

Dependants' Protection Scheme (DPS) Claim Payment Instruction

Important Note:

- 1 To be completed for DPS Permanent Disability /Terminal Illness claim application through CPF Board, if there are no other eligible Great Eastern Life policies.
- 2 The Great Eastern Life Assurance Company is hereby referred to as "The Company".
- 3 To be completed by the Policyholder. Date format in dd/mm/yy. * Delete / Circle as appropriate.
- 4 Please ensure your contact details with the Company, including mobile no. and email address are updated to receive your correspondences.



1 Details of Policyholder / Life Assured

Full Name:

NRIC No. / Passport No. / FIN No.:

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2 Settlement Option

PayNow is the (Default Settlement Option)

I confirm that I have registered with PayNow and I have linked my Singapore NRIC/FIN to my bank account ("PayNow Account") whereby I am the Legal and Beneficial Owner of the PayNow Account. I hereby authorise and instruct The Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). This is applicable to SGD denominated policies only.

☐ **Direct Credit option (if you do not have a "PayNow Account")**

By selecting this option, I confirm that I have provided a copy of my 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 purposes.

Name of Bank Account Holder	Bank Account No.
Name of Bank	Name of Branch

☐ **Telegraphic Fund Transfer (For Claimant residing overseas only)**

Subject to The Company's approval, we will advise on further document(s) required.

3 Insurance Policies With Other Financial Institutions

Does the Life Assured have any existing insurance policies with other financial institutions?

YES / NO*

If "YES", please provide details of all policies. Please use additional form if there are more policies.

Date of Application	Name of Insurer	Type of Coverage	Sum Assured (S\$)	Claim Notified

Signature of Claimant

Date

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
Claims Department
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

For enquiries, call (65) 6248 2888 or visit us at [greateasternlife](http://greateasternlife.com) > Contact Us



CCLM
greateasternlife.com

Aug 2025

Declaration

I hereby declare that to the best of my knowledge and belief, the information, answers and statements provided above are in every respect true, complete and correct, and that no material information has been withheld nor in 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/Life Assured's 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:

(a) the Companies, their representatives, agents, authorised service providers and other relevant third parties ("Requesting Parties") may collect medical information concerning me/Life Assured from any persons possessing the same (such as doctors whom I/Life Assured 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/Life Assured (including my/Life Assured's 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 Dependents' 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.

Full name: _____
NRIC/Passport/FIN No.: _____
Email address: _____

Signature of Policyholder: _____
Date (dd/mm/yy): _____

