

# **e-CLAIMS User Guide** **(Customer Channel - eConnect)**



*Last updated in Aug 2025*

## ARE YOU A POLICYHOLDER?



YES! I am a Policyholder



Submission via **eConnect**

Continue with next slide for guide

For **both Life & Medical Claims**



NO, I am submitting a claim on behalf of someone else



Submission via **e-Claims direct link**

Refer to Non-Policyholder guide - [Click here](#)

Available **only for Life Claims**

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- OTP Verification
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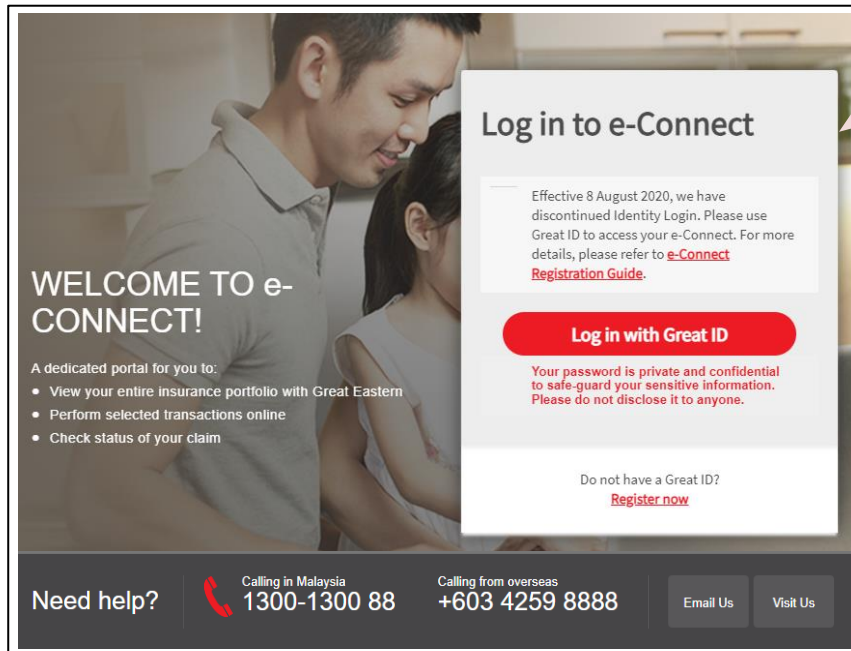
# Policyholder's journey to create a NEW claim



*Click Home button to  
go back to Main Menu*



## Log-in to eConnect – with Great ID and OTP



Visit [econnect-my.greateasternlife.com](https://econnect-my.greateasternlife.com)



The Great ID login form is displayed within a pink callout box. It has a red header 'Great ID' and a section 'Log in with your Great ID'. The form includes a text input for 'Great ID (Your Email Address)', a 'PASSWORD' input with a toggle icon, and a 'Forgot your password' link. A red 'SUBMIT' button is at the bottom.

Enter Great ID (email used to register Great ID) and password

Click **SUBMIT**

## Go to Online Claims


**Hover over My Claim Menu**

**Select Online Claims from the dropdown**

**Enter six-digit OTP code sent to your mobile number, and click 'NEXT'**

The screenshot displays the Great Eastern website interface. The top navigation bar includes a home icon, the Great Eastern logo (An OCBC Company), and links for 'My Portfolio', 'My Document', 'My Service Request', and 'My Claim'. The 'My Claim' dropdown menu is open, showing options: 'Claim Status', 'EB Claims Submission', 'Online Claims' (highlighted with a red box), and 'Download Claim Form'. Below the navigation bar, the 'Your Coverage Overview' section features a circular diagram with icons for LIFE, HEALTH, LIFESTYLE, RETIREMENT, WEALTH, and PERSONAL ACCIDENT. To the right, the 'Protection' section displays 'Death coverage' and 'Total & Permanent Disability coverage' with progress bars. A 'Great ID' overlay is present on the right side, titled 'One-Time Password (OTP)'. It prompts the user to enter a six-digit OTP sent to their mobile number (12\*\*56) and includes a 'NEXT' button. Below the input field, there are links for 'Send again' and 'Update your records'.

## e-Claims Dashboard




Great Eastern  
An OCBC Company


Online Claims


[+ Create New Claim](#)


EN ☒ BM [Logout](#)


Welcome back, SRR SRR HRR


 0  
Submitted


 0  
In Progress

 0  
Approved

 0  
Rejected


 0  
Closed

 0  
Mixed Decisions

 0  
Drafts

Most Recent Claims


[View All Claims](#)



### Claim Status

- **Submitted:** Claim is submitted and waiting to be processed
- **In Progress:** Claim is being processed
- **Approved:** Claim is approved
- **Rejected:** Claim is rejected
- **Closed:** Claim is closed (After approved & payment processed / withdrawn)
- **Mixed Decision:** Claim with multiple policies having different claim decisions (eg. Policy 1 - Approved & Policy 2 - Rejected) – Only applicable for Life Claims
- **Drafts:** Claim is created but has not been submitted

# Cross Channel Claim View in eConnect



Online Claims

Create New Claim

EN ☐ BM ☒

Logout

Welcome back, ASO SHBHIO

23 Submitted

4 In Progress

2 Approved

0 Rejected

2 Closed

0 Mixed Decisions

1 Drafts

Most Recent Claims

View All Claims

Living Assurance Ben...

Submitted

Claim No. 000000036971

Policy No. 0042072544

Created on 22/10/2024 09:34:49

Submitted on 20/01/2025 15:41:33

Last Updated 20/01/2025 15:41:33

Created by Authorised Party

Living Assurance Ben...

Submitted

Claim No. 000000037434

Policy No. 0042072544

Created on 05/11/2024 08:02:07

Submitted on 20/01/2025 15:22:48

Last Updated 20/01/2025 15:22:48

Created by Authorised Party

Living Assurance Ben...

