A Member of the OCBC Group

GROUP DEATH CLAIM FORM

CLAIM SUBMISSION PROCEDURES

Please read carefully before you complete the attached Claim Form.

1. The Great Eastern Life Assurance Company Limited (The Company) does **not admit liability** by the mere issue of this Form.

2. Please complete and answer all questions in full and tick in the appropriate boxes provided. Please indicate "N.A", if the question is not applicable in your case.

3 Please submit the Claim Form and al claim documents (see below) **within 30 days** from the date of death of the Deceased Member.

4 This Claim Form must be supported with the following documents :-

(I) Copy of **Death Certificate** (certified to be a true copy by an authorised officer of the Policyholder).

(ii) Copy of **Birth Certificate / Identity Card / Passport** of the Deceased Member (certified to be a true copy by an authorised officer of the Policyholder).

(iii) Copy of Deceased Member's **latest payslip** (certified to be a true copy by an authorised officer of the Policyholder).

(iv) Copy of the Deceased Member's Letter of Appointment at the time of employment (certified to be a true copy by an authorised officer of the Policyholder).

(v) Any police statement/newspaper report and/or obituary relating to Deceased Member's death.

(vi) Copy of the Deceased Member's Coroner's, Post-Mortem and Toxicology report for death of unnatural cause (certified to be a true copy by an authorised officer of the Policyholder).

Notes:

1. The Company reserves the right to call for any original documents.

2 A Physician's Statement may be required at the Company's discretion. The cost of such medical report, if required, will have to be borne by the Policyholder.

3 Authorised Officer of the Policyholder must be stated and declared in MAS 314 Form.

Important Note: Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

GROUP TERM LIFE CLAIM
NOTIFICATION OF DEATH-CLAIMANT STATEMENT

Great Eastern
A Member of the OCBC Group

Important Note : (a) The Great Eastern Life Assurance Company Limited is hereby referred to as "the Company".
(b) The Company does not admit liability by the mere issue of this or any other form.
(c) This form must be completed by the Policyholder and signed by an authorised representative.

1 STATEMENT BY POLICYHOLDER (EMPLOYER)

Name of Employer :

Policy No : G

Name of Deceased :

NRIC/ Passport No :

Date of Birth (Day / Month / Year)

Sex Male Female

Occupation at Death :

Employment Date : (Day / Month / Year)

Date Ceased Employment (Day / Month / Year)

Date Last Actively At Work (Day / Month / Year)

Sum Insured :

Last Drawn Salary

Date Salary Was Last Adjusted (Day / Month / Year)

2 DETAILS OF DEATH

(a) Death due to :-

Accident Illness

(b) Date of Death (Day / Month / Year)

(c) Date Illness First Diagnosed (Day / Month / Year)

(d) Describe fully the cause of death: _____

(e) Name of all Attending Physicians : Address of Clinics:

(i) _____

(ii) _____

(iii) _____

(iv) _____

3 DECLARATION BY POLICYHOLDER (EMPLOYER)

We, the Policyholder, do solemnly and sincerely declare that the information given in this statement is true and complete and have not withheld any material fact to the best of our knowledge and belief. We agree that the furnishing of this form, or any other supplemental forms, by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the Deceased Member in question nor a waiver of any of its rights or defences.

We hereby confirm and represent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") that each insured member of the policy ("Insured Members"), under which we are submitting our claims, has agreed and consented to the disclosure of their personal data to the Companies and their Representatives, and further, that for the Companies and their Representatives' collection, use and/or disclosure of the personal data of the Insured Members, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonable required by the Companies to evaluate, admit, process and/or settle our claims. In respect of the Insured Members who are subsequently enrolled into the policy, under which we are submitting our claims, we further undertake that we shall ensure and procure that each of such Insured Members has provided such agreement and consent in relation to his/her personal data for such purposes.
These purposes are set out in Great Eastern's Privacy Statement, which is accessible at https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html and which I/we confirm I/we have read and understood.

Authorised Signatory : (as declared in MAS 314 Form)	Name of Authorised Signatory: (as declared in MAS 314 Form)	Company's Stamp:

Date: (Day / Month / Year)