

**CARESHIELD / ELDERSHIELD
INSTRUCTION PAGE**



Dear Claimant,

We are sorry to learn of your disability.

In order for us to process your claim, we require the following :

1. Complete the attached CareShield / ElderShield Claimant's Statement. If you are unable to do so, please have it completed by your immediate family member or caregiver.
2. Call the clinic to make an appointment for the disability assessment. Please refer to the list of appointed assessors at www.greateasternlife.com
3. Bring along the following for the appointment:
 - Completed CareShield / ElderShield Claimant's Statement
 - Completed Letter of Undertaking and Indemnity (applicable for Third Party Payee only)
 - Hospital medical records, discharge summary and medication(s), if any. Please note that this is required in order for the assessor to proceed with the assessment.
4. Please submit the following documents to us:
 - a) Completed CareShield / ElderShield Claimant's Statement
 - b) Completed Letter of Undertaking and Indemnity (applicable for Third Party Payee only)
 - c) Hospital medical records and discharge summary
 - d) Copy of NRIC / Passport of the Caregiver and/or Payee (if Caregiver and/or Payee is other than Policyholder)
 - e) Copy of birth certificate / legal adoption paper of the child (applicable for Dependant Care Benefits only)
 - f) Copy of bank passbook / statement or e-statement for account verification (including Third Party Payee or Home /Institutions*)

Once we have received all the above required documents, we will process your claim and inform you of the outcome as soon as possible. The Company reserves the right to request further information/document proof to assess the claim.

Submission of documents via the following channels

• **Online Form**

Make an online submission with your completed forms and supporting documents via greateasternlife.com > [Contact Us](#)

• **Walk-in or post**

Drop off the completed forms and supporting documents at our customer service centre (address below)

• **By Post**

Attention: Claims Department

The Great Eastern Life Assurance Company Limited 1 Pickering Street
Great Eastern Centre #01-01
Singapore 048659