In Progress Follow-up 1

Claim No. 000000039551

Policy No. 0042072544

Created on 27/12/2024 03:03:47

Submitted on 27/12/2024 11:22:40

Last Updated 27/12/2024 12:34:22

Created by Authorised Party

Note: The above records are showing claims up to 3 years.


Last Login: 27 Dec 2024, 12:28

Claim case is created and submitted by other party such as Agent.

8



## e-Claims Dashboard: Create New Claim










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Online Claims

[+ Create New Claim](#)


EN ☐ BM [Logout](#)

Welcome back, SRR SRR HRR


 0 Submitted	 0 In Progress	 0 Approved	 0 Rejected
 0 Closed	 0 Mixed Decisions	 0 Drafts	





Most Recent Claims

[View All Claims](#)



## Choose ONE Claim Type





**Select Claim & Policy****Provide Details****Consent & Declaration**


### Select Claim & Policy


Please refer to [Claims in Self-service guides](#) if the claim type is not listed below.


**Claim Type**  
Choose the claim type you would like to make [View Requirements Checklist](#)


  
Death Benefit


  
Living Assurance Benefit /  
Critical Illness


  
Accident Rider

  
Great Lady Rider

  
Mother or Child Illness

  
Total & Permanent Disability

  
GMBS (Group Multiple Benefit)

  
Medical Claim

[Discard](#)[Save & Close](#)[Proceed](#)

May refer to the built-in Requirement Checklist as a guide for claim requirements

Download necessary forms from <https://www.greateasternlife.com/my/en/customer-services/guides.html?topic=claims>

These documents will need to be uploaded at the Upload Documents step

## Important Notice

Choose the claim type you would like to make. [View Requirements Checklist](#)

Death Benefit

Mother or Child

### Important Notice

These contact details **must be accurate**. Please update in e-Connect or submit "Great ID Request to Update Mobile Number" form if details are incorrect.

Phone **+60123456789**

Email **TESTING@GMAIL.COM.MY**

[Cancel](#)
[Proceed Anyway](#)

### NOTE:

Policyholder's **Mobile No. & Email address** on this page **MUST be correct.**

***If incorrect, please amend details in eConnect (go to My Account > View Profile > Click Update) and proceed to create a new claim with the correct mobile number.***

<div> <a href="#">My Account</a> <a href="#">English</a> </div>			
<a href="#">My Portfolio</a>	<a href="#">My Document</a>	<a href="#">My Service Request</a>	<a href="#">My Claim</a>
<a href="#">Shop @ Great Eastern</a>			
<div> <a href="#">View Portfolio</a> </div>			
<div> <a href="#">View Profile</a> </div>			
<div> <a href="#">Manage Great ID</a> </div>			
<div> <a href="#">Logout</a> </div>			


#### Contact Details

Mobile	+ 60 123456789	Office	+ 60 8839972832
Home	+ 60 897288872	Email Address	EMAIL@GREATEASTERNLIFE.COM


[Update](#)
[View Policies](#)

Note:  
 1. Updated Contact Details will be reflected in e-CONNECT within 15 minutes.  
 2. Updating of Mobile number will not change the OTP Mobile number in our records. To update OTP Mobile number, please use our [Great ID Request to Update Mobile Number](#).


## Choose Inforce Policy




**Great Eastern**  
An OCBC Company



Select Claim & Policy



Provide Details



Consent & Declaration


Living Assurance Benefit / Critical Illness

Mother or Child Illness

Total & Permanent Disability

### Inforce Policies

Only policies with the same life assured



0069972649

Policyholder ECLAIM  
Life SIX  
Assured ECLAIM  
Nominee SIX  
ECLAIM  
SIX  
[View Details](#)

**NOTE:**


- Only Inforce Policies (all claim types) with eligible policy benefits or having lapsed date of less than 1 year (for Medical claim type only) will be shown for the selected Claim Type.
- Eligible Lapsed policies (if any) will be processed by Claims Dept together with Inforce policies.
- For Death & Non-Death Life Claims, you may select **more than one policy cards** with the **SAME** Life Assured. Please ensure all the applicable policies are selected.
- For Medical Claims, you may select **only one policy card.**

Discard

Save & Close


Proceed

## Choose Inforce Third Party Policy




Great Eastern  
An OCBC Company


< Select Claim & Policy Provide Detail Consent & Declaration



Mother or Child Illness



Total & Permanent Disability



GMBS (Gro Scheme) H

**NOTE:**

- Can only select one Life Assured at one time
- Choose the correct Life Assured for a third party policy.

### Inforce Policies

Only policies with the same Life Assured can be selected. Any eligible lapsed policies will be processed with inforce policies by Great Eastern.

1063085077  
SMARTPROTECT JUNIOR

Policyholder TEST VGHDF TE

**Life Assured CHILD OF TEST VGHDF TE**

Nominee --

[View Details](#)

1063085077  
SMARTPROTECT JUNIOR

Policyholder TEST VGHDF TE


**Life Assured TEST VGHDF TE**

Nominee --

[View Details](#)

Discard Save & Close Proceed

## Choose Claim Benefit & Bill Type (Medical Claim Only)



An OCBC Company

[←](#)
[Select Claim & Policy](#)
[Provide Details](#)
[Consent & Declaration](#)

1023355628  
SMARTPROTECT ESSENTIAL INSURANCE 2

Policyholder	OLD SFVL XVV
Life Assured	OLD SFVL XVV
Nominee	XSLLLA NVLS SVL

[View Details](#)

1047817022  
SMARTPROTECT ESSENTIAL 3

Policyholder	OLD SFVL XVV
Life Assured	OLD SFVL XVV
Nominee	XSLLLA NVLS SVL

[View Details](#)


Can't find the policy for the selected Life Assured? [Key in Policy Number Here](#)

