

CLAIM FORM –News Tablet Device Protection Plan

Important Notice:

1. Great Eastern General Insurance Limited ("Company") does not admit liability by the mere issuance of this or any other forms.
2. Service order sheet (for damaged items) must be furnished at claimant's expense.
3. Please complete and submit this form together with the supporting documents (listed in Section F) to nonmotorclaims-sg@greateasterngeneral.com. Should you require further assistance, please call the Great Eastern claims hotline at +65 6248 2638.

A. DETAILS OF INSURED PERSON

Name (As shown in NRIC or FIN)						Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	NRIC/Fin/Passport No <input type="text"/>	
Address	<input type="text"/>							
Mobile No.	<input type="text"/>				E-Mail	<input type="text"/>		
Nationality	<input type="text"/>							

B. DETAILS OF TABLE DEVICE

Model Type	<input type="text"/>												
Serial / IMEI Number	<input type="text"/>												
Sum Insured	<input type="text"/>												
Start Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	End Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Subscription By	<input type="text"/>												

C. DESCRIPTION OF CLAIM

Date and time	<input type="text"/>												
Place of loss/damage	<input type="text"/>												
Description of incident	<input type="text"/>												
Has any previous claims been made for this device? <input type="checkbox"/> No <input type="checkbox"/> Yes													
If yes, please provide: Date of claim <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text"/>													

D. MODE OF PAYMENT (PLEASE TICK ONE)

1. ☐ Cheque
2. ☐ PayNow (Link to NRIC)

I/We confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC to my/our bank account ("PayNow Account") whereby I/we am/are the legal and beneficial owner of the PayNow Account. I/We hereby authorize and instruct Great Eastern General Insurance Limited to deposit the payment that is payable to me/us into my/our PayNow Account as well as to verify my/our PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that a cheque for the payment will be issued to me/us.

E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

DECLARATION AND AUTHORISATION

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Without prejudice to the consent given below in respect of my/our personal data, I/we hereby authorise any Samsung Service Centre, other person who has attended to me/us, to furnish to the Company, or its authorised representatives, any and all information with respect to any services provided, and copies of all such records. A copy of this authorisation shall be considered as effective and valid as the original.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our 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 evaluate, admit, process and/or administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <https://www.greatasteernlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Name & Signature of Insured

Date Signed

D	D	M	M	Y	Y
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F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of documentation required to review your claim. Please retain an original copy of the supporting documents listed below, as they may be required for verification of your claim. Please be advised that the list of documents below is not exhaustive and further document/information may be required for the review of your claim.

(Please tick against the documents you have submitted)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Service order sheet from Samsung Service Centre |
| <input type="checkbox"/> | Tax Invoice from Samsung Service Centre |
| <input type="checkbox"/> | Invoices/receipts showing date and purchase price of replacement tablet from SPH (for replacement of tablet only) |