore NRIC to the bank account ("PayNow Account"). You hereby authorise and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary").

In the event that the PayNow transaction is unsuccessful, a cheque for the payment will be issued to you (additional 7 to 14 working days would be required for cheque prepared and despatched).

If you prefer to receive payment via direct credit, please indicate as follows:

**Credit into my personal bank account.**

Name of Bank	Branch of Bank	Bank Account Number	Account Holder's Name
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>

**Important Notes:** Claim amounts will only be directly credited to the Policyholder's bank account. Please provide a copy of your recently issued bank statement/ passbook / e-statement showing your full name, ID / address, bank name, branch and account number (with transaction and other details blanked out) for verification. Direct crediting will only be applicable for claims (excluding reimbursement to CPF Board) up to S\$10,000 to a local bank account. A cheque will be issued if the requirement for direct crediting is not met, or if the amount is above S\$10,000.

**4 DETAILS OF LIFE ASSURED (if different from (2)) (Please complete in BLOCK letters)**

Name (According to NRIC/Passport): 



  
NRIC/ Passport No.: 



 Date of Birth (dd/mm/yyyy): 



 Gender: M / F \*  
Home Tel: 



 Office Tel: 



 HP No.: 



  
E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyholder



**5 DETAILS OF LIFE ASSURED'S OCCUPATION**

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**6 DETAILS OF ACCIDENT AND MEDICAL TREATMENT**(a) Date of Accident: 

Day	Month	Year

(b) Time of Accident: \_\_\_\_\_

(c) Place of Accident: \_\_\_\_\_

(d) Detailed description of the Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(e) Was the Life Assured under the influence of alcohol / drugs at the time of the accident? \* YES / NO

If "YES", please state blood alcohol content / drug type and quality consumed: \_\_\_\_\_

(f) Detailed description of the injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(g) Name(s) and Telephone no(s) of witness(es):

Name of Witness	Telephone No.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Policyholder

- h) Was the accident reported to the police? YES / NO\*  
If "YES", please provide the name of the police division & police officer-in-charge's name.
- \_\_\_\_\_
- \_\_\_\_\_
- (i) Name and Address of Doctor who first attended to the Life Assured after the accident.
- \_\_\_\_\_
- \_\_\_\_\_
- (j) Date when the Doctor first attended to the Life Assured.
- | Day | Month | Year |
|-----|-------|------|
|     |       |      |
- (k) Name and Address of current Doctor, if different from above.
- \_\_\_\_\_
- (l) Was the accident reported to the Life Assured's employer? YES / NO\*

## 7 DETAILS OF DISABILITY (FOR ACCIDENT CLAIM)

- (a) Is the Life Assured now or has the Life Assured been totally disabled from performing the duties of his/ her own or any other occupation? YES / NO\*
- (i) If "YES", state period of total disability: From:
- | Day | Month | Year |
|-----|-------|------|
|     |       |      |
- To:
- | Day | Month | Year |
|-----|-------|------|
|     |       |      |
- (ii) Were the Medical Certificates for the above stated period submitted to the Life Assured's employer? YES / NO\*
- (iii) Did the Life Assured return to work during the above stated period? YES / NO\*
- If "YES", what are the exact duties that the Life Assured is unable to perform because of his/ her disability?
- \_\_\_\_\_
- \_\_\_\_\_
- (b) Is the Life Assured now or has the Life Assured been partially disabled to perform only part or some of the duties of his/ her own occupation? YES / NO\*
- (i) If "YES", state period of partial disability: From:
- | Day | Month | Year |
|-----|-------|------|
|     |       |      |
- To:
- | Day | Month | Year |
|-----|-------|------|
|     |       |      |
- (ii) Were the Medical Certificates for the above stated period submitted to his/ her employer? YES / NO\*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Policyholder

(iii) Did the Life Assured return to work during the above stated period?

YES / NO\*

If "YES", what are the exact duties that the Life Assured is unable to perform because of his/ her disability?

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## 8 OTHER INFORMATION

Has the Life Assured or the Claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors since becoming interested in the policy?

YES / NO\*

## 9 OTHER INSURANCE

Is the Life Assured claiming from any other sources (e.g. employer, other insurance companies, Workmen's Compensation) in respect of this Accident?

YES / NO\*

If "YES", please provide the following information.

Name of Employer/ Insurer	Date of Issue	Type of Plan	Claim Amount	Claim Notified (YES/ NO)	Claim Paid (YES/ NO)

## DECLARATION

I hereby declare that the information, answers and statements provided above are in every respect true, complete and correct, and that no material information has been withheld nor is any relevant circumstances omitted.

I hereby agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to process and administer my claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which I confirm I have read and understood, including without limitation:

- the Companies, their representatives, agents, authorised service providers and other relevant third parties ("Requesting Parties") may collect medical information concerning me from any persons possessing the same (such as doctors whom I have consulted), and I hereby authorise those persons to release the same to any of the Requesting Parties for the purpose of my claims, and
- the Requesting Parties may disclose any relevant information concerning me (including my medical information) to other parties, which any of the Requesting Parties deems necessary for the purpose of my claims.

I further agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this form shall be treated as valid and binding as if it were the original. By providing the details of my bank account in Section 3 above, I hereby authorise Great Eastern to credit any claim proceeds of not more than S\$10,000 into the aforesaid bank account.

\_\_\_\_\_  
Signature of Policyholder

Name: \_\_\_\_\_

NRIC/ Passport No: \_\_\_\_\_

Date: \_\_\_\_\_