### Claim Benefits

Please choose a claim benefit

☒ Hospitalisation and Surgical Benefit

☐ Hospitalisation Income Benefit




Choose the applicable Claim Benefit, can tick both claim benefits if applicable

By default "Hospitalisation and Surgical Benefit" will be selected

### Claim Details

Hospitalisation and Surgical Benefit  
Hospitalisation Income Benefit

Bill Type



Choose the applicable Bill Type

Hospitalization or Daycare

Please select type of bill

Hospitalization or Daycare


Pre and Post / Follow Up for Hospitalisation

Outpatient Accident Claim

Kidney/Haemodialysis treatment

Outpatient Cancer Treatment

Other Outpatient





If "Hospitalisation Income Benefit" selected, **ONLY "Hospitalisation or Daycare" Bill Type** will be displayed


If "Hospitalisation and Surgical Benefit" selected or both Claim Benefits selected, all 6 Bill Types will be displayed for selection

## Input Direct Credit Details (for Malaysian Bank)



**Provide Details & Supporting Documents**  
Please ensure all fields are filled and upload the relevant documents as required.

 Claim Type  
Living Assurance Benefit / Critical Illness [Re-Select Claim & Policy](#)


 AFLYOYL Y/O NFLRYLAS

 0044470017 SUPREME LIVINGCARE PLUS

**Direct Credit** [Update Direct Credit](#)


 0044470017  AFLYOYL Y/O NFLRYLAS  
Direct credit details required

**Click "Update Direct Credit"**

 **Great Eastern**  
An OCBC Company

[←](#) Manage Direct Credit

**Direct Credit Details**  
Please ensure the latest direct credit bank details are entered for the following list of policies

 1012961064 GREAT IDEAL LIVING

☐ Apply Direct Credit to all policies

**1012961064 GREAT IDEAL LIVING**

Payee Name  
HOOY GTI GTI

Payee Identification No.  
750101-S2-3564

Bank Type  
**Malaysian** Foreign

Malaysian Beneficiary Bank  
MAYBANK

Bank Account No.  
003339338998

Account Type  
**Single** Joint


[Proceed](#)

**Tick "Apply to all policies" if all selected policies to adopt same bank details.**

**Input all required Direct Credit bank details**


**Select Beneficiary Bank from dropdown list**

## Input Direct Credit Details (for Malaysian Bank)

 **Great Eastern**  
An OCBC Company

← Manage Direct Credit

**Direct Credit Details**  
Please ensure the latest direct credit bank details are entered for the following list of policies.

 **1012961064** GREAT IDEAL LIVING

☐ Apply Direct Credit to all policies

**1012961064 GREAT IDEAL LIVING**

Payee Name  
**HOOY GTI GTI**

Payee Identification No.  
**750101-52-3564**

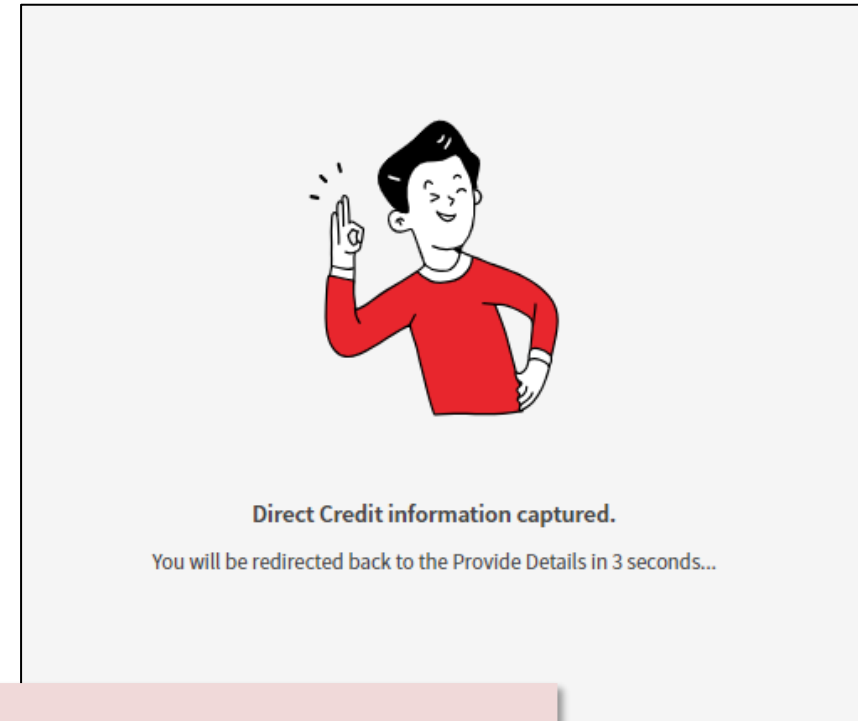
Bank Type  
**Malaysian** Foreign

Malaysian Beneficiary Bank  
MAYBANK

Bank Account No.  
003339338998

Account Type  
**Single** Joint


Proceed



**Click Proceed to save Direct Credit bank details**



## Input Direct Credit Details (for Foreign Bank)


← Manage Direct Credit

### Direct Credit Details

Please ensure the latest direct credit bank details are entered for

1012961064 GREAT IDEAL LIVING

☐ Apply Direct Credit to all policies

1012961064 GREAT IDEAL LIVING

Payee Name  
HOOY GTI GTI

Payee Identification No.  
750101-52-3564

Bank Type

Malaysian
Foreign

You will be requested to upload foreign bank details in the later step.

