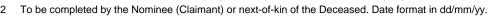
DEATH CLAIM - CLAIMANT'S STATEMENT

Important Note

The Great Eastern Life Assurance Company is hereby referred to as "The Company".





* Please circle where appropriate.

1	Deta	etails of Deceased					
	Full N	lame			NRIC / Passport No. (fo	or foreigner only)	
2	Deta	etails of Death					
	(a)						
		Date of Accident	Time of Accident	Place of Accident			
	(b)	If death caused by Illr	ness, please give details.			YES / NO*	
		Date onset	Symptoms presented	Date first treated	Name & Address of Atte	ending Doctor	
(c) Did the Deceased suffer from any other illnesses/conditions? If "Yes", please give details.				YES / NO*			
		Date Diagnosed	Medical condition / Disabil	ity	Name & Address of Att	ending Doctor	
	(d)	For death occurred O i) Was the Deceased ii) Please provide trav Date left Singapore	cremated or buried outside		Overseas Address	YES / NO*	
		- ,	·				
3	Last	st Will & Family Status					
	(a)	Did the Deceased leave a Will? If "Yes", please enclose a copy of the Last Will. YES / NO				YES / NO*	
	(b)	Marital status of the D	Deceased: Single	Married Div	orced Widowed	Separated	
	(c)	Did the Deceased lea	ave any surviving family mem	nbers? If "Yes", please give	details.	YES / NO*	
		i) Surviving family me	mbers of the Deceased:	Father Mo	ther Spouse	Children	
		ii) Number of children	n and their ages:			_	
		iii) Number of siblings	s and their ages:				
4	Othe	ther Information					
	If "Ye	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.greateasternlife.com/content/dam/great-eastern/sg/homepage/privacy-and-security-policy/crs/crs-self-cert-individual.pdf					
				Signature of Cl	aimant	Date	



5	Sett	lement 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.				
	Ш	Cheque to be collected by The Company's Financial Representative per details provided:				
		Name:				
6	Dec	laration				
		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.				
	repre	hereby agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective epresentatives 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 equired by the Companies to process and administer my claims.				
	These https without (a) (b) I furth form Full r NRIC	se purposes are set out in Great Eastern's Privacy Statement, which is accessible at st.//www.greateasternlife.com/sg/en/privacy-and-security-policy.html and which I confirm I have read and understood, including out limitation: 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 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. ther agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this a shall be treated as valid and binding as if it were the original. Signature of Claimant: C/Passport no.: Date (dd/mm/yy): Occupation:				
	E-ma	ail address: Relationship to Deceased:				
	Maili	ng Address:				
To be completed by The Company's Financial Representative's Completion						
Ρle	ease	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:					
		le no.: Date (dd/mm/yy):				