

CRITICAL ILLNESS CLAIM - CLAIMANT'S STATEMENT

Important Note:

- 1 The Great Eastern Life Assurance Company is hereby referred to as "The Company".
- 2 To be completed by the Policyholder. Date format in dd/mm/yy. Submit this together with relevant tests.
- 3 All eligible policies will be processed together, unless the Company being informed otherwise.
- 4 Please ensure your contact details with the Company, including mobile no. and email address are updated to receive your correspondences.

* Please circle where appropriate.



1 Details of Policyholder / Life Assured

Full Name:

NRIC / Passport No.(for foreigner only):

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Details of Life Assured (if different from Policyholder)

Full Name:

NRIC / Passport No.(for foreigner only):

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2 Details of Claim and Medical Consultation History

- a) Date symptoms first appeared: _____
Describe symptoms in full: _____
Details of accident, if applicable: _____

- b) Date first consulted a doctor: _____
Name and Address of Doctor: _____
Treatment and Advice given: _____

- c) Date condition first diagnosed: _____
Full and exact diagnosis: _____
Name and Address of Doctor: _____

- d) Details of other doctors whom the Life Assured consulted for this condition (or similar condition in the past):
- | Date of Consultation | Diagnosis | Name & Address of Doctor Consulted |
|----------------------|-----------|------------------------------------|
| | | |

- e) Does the Life Assured suffer from any other medical condition or disability? YES / NO*
If "YES", please give details.

Date First Diagnosed	Medical Condition/Disability	Name & Address of Doctor Consulted

3 Other Insurance

- Is the Life Assured insured with other insurance company? YES / NO*
If "Yes", please give details.

Date of Issue	Name of Insurer	Type of Plan	Sum Assured (S\$)	Claim Notified

Signature of Claimant

Date

4 Settlement Option

PayNow up to S\$200,000

By selection 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.

Quick Cheque Deposit (QCD)

QCD can only be done to Singapore bank account belonging to the legal owner. Please provide documentary proof from the bank indicating the bank account number and account holder name.

Cheque to be collected by myself at Customer Service Counter of Great Eastern Centre.

Cheque to be posted to me via my mailing address registered with The Company.

Telegraphic Fund Transfer

For Claimant residing overseas only. This is subject to The Company's approval and complete submission of requirements.

Cheque to be collected by The Company's Financial Representative.

Name: _____

5 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 is 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/Life Assured (including my/Life Assured's medical information) to other parties, which any of the Requesting Parties deems necessary for the purpose of my claims.

I further agree that this declaration shall form part of my proposed 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: _____

To be completed by The Company's Financial Representative

If Claimant has authorised you to collect the cheque, please give details:

Collect at Customer Service Counter of Great Eastern Centre

Drop into my Mailbox No. _____ at PLQ / GE House / Nankin Row / Westgate*

Full name: _____

Signature of Rep: _____

Mobile no.: _____

Date (dd/mm/yy): _____