Proceed

**Tick “Apply to all policies” if all selected policies to adopt same bank details.**


### Direct Credit

1012961064

Direct credit details required

[Update Direct Credit](#)

Upload foreign bank details in [Upload Documents](#)


← Upload Documents

Foreign bank account details (Policy No. 1012961064)

Please provide the following details and documents for payment to foreign bank account:

Telegraphic Transfer

- Recipient's Name
- Recipient's Account No.
- Recipient's Bank Details:-
  - Bank Name
  - Bank Address
  - Country
  - Swift Code
  - Clearing code, if any
- Currency Code
- Copy of Bank Statement/Confirmation which stating the bank account holder details and bank account no.
- Copy of PR certificate/Foreign ID/Passport, whichever applicable

Bank Draft

- Currency Code
- Copy of PR certificate/Foreign ID/Passport, whichever applicable

Attach required documents & click ‘Submit’ to upload

## Input Claims Information – Life Assured's & Claim details

Note: below some examples of input details screen, different claim types will require different input details

**Great Eastern**  
An OCBC Company

← Select Claim & Policy — Provide Details — Consent & Declaration

✓ **Total & Permanent Disability claim for HOOU GTI GTI (Life Assured)**

Nationality

☒ Malaysian ☐ Non-Malaysian

Highest level of education

☐ Primary  
☐ Secondary  
☒ Tertiary  
☐ None

Were you employed before this disability?

☒ Yes ☐ No

Occupation Details

Occupation

Architect

Discard Save & Close Proceed

**Great Eastern**  
An OCBC Company

← Select Claim & Policy — Provide Details — Consent & Declaration

Doctor's Details 1

Name of Doctor/Specialist

Dr. Lim Kwee

Location of Clinic/Hospital

☒ Malaysia ☐ Overseas

Clinic/Hospital (State)

Melaka

Name of Clinic/Hospital

Hospital Melaka

Clinic/Hospital Address

Jalan Mufti Haji Khalil, Melaka, Melaka, Melaka, Melaka

[Edit Address](#)

### NOTE:

**DO NOT USE** special characters in the text field input, e.g. [\$%#!~?;,<>^|{}+]

If the clinic/hospital address is incorrect, please edit from here.

Clinic/Hospital Address is auto-populated based on selection

## Input Claims Information - *Clinic/hospital's details*

The screenshot shows the 'Provide Details' step of a claim form. The form is titled 'Input Claims Information - Clinic/hospital's details'. It includes the Great Eastern logo and navigation tabs: 'Select Claim & Policy', 'Provide Details' (active), and 'Consent & Declaration'. The form fields are as follows:

- Location of Clinic/Hospital:** Two buttons, 'Malaysia' (selected) and 'Overseas'.
- Clinic/Hospital (State):** A dropdown menu with 'Pahang' selected.
- Name of Clinic/Hospital:** A search field with 'Klinik Menjalara' entered. A red circle '1' is next to the text. Below it, a blue button says 'Use "Klinik Menjalara"' with a red circle '2' next to it.
- Clinic/Hospital Address:** A large text area with a red circle '3' next to it. Below it is a link '+ Add More Address Lines'.
- Postcode, Town, and Country:** Three input fields. The 'Country' field has a search icon.
- Buttons:** 'Discard', 'Save & Close', and 'Proceed' (highlighted in blue).

A red dashed box highlights the 'Name of Clinic/Hospital' section with the text: *Manually input if clinic/hospital's details is not in the list*.

## Add Receipts (Medical Claim Only)

Great Eastern  
An OCBC Company

Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

**Receipts**

Maximum 10 receipts per claim submission

Total Incurred Amount : MYR1,500.00

#	Date of Receipt	Bill/Receipt No.	Incurred Amount	Medication/Pharmacy	Follow Up Doctor	Uploaded Receipts	Actions
1	10/10/2023	123345test	MYR 1,500.00	MYR 0.00	No	1 Receipt	⋮

[+ Add Receipts](#)

Discard | Save & Close | Proceed

Great Eastern  
An OCBC Company

New Receipts and Bills

**Bill/Receipt Details**

Date Incurred

Bill/Receipt No.

Currency: MYR | Incurred amount (after discount)

Upload Receipts and Bill Invoices

No attachments

[Upload](#)

Cancel | Add To Receipt List



Documents not required to be a Certified True Copy

Original invoices/receipts (with total incurred amount above RM3000) to be submitted to Head Office/Branches for further processing.



For Inpatient/DayCare Surgery/Hospitalisation Income Benefit claim, **ONLY ONE (1) receipt** can be added

For Pre and Post / Follow Up & Outpatients claims, up to 10 receipts can be added




Accepted File Formats: PDF, PNG, JPEG

Ensure file size per document is ≤10MB

Ensure correct receipt & bill uploaded per visit

Documents/image must be clear and full size

## Upload Claims Documents



[←](#) [Select Claim & Policy](#) [Provide Details](#) [Consent & Declaration](#)

Clinic/Hospital Address

[Edit Address](#)

Jalan Mufti Haji Khalil, Melaka, Melaka, Melaka, Melaka

[+ Add More Doctor's Details](#)

Other Complaint(s)/ailment(s)

Any other illnesses or conditions before this disability

Yes

No

Upload Documents

Discard


Save & Close

Proceed



Documents not required to be a Certified True Copy

Upload any Foreign bank payment instruction here



[←](#) Upload Documents

Mandatory Documents

1. Life Assured's NRIC (front and back)

TEST\_13092024.png 0.1 MB [Remove](#)

[↑](#)

2. Total and Permanent Disability Claim - Doctor's Statement

To be completed by treating doctor

e-Claims\_-\_UI\_Requirements\_and\_Defects.png 0.6 MB [Remove](#)

[↑](#)

3. All relevant investigation test report(s) and medical report(s)

image.png 0.1 MB [Remove](#)

[↑](#)




Accepted File Formats: PDF, PNG, JPEG

Ensure file size per document is ≤10MB

Attach up to 10 files at one time.

