DEATH CLAIM
CLAIMANT'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

Important Note:
(1) The Great Eastern Life Assurance Company Limited And/ Or The Overseas Assurance Corporation Limited hereby referred to as "The Company".
(2) To be completed by the claimant/ next-0f-kin of deceased.

* Please delete where appropriate

1 POLICY (IES) ISSUED BY THIS COMPANY

Great Eastern Life Policy No(s).:

Overseas Assurance Corporation Policy No(s).:

2 DETAILS OF DECEASED (Please complete in BLOCK letters).

Name (According to NRIC/ Passport):

NRIC/ Passport No.:

Date of Birth (dd/mm/yyyy):

Gender: M / F *

3 DETAILS OF DEATH

(a) Date of death: Day Month Year

(b) Cause of death: _____

(c) Was the death due to suicide? YES / NO*

(d) Place of death: _____
(Specify hospital if death occurred in hospital)

(e) Name and address of doctor certifying the death: _____

(f) For death occurring outside Singapore, was the deceased buried or cremated outside Singapore? YES / NO*
If "YES", please enclose a copy of the burial or cremation permit.

4 IF CAUSE OF DEATH IS AN ACCIDENT

(a) Date of Accident: Day Month Year

(b) Time of Accident: _____

(c) Place of Accident: _____

(d) Detailed description of the Accident:

_____

_____

(e) Detailed description of the injuries:

_____

_____

_____
Date

_____
Signature of Claimant

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
The Overseas Assurance Corporation Limited (Reg No. 1920 00011W)
Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: claims-sg@greateasternlife.com Website: greateasternlife.com

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Jul 2014

(f) Name(s) and address(es) of witness(es):

Name of Witness(es)	Address(es)

(g) Was the accident reported to the police? YES / NO*

If "YES", please provide the name of the police division and the police officer-in-charge's name.

(Please enclose a copy of the police report.)

5 IF CAUSE OF DEATH IS NATURAL

(a) For his/ her illness, when did the deceased:

(i) First present with symptoms of the illness: Day Month Year

(ii) First consult a doctor: Day Month Year

(b) Give names of doctors/ hospitals/ clinics who attended to the deceased for this illness.

Name of Doctor(s)	Name of Hospital(s)/ Clinic(s)

(c) What symptoms did the deceased suffer from before consultation with the above doctor/ hospital/ clinic?

Date

Signature of Claimant

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(d) Did the deceased suffer from any other illnesses/ conditions? YES / NO*
If "YES", please state:

Illness(es)/ Condition(s)	Date(s) First Diagnosed	Name and Address of the Doctor(s) Consulted

6 PROOF OF DEATH

(a) Was a post-mortem or autopsy carried out? YES / NO*

(b) Was any Coroner's Inquest held? YES / NO*

7 TESTAMENT & FAMILY STATUS

(a) Did the deceased leave a will? YES / NO*
(If "YES", please enclose the Last Will)

(b) What was the deceased's marital status? Single/ Married/ Divorced/ Separated/ Widowed*

(c) Please indicate the surviving family members of the deceased as follows:-

		Surviving (please circle)
i)	Deceased's father	YES / NO
ii)	Deceased's mother	YES / NO
iii)	Spouse	YES / NO / NA (circle "NA" only if deceased is single)
iv)	Children	YES / NO

(d) Please indicate the number of children and their ages (if applicable).

_____

_____

(e) If deceased is single and both parents have pre-deceased him/her, please indicate the number of siblings and their ages.

_____

_____

_____ _____

Date Signature of Claimant

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8 IF DEATH OCCURRED OVERSEAS

(a) Was the deceased buried or cremated outside Singapore? YES / NO*
If "YES", what documentation was obtained to allow the burial or cremation to take place?

(Please enclose a copy of the burial/cremation permit.)

(b) Gives names and addresses of two people, not related to the deceased, who were present at the burial or cremation where death occurred.

Name of Witness(es)	Address(es)	Telephone No(s)

(c) Name of doctor and address of the hospital certifying the death.

9 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*

10 OTHER INSURANCE

Which other companies was the deceased insured with?

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

Date

Signature of Claimant

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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 http://www.greateasternlife.com/sg/en/pncpolicies.htm and which I confirm I have read and understood, including without limitation:

(a) 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

(b) 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. This includes without limitation disclosure to the board of Central Provident Fund ("Board") for purposes of (i) making of a claim under the Dependants' Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) of Singapore which I may be insured under; and (iii) the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act (Chapter 36) of Singapore.

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.

_____
Signature of Claimant

Name: _____

NRIC / Passport No.: _____

Address (in full): _____

_____

Occupation: _____

E-mail: _____

Contact No.: _____ (HP)

_____ (H)

Do you wish to receive Claims Status Update via SMS? YES / NO*

Kindly note that this SMS facility is available for Great Eastern Life Policies only.

Relationship to Deceased: _____

Date: _____