

Important Note: Please note that, under the policy terms and conditions, the policy may be void if any information provided in this claim form are made knowingly by you that is materially false or misleading.



Death Claim form – Group Mortgage Insurance Policy

Policy No : M0000001

Policyholder : Oversea Chinese Banking Corporation Limited

Please submit the duly completed claim form with the following supporting documents:

1. Bank Statement on outstanding loan amount
2. A copy of Certificate of Insurance
3. A copy of Death Certificate
4. A copy of Letter of Administration or A Copy of Probate
5. A copy of deceased member's NRIC/Passport

PART A – PARTICULARS OF ASSURED MEMBER

1. Death due to: Illness Accident Others (please specify) _____

1a. Name of Life Insured (*as per NRIC/Passport*) / Reference Number / Mortgage Reference Number

1b. Address	1c. NRIC/Passport No
1d. Date of Birth (dd/mm/yyyy)	1e. Marital Status
1f. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	1g. Occupation at Death
2. Describe fully the cause of Death	

DECLARATION BY POLICYHOLDER

We, the Policyholder, do solemnly and sincerely declare that the information given in this statement is true and complete and have not withheld any material fact to the best of our knowledge and belief. We agree that the furnishing of this form, or any other supplemental forms, by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the Deceased Member in question nor a waiver of any of its rights or defences.

We hereby confirm and represent to the Company, its related corporation (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that each insured member ("Insured Member"), under which we are submitting our claims, has agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members and disclosing such persona data to the Companies' authorized service providers and relevant third parties for purposes reasonable required by the Companies to evaluate, admit, process and/or settle our claims. In respect of the Insured Members who are subsequently enrolled into the policy, under which we are submitting our claims, we further undertake that we shall ensure and procure that each of such Insured Members has provided such agreement and consent in relation to his/her personal data for such purposes. These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Date (dd/mm/yyyy)	Claim Submitted by (Name/NRIC)	Signature	Relationship to deceased
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OCBC Authorised Signatory	Name of Authorised Signatory	Date (dd/mm/yyyy)
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