## Duplicate Alert for Open Claim



Great Eastern  
An OCBC Company

Select Claim Policy

Clinic/Hospital (State)  
Pulau Pinang

Clinic/Hospital Address  
KLINIK ZHULIAN PLOT 42, BAYAN LEPAS 11900 BAYAN LEPAS PULAU PINANG, Pulau Pinang

**NOTE:**  
You won't be allowed to proceed to create a claim if there is an existing Open Claim with the same Policy Number, Life Assured, Claim Type and Event Date.  
Locate the open claim in Submitted or In Progress Claims Listing to follow-up.

### Sorry, we have encountered a technical error.

There is an open claim with same policy number, Life Assured, claim type and event date. Please approach your servicing agent for assistance.


OK

Yes No

Upload Documents

Discard Save & Close Proceed

# Provide Consent & Declaration (Claim & Direct Debit Submission)



Select Claim & Policy

Provide Details

Consent & Declaration

Consent & Declaration

By checking all the required fields, you agree and consent to the declarations.

☒

Declaration & Authorisation by the Life Assured/Assured (Policyholder) HO

Terms and Conditions for Digital Claim Submission

☒

1. You must provide true, accurate, updated and complete personal and claim information required in this referred to as "GELM") to verify such information from relevant sources.

☒

2. The Assured (Policyholder)/Life Assured/Claim Submitting Person are required to keep all records and s

☒

3. You may be requested by GELM to submit the original documents for verification or audit purposes, faili

☒

4. The receipt of any information through this digital Claim Submission form does not equivalent to the ad

☒

5.

☒

1. I, the Life Assured/ Assured (Policyholder) declare the information/representations been fully disclosed. I agree that if I have made any untrue statement, or suppress

☒

2. I, the Life Assured/ Assured (Policyholder) hereby authorise and give my consent to reporting agency, organisation, institutions or persons that may have any records Assurance (Malaysia) Berhad, (hereinafter referred to as "GELM") and its authorise Reporting Agencies Act 2010) in order to process my insurance claim. I authorise G the following purposes (but not limited to): verifying information given pursuant to processing of claim. I, the Life Assured/ Assured (Policyholder), expressly waive on ethics forbidding any Information Provider from disclosing any information acqui

☒

3. I, the Life Assured/Assured (Policyholder), hereby authorise and give consent, to the Automatic Premium Loan, Cash Loan, overdue interests, premium due, advance b

☒

4. I, the Life Assured/Assured (Policyholder), have declare the contents of the document(s) and/or medical report(s) that I have uploaded are original(s) issued from the health facilities / relevant authorities and are the same as in the original physical copy(s). I understand that in the event of any discrepancy of information / documents, GELM reserves the right to reject the claim or request for refund (if claims payment has been made).

☒

5. I, the Life Assured/Assured (Policyholder) understand that GELM reserves the right to request for additional information, documentations and proof of claim to be furnished for the purpose of this claim.

Direct Credit Declaration

☒

1. Instruct the Company to pay into my / our Account all the future amount payable to me / us arising from transactions effected through the above policy (ies) until this instruction is expressly revoked in writing or replaced.

☒

2. Confirm that I am the Account holder and have full power and authority to operate the Account / [in respect of a partnership or a body corporate], we further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.

☒

3. Confirm that the information provided by me / us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.

☒

4. Understand that the Company has the right to reject this standing instruction in the event that it is found to be payable to a third party account. I / we also understand that the Company may in its absolute discretion terminate this Direct Credit service at anytime and without assigning any reason(s) therefor.

☒

5. Agree to immediately refund to the Company in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.

☒

6. Declare that in relation to payments made by the Company into the above Account, I / We : a. Acknowledge and agree that payments made by the Company into the above-mentioned Account shall be a valid discharge of the Company's liability under the policy(ies), and that the Company shall not be liable for any damages, losses, claims, costs and/or expenses which may incur arising from such payments. b. Agree to keep the Company indemnified of any damages, losses, claims, cost and/or expenses incurred by the Company in defending any claim arising from and/or in connection with this instruction.

☒

7. Declare that I am not an undischarged bankrupt / [in respect of a partnership or a body corporate]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.

☒

8. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Company for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.

Data Protection Notice

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateasternlife.com.my](http://greateasternlife.com.my).

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at [1300-1300 88](tel:1300-1300-88) or Privacy Officer at [+603 4813 3796](tel:603-4813-3796), or write to the Company.

Signature Agreement

By selecting the "I Accept button", you are signing this digital Claim Submission form and digital Direct Credit Submission form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this digital Claim Submission form and digital Direct Credit Submission form. By selecting "I Accept" button, you consent to be legally bound by the terms and conditions stated herein.

Discard

Save & Close

I Accept

## OTP Verification

Great Eastern  
An OCBC Company

← OTP Verification

By proceeding, you agree to this digital Claim Submission form and to authorize Great Eastern to update your direct credit details.

Please enter the OTP sent to \*\*\*126429\*\*\*.

Enter OTP

1

Key in OTP received and click Submit

Didn't receive OTP? [Resend OTP](#)

Submit

Great Eastern  
An OCBC Company

← OTP Verification

By proceeding, you agree to this digital Claim Submission form and to authorize Great Eastern to update your direct credit details.

Please enter the OTP sent to \*\*\*126429\*\*\*.

Enter OTP

843707

Would you like to submit this claim?

Once the claim is submitted, you will not be able to edit this claim.

2

☒ I want to download a copy of the e-Claim form

☐ I want to submit the claim without downloading the e-Claim form

Cancel

Submit

Click Submit

Tick this box to download a copy of the claim form

The claim has been successfully submitted, claim form will be automatically downloaded (if pop-up blocker disabled)

If automatic download does not happen, click on Download Form

Successfully Submitted



Claim has been successfully submitted.

[Download Form](#)

Claim No. 000000040136 & Total & Permanent Disability

### Important Notice

1. Please retain the original documents for ONE (1) year from submission date.
2. You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.



