Great Eastern
A Member of the OCBC Group

GROUP TERMINAL ILLNESS CLAIM
ASSURED MEMBER'S STATEMENT

Important Note : (1) The Great Eastern Life Assurance Company Limited is hereby referred to as "the Company".
(2) The Company does not admit liability by the mere issue of this or any other form.
(3) 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

Please pay benefits to ☐ Employer ☐ Employee

Name of Employee

NRIC/ Passport No

Date of Birth Day Month Year

Sex ☐ Male ☐ Female

Occupation

Sum Assured

Employment Date Day Month Year

Date Last Actively At Work Day Month Year

Average Salary For the Last 12 Months

Date Salary Was Last Adjusted Day Month Year

2. DECLARATION BY POLICYHOLDER (EMPLOYER)

We, the Policyholder, 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 Assured 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 consent 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 we confirm each of us and the Insured Members have read and understood.

Authorised Signatory & Date :	Name of Authorised Signatory :	Company's Stamp :

3. STATEMENT BY ASSURED MEMBER (EMPLOYEE)

Name of Assured Member

NRIC/ Passport No

Date of Birth Day Month Year

Sex ☐ Male ☐ Female

4. NATURE OF CLAIM AND RELATED DETAILS

(a) Describe fully the symptoms for which the Assured Member consulted a doctor.

(b) How long did the Assured Member have the symptoms before he/she consulted a doctor?

(c) Date when the Assured Member FIRST consulted a doctor:

Day		Month		Year			

(d) If consultation was for illness, describe fully the extent and nature of the Assured Member's illness.

(e) If consultation was due to an accident, describe fully the nature of the Assured Member's injuries and how it happened.

(f) Has the Assured Member previously suffered from or received treatment for a similar or related illness or injury?

Yes ☐ No ☐

If "YES", please give full details.

5. RECORD OF MEDICAL CONSULTATIONS

(a) Provide the details of any doctors who have been consulted in connection with the Assured Member's illness or injury:

Name(s)	Name(s) of Clinic(s) / Hospital(s) and Address	Date(s) of First Consultation

(b) Provide the name(s) and address(es) of the Assured Member's regular doctor(s).

Name(s)	Address(es)	Tel No.(s)

6. OTHER INSURANCES

Is the Assured Member claiming from any other insurance company or other sources in respect of his/her illness or injury?

Yes ☐ No ☐

If "YES", provide the following information.

Name of Insurer	Date of Issue	Sum Assured	Type of Plan	Claim Amount	Claim Notified YES	Claim Notified NO
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

7. DECLARATION BY ASSURED MEMBER (EMPLOYEE)

I declare that the answers given by me in this Form are in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted. I agree to the Company seeking information in connection with this claim from any source and I authorise the giving of such information. A photocopy of this authorisation is as valid as the original.

By providing the information set out above, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my 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 evaluate, admit, process and/or settle my claims.
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 confirm I have read and understood.

Date: Day | Month | Year

Signature of Assured Member

Name of Assured Member