HEALTHCARE SERVICES DEPARTMENT
CORRESPONDENCE FORM *BORANG SURAT MENYURAT*

Great Eastern
A member of the OCBC Group

Policy No. No. Polisi
Policy No. No. Polisi

Name of Policyholder
Nama Pemegang Polisi

Name of Life Assured
Nama Hayat yang Diansuranskan

Life Assured NRIC No.
No. KP Hayat yang Diansuranskan

Old NRIC/BC/Passport No.
No. KP Lama/Sijil Kelahiran/Paspot

Telephone No. *No. Telefon*

eWF Case No. *No. Kes eWF*

Claim ID. ID Tuntutan

Event Date. *Tarikh Rawatan*

Type.
Jenis

Appeal ☐ *Rayuan* Feedback ☐ *Maklum Balas* Document Request ☐ *Permintaan Dokumen* Others ☐ *Lain-lain*

Description. *Deskripsi*

Please attach with fresh copy if insufficient space. *Sila gunakan kertas sampingan jika ruang tersedia tidak mencukupi.*

Signature. *Tandatangan*

Name. *Nama*

NRIC/BC/Passport No.
No. KP Baru/Sijil Kelahiran/Paspot

Contact No. *Tel No.*

Date. *Tarikh*

DD MM YY

Please enclose supporting documents and forward this form to our nearest branch or email at healthcareservices@greateasternlife.com. *Sila lampirkan dokumen sokongan dan hantarkan boring ini kepada cawangan terdekat atau email di healthcareservicesdepartment@greateasternlife.com*