 Claim Type  
Total & Permanent Disability

 HLL SVV XSVIL

 0096761512 GREAT PROTECTLINK INSURANCE

### Claim Submitting Person's Details

Name



## Important Notice

### Important Notice

Original Receipt(s) and Original Itemised Bill(s) with total incurred amount of RM1,000 and above MUST be submitted immediately to the nearest Great Eastern Branch Offices / Head Office.

As for other documents (other than Original Receipts & Itemised Bills), please retain the original documents for ONE (1) year from submission date.

You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.

### Important Notice

Please retain the original documents for ONE (1) year from submission date.

You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.

### Important Notice

Should total claims submitted exceed RM 3,000, original Document (Eg. Bills/Receipts) and eClaim Cover Page MUST be submitted to the nearest Great Eastern Branch Offices/ Head Office.

All original Document are to be retained for SEVEN (7) years from claims submission date.

All original Document are required upon request by Great Eastern Life Assurance (Malaysia) Berhad.

**ACCIDENT RIDER  
GMBS HB**

**DEATH  
LIVING ASSURANCE BENEFIT  
TOTAL PERMANENT DISABILITY  
GREAT LADY RIDER  
MOTHER OR CHILD ILLNESS**

**MEDICAL**

# Policyholder's journey to submit Follow-up Documents



*Click Home button to  
go back to Main Menu*



## Locate Follow-Up Claim from Claim Dashboard

The screenshot displays the 'Online Claims' dashboard for Great Eastern, an OCBC Company. The top navigation bar includes the logo, a '+ Create New Claim' button, language toggles for EN and BM, and a 'Logout' link. Below the navigation bar, there are three summary cards: 'Closed' (0), 'Mixed Decisions' (0), and 'Drafts' (64). The main section is titled 'Most Recent Claims' and features a 'View All Claims' link. Three claim cards are shown. The first card, 'Living Assurance Ben...', is highlighted with a red box and a callout indicating the 'Follow-up' indicator. This card shows 'In Progress' and 'Follow-up 1' status, along with claim and policy numbers, submission date (02/10/2023), and last update date (05/10/2023). The second card, also 'Living Assurance Ben...', shows 'Submitted' status and a submission date of 25/08/2023. The third card, 'Death Benefit', shows 'Submitted' status and a submission date of 25/09/2023. A note at the bottom states: 'Note: The above records are showing claims up to 3 years.' The last login time is 04 Oct 2023, 10:53.

**Great Eastern**  
An OCBC Company

Online Claims

+ Create New Claim

EN ☐ BM ☒ Logout

0 Closed

0 Mixed Decisions

64 Drafts

Most Recent Claims

[View All Claims](#)

**Living Assurance Ben...**

In Progress Follow-up 1

Claim No. 000000015503

Policy No. 1007042124 + 4

Submitted on 02/10/2023

Last Updated 05/10/2023

**Living Assurance Ben...**

Submitted

Claim No. 0000013462

Policy No. 07042132 + 2 more

Submitted on 25/08/2023

Last Updated 04/10/2023

**Death Benefit**

Submitted

Claim No. 000000015026

Policy No. 1007042158, 0097597618

Submitted on 25/09/2023


Last Updated 25/09/2023

Note: The above records are showing claims up to 3 years.

Last Login: 04 Oct 2023, 10:53

**Follow-up indicator will show here**



## Submit Follow-up Document


< Upload Documents

### Follow-up Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1

1. Confidential Medical Certificate (Living Assurance - Brain, Nerve & Muscle related condition)

To be completed by attending neurologist

PEN0003934013396965.pdf
0.5 MB

Remove

Uploaded

2. Others

2

Submit

### NOTE:

- Partial upload of document is **allowed**
- Remaining documents can be uploaded later on once available
- Click **Submit Documents** to complete the submission to Company

Duplicate

View All Submitted Documents

Please submit the following documents

Follow-up 1

Confidential Medical Certificate (Living Assurance - Brain, Nerve & Muscle related condition)

To be completed by attending neurologist


Submit Documents 3

Upload Documents (1/1)


For Internal Use & Training Purposes Only

28

# Status Tracking Update



← Claim Details

Claim No. 000000039151  Total & Permanent Disability

In Progress


Submitted on 09/12/2024 14:06:26

Last Updated 09/12/2024 16:59:10


Claiming for Life Assured


Created on 09/12/2024 10:39:14


HOOY GTI GTI  
750101-52-3564

 1012961064 GREAT IDEAL LIVING

⌵ Status Tracking


 09/12/2024, 16:59 This claim requires additional requirement.

 09/12/2024, 14:06 Claim has been submitted.

 Please submit the following documents

Follow-up Documents

Follow-up 3

All relevant investigation test report(s) and medical report(s) 

ment card(s)

NOTE:

Claim status will be updated after one working day.

For Internal Use & Training Purposes  
Only

29

# **Policyholder's journey to reopen Withdrawn/ Rejected Claim**

03

*Click Home button to  
go back to Main Menu*



## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

Great Eastern  
An OCBC Company

Online Claims

+ Create New Claim

EN BM Logout

Welcome back, ASO SH YBR

3 Submitted

0 In Progress

0 Approved

0 Rejected

1 Closed

0 Mixed Decisions

0 Drafts

Locate any withdrawn/rejected claims that required documents from here

Most Recent Claims

View All Claims

Claim Status	Claim No.	Policy No.
Closed	000000034145	0052075418
Submitted	000000034035	0052075418
Submitted	000000033914	0052075418

### NOTE:

Submission of appeal document for **REJECTED** case is not applicable to **MEDICAL** claim  
refer to next section for reopen of Closed-File **MEDICAL** claim

Great Eastern  
An OCBC Company

Claims Listing

+ Create New Claim

EN BM Logout

Filter

Claim Status

☐ Select All

☐ Submitted

☐ In Progress

☐ Approved

☐ Rejected

☐ Mixed Decisions

☒ Closed

Claim Type

☒ Unselect All

☒ Death Benefit

☒ Living Assurance Benefit

SUBMITTED (4) DRAFTS (0)

Search by Policy No. / Claim No.

