

# DEATH 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 Nominee (Claimant) or next-of-kin of the Deceased. Date format in dd/mm/yy.

\* Please circle where appropriate.

## 1 Details of Deceased

Full Name

NRIC / Passport No. (for foreigner only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 2 Details of Death

- (a) If death caused by Accident, please give details. YES / NO\*

Date of Accident	Time of Accident	Place of Accident

- (b) If death caused by Illness, please give details. YES / NO\*

Date onset	Symptoms presented	Date first treated	Name & Address of Attending Doctor

- (c) Did the Deceased suffer from any other illnesses/conditions? If "Yes", please give details. YES / NO\*

Date Diagnosed	Medical condition / Disability	Name & Address of Attending Doctor

- (d) For death occurred Overseas:

i) Was the Deceased cremated or buried outside Singapore? YES / NO\*

ii) Please provide travel details:

Date left Singapore	Purpose of visit & intended length of stay	Overseas Address

## 3 Last Will & Family Status

- (a) Did the Deceased leave a Will? If "Yes", please enclose a copy of the Last Will. YES / NO\*

(b) Marital status of the Deceased:  Single  Married  Divorced  Widowed  Separated

- (c) Did the Deceased leave any surviving family members? If "Yes", please give details. YES / NO\*

i) Surviving family members of the Deceased:  Father  Mother  Spouse  Children

ii) Number of children and their ages: \_\_\_\_\_

iii) Number of siblings and their ages: \_\_\_\_\_

## 4 Other Information

Are you a tax residency of any country other than Singapore? YES / NO\*

If "Yes", please submit the **Tax Residency Self-Certification Form** together with this claim. For more info, visit

<https://www.greasternlife.com/content/dam/great-eastern/sg/homepage/privacy-and-security-policy/crs/crs-self-cert-individual.pdf>

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date



## 5 Settlement Option

- 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 at Great Eastern Centre.
- Cheque to be posted to me via my mailing address provided below.
- Telegraphic Fund Transfer  
For Claimant residing overseas only. Subject to The Company's approval, we will advise further document required.
- Cheque to be collected by The Company's Financial Representative per details provided:  
Name: \_\_\_\_\_

## 6 Declaration

To the best of my knowledge and belief, I hereby declare that 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 the Deceased's and 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 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 the Deceased from any persons possessing the same (such as doctors whom the Deceased has 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 and the Deceased (including the Deceased's medical information) to other parties, which any of the Requesting Parties deems necessary for the purpose of my claims. This includes without limitation disclosure to the board of Central Provident Fund ("Board") for purposes of (i) making of a claim under the Dependents' Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) of Singapore which the deceased may be insured under; and (iii) the administration or operation of the accounts maintained by the Board for the Deceased under the Central Provident Fund Act (Chapter 36) of Singapore.

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 Claimant: \_\_\_\_\_  
NRIC/Passport no.: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_  
Mobile no.: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## To be completed by The Company's Financial Representative's Completion

Please complete this if Claimant has authorised you to collect the cheque:

- Collect at Customer Service Counter at Great Eastern Centre
- Drop into my Mailbox No. \_\_\_\_\_ at PLQ / GE House / Nankin Row / Westgate\*
- Full name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mobile no.: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

