

Dependants' Protection Scheme (DPS) Claim and 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 / Passport No.(for foreigner only):  

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2 Settlement Option

PayNow is the default settlement option up to S\$200,000 per policy:

By selecting this option, I confirm that I have registered with PayNow and I have linked my Singapore NRIC 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). In the event that the PayNow transaction is unsuccessful, I agree and acknowledge that a cheque for the payment will be issued to me.

If PayNow is not applicable / not available / unsuccessful:

- ☐ Cheque to be posted to me via my mailing address registered with The Company.
- ☐ Cheque to be collected by myself at Customer Service Counter at Great Eastern Centre.
- ☐ Telegraphic Fund Transfer (For Claimant Residing Overseas, subject to the Company's approval and further documents)

3 Insurance Policies With Other Financial Institutions

Yes / No\*

Please use additional form if there are more policies.

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

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 (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 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: \_\_\_\_\_ Signature of Policyholder: \_\_\_\_\_

NRIC/Passport no.: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