Show Within: Last 30 Days

Submitted Claims

Last Updated Recent - Oldest

Total & Permanent Disability

Closed Follow-up 3

Claim No. 000000034145

Policy No. 0052075418


Submitted on 02/08/2024

Last Updated 02/08/2024

Tap the case

1 Results Show 12 1 Of 1 pages

# Submit Follow-up Documents (When Case is Closed file/ Withdrawn/ Rejected)



← Claim Details

Claim No. 000000034145

Total & Permanent Disability

Closed

[Duplicate](#) [View All Submitted Documents](#)

Submitted on 02/08/2024

Last Updated 02/08/2024

Claiming for Life Assured

ASO SH YBR

430207-64-3234\*

0052075418

ECONOMILIFE - WHOLE LIFE WITH COMPOUND REVERSIONARY BONUS

▼ Status Tracking

02/08/2024, 09:52

Claim has been withdrawn for 0052075418.

02/08/2024, 09:49

This claim requires additional requirement.

02/08/2024, 09:31

Claim has been submitted.

▼ Claim Submitting Person's Details

Name

ASO SH YBR

Role

Policyholder

Please submit the following documents

Follow-up Documents

Follow-up 4

Claimant's NRIC (front and back, if different from Life Assured)

All consultation or treatment card(s)


Life Assured's NRIC (front and back)

Others

Upload Documents (0/4)

Upload the required documents to reopen the claim.

**Click Upload Documents to upload and submit documents**



← Upload Documents

Follow-up Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1. Claimant's NRIC (front and back, if different from Life Assured)

2. All consultation or treatment card(s)

3. Life Assured's NRIC (front and back)

4. Others



## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

Uploaded documents will be marked with green tick.

Click Submit Documents to complete submission to Company

**Great Eastern**  
An OCBC Company

### Upload Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1. Claimant's NRIC (front and back, if different from Life Assured)

Other\_supporting\_document.JPG 0.0 MB [Remove](#)

2. All consultation or treatment card(s)

3. Life Assured's NRIC (front and back)

4. Others

**1** Upload Documents

Please submit the following documents

### Follow-up Documents

Follow-up 4

Claimant's NRIC (front and back, if different from Life Assured) ☒

All consultation or treatment card(s)

Life Assured's NRIC (front and back)

Others

**2** Submit Documents


Upload Documents (1/4)

Submit the required documents to reopen the claim.


### NOTE:

1. Partial upload of document is **allowed**
2. Remaining documents will not be available later once submit documents
3. Click Submit Documents to complete submission to Company


## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)


Great Eastern  
An OCBC Company


Successfully Submitted





Claim has been successfully submitted.

Claim No. 000000034268  Great Lady - Childbirth


 Claim Type  
Great Lady - Childbirth



 LSI GTOY STB

 0040583830 GREAT LIFECARE

Great Eastern  
An OCBC Company


← Claim Details

Claim No. 000000034145  Total & Permanent Disability


Closed  Duplicate  View All Submitted Documents


Submitted on 02/08/2024 Last Updated 02/08/2024


Claiming for Life Assured


ASO SH YBR 430207-64-3234\*  0052075418 ECONOMILIFE - WHOLE LIFE WITH COMPOUND REVERSIONARY BONUS

▼ Status Tracking

 02/08/2024, 10:10 Claim has been reopened into a new case number **000000034150**

 02/08/2024, 09:52 Claim has been withdrawn for 0052075418.

 02/08/2024, 09:49 This claim requires additional requirement.

 02/08/2024, 09:31 Claim has been submitted.

▼ Claim Submitting Person's Details


Name	Role
------	------

### NOTE:

Follow up module will be removed after reopen claim

Status tracking will reflect the new reopened case number

# Submit Follow-up Documents (When Case is Withdrawn/ Rejected)



← Claim Details

Claim No. 000000034150

Total & Permanent Disability

Submitted

Submitted on 02/08/2024

Last Updated 02/08/2024

Claiming for Life Assured

ASO SH YBR

430207-64-3234\*

0052075418

ECONOMILIFE - WHOLE

LIFE WITH COMPOUND

REVERSIONARY BONUS

▼ Status Tracking

02/08/2024, 10:10

Claim has been submitted and reopened from 000000034145

▼ Claim Submitting Person's Details

Name

ASO SH YBR

NRIC

430207-64-3234\*

Role

Policyholder

Nationality

Malaysian

**New Case created with status = Submitted**

▼ Status Tracking

02/08/2024, 10:10 Claim has been submitted and reopened from 000000034145

▼ Claim Submitting Person's Details

Name	Role
ASO SH YBR	Policyholder
NRIC	Nationality
430207-64-3234*	Malaysian


# **Policyholder's journey to reopen Closed-File Medical Claim**

04

*Click Home button to  
go back to Main Menu*



# Submit Follow-up Documents (When Case is Closed File due to deferment not met)



Online Claims

Create New Claim

EN ☐ BM ☐

Logout

Welcome back, VOVLY ORYLA HSF KRLA

204

Submitted

91

In Progress

42

Approved

17

Rejected

119

Closed

0

Mixed Decisions

25

Drafts

Most Recent Claims

Medical Claim

Medical Claim

Medical Claim

Great Eastern

Claims Listing

SUBMITTED (434)

DRAFTS (25)

Filter

Claim Status

☐ Select All

☐ Submitted

☐ In Progress

☐ Approved

☐ Rejected

☐ Mixed Decisions

☒ Closed

Claim Type

☐ Select All

☐ Death Benefit

Submitted Claims

Medical Claim

Closed

Follow-up 2

Claim No.

000000035053

Policy No.

1042144663

Created on

28/08/2024 10:20:12

Submitted on

28/08/2024 10:23:31


Last Updated

05/02/2025 15:39:34

Locate Closed File medical claims that required to submit documents from here

Tap the case

# Submit Follow-up Documents (When Case is Closed File due to deferment not met)



Claim Details

Claim No. 000000035053

Case No. 3221583

Medical Claim

Closed

[Duplicate](#) [View All Submitted Documents](#) [Download Cover Page](#)

Submitted on 28/08/2024 10:23:31

Last Updated 05/02/2025 15:39:34

Claiming for Life Assured

Created on 28/08/2024 10:20:12

VOVLY ORYLA HSF KRLA

050602-36-2700

1042144663

SMARTPROTECT ESSENTIAL

3

Status Tracking

05/02/2025, 15:39

Claim has been closed file due to deferment not met for 1042144663

05/02/2025, 15:38

This claim requires additional requirement. View Pending Documents.

28/08/2024, 10:23

Claim has been submitted.

Please submit the following documents

Follow-up Documents 

Follow-up 2

Original Itemized Bills from Hospital 

✓

Request for additional Document A 

✓

Submit Documents

Upload Documents (2/2)

Submit the required documents to reopen the claim.

1

Upload Documents (0/2)

Upload the required documents to reopen the claim.

2

1. Original Itemized Bills from Hospital

Original\_Receipt\_1.pdf 0.1 MB [Remove](#)

2. Request for additional Document A

OTHER-JPG\_docs.jpg 0.4 MB [Remove](#)


1.JPEG 0.1 MB [Remove](#)

IDNum-PH.png 0.1 MB [Remove](#)

3

Upload Documents

## Submit Follow-up Documents (When Case is Closed File due to deferment not met)



← Claim Details

Claim No. 000000035053 Case No. 3221583 Medical Claim

Closed

[Duplicate](#) [View All Submitted Documents](#) [Download Cover Page](#)

Submitted on 28/08/2024 10:23:31 Last Updated 05/02/2025 15:39:34

Claiming for Life Assured Created on 28/08/2024 10:20:12

VOVLY ORYLA HSF KRLA 050602-36-2700 1042144663 SMARTPROTECT 3

▼ Status Tracking

05/02/2025, 15:39 Claim has been reopened into a new case number 000000033887

05/02/2025, 15:39 Claim has been closed file due to deferment not met for 1042144663


05/02/2025, 15:38 This claim requires additional requirement. View Pending Documents.

28/08/2024, 10:23 Claim has been submitted.


### NOTE:

Follow up module will be removed after reopen claim

Status tracking will reflect the new reopened case number



Successfully Submitted




Claim has been successfully submitted.

[Download Form](#)


Claim No. 000000033887 Case No. Processing... Medical Claim

Important Notice

- Should total claims submitted exceed RM 3,000, original Document (Eg. Bills/Receipts) and eClaim Cover Page MUST be submitted to the nearest Great Eastern Branch Offices / Head Office.
- All original Document are to be retained for SEVEN (7) years from claims submission date.
- All original Document are required upon request by Great Eastern Life Assurance (Malaysia) Berhad.



## Submit Follow-up Documents (When Case is Closed File due to deferment not met)



← Claim Details

Claim No. 000000033887 Case No. 3222711 Medical Claim

Submitted

[Duplicate](#) [View All Submitted Documents](#) [Download Case](#)


Submitted on 05/02/2025 15:58:40 Last Updated 05/02/2025 15:58:40

Claiming for Life Assured Created on 26/07/2024 16:29:45

VOVLY ORYLA HSF KRLA 050602-36-2700 1042144663 SMARTPROTECT ESSENTIAL 3

▼ Status Tracking

05/02/2025, 15:39 Claim has been submitted and reopened from 000000035053



← Upload Documents

Medical Claim

Follow-up Documents

- 1. Original Itemized Bills from Hospital  
Submitted on 2024-09-05 09:20:43  
[Original\\_Receipt\\_1.pdf](#)
- 2. Request for additional Document A  
Submitted on 2024-09-05 09:20:43  
[IDNum-PH.png](#)  
[OTHER-JPG\\_docs.jpg](#)  
[1.JPEG](#)

**New Case created with  
status = Submitted**

### NOTE:

1. Any documents and letters from original claim will not be copied
2. Follow Up Documents that submitted for reopen will be stored in new claim



# Submit Follow-up Documents (Partial Submission)

Please submit the following documents

Follow-up Documents

Follow-up 2

Original Itemized Bills from Hospital

✓

Request for additional Document A

Submit Documents

Upload Documents (1/2)

Submit the required documents to reopen the claim.

NOTE:

1. Partial upload of document is allowed.

2. Click “Submit Documents” to complete submission to Company.

3. Remaining documents will **NOT** available later once submit documents.

Great Eastern

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← Claim Details

Claim No. 000000033674

Case No. 3220970

Medical Claim

Duplicate

View All Submitted Documents

View Cover Page

VOVLY ORYLA HSF KRLA

50602-36-2700

Submitted on 23/07/2024

Last Updated 05/09/2024

Claiming for Life Assured

VOVLY ORYLA HSF KRLA

50602-36-2700

1042144663

SMARTPROTECT ESSENTIAL

3

Status Tracking

05/09/2024, 10:03

Claim has been reopened into a new case number 000000035305

05/09/2024, 10:01

Claim has been closed file due to deferment not met for 1042144663

05/09/2024, 10:01

This claim requires additional requirement. View Pending Documents.

23/07/2024, 17:38

Claim has been submitted.

Claim Reopened With Pending Documents

1 document(s) pending.

Submit the documents in the new case number 000000035305

Request for additional Document A

3

For Internal Use & Training Purposes Only

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**Thank you**

