LIFE WOMAN ENHANCED BENEFITS CLAIM
DOCTOR'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

* Please delete where appropriate

For Official Use

G E L S –

O A C S –

Name of Life Assured:

NRIC/ Passport No.: Date of Birth (dd/mm/yyyy): Gender: M / F *

1. Date of Hospitalisation:

(i) Date Admitted (Day / Month / Year) Date Discharged (Day / Month / Year)

(ii) Date Admitted (Day / Month / Year) Date Discharged (Day / Month / Year)

(iii) Date Admitted (Day / Month / Year) Date Discharged (Day / Month / Year)

2. When were you first consulted for this illness?

3. What were the symptoms that the Life Assured complained and for how long had she been experiencing these symptoms?

4. How many months was the Life Assured pregnant at the time of hospitalisation?

5. Was the hospitalisation due to complications of pregnancy or childbirth?

6. What is the diagnosis and on which date was the diagnosis made?

Date

Signature of Doctor

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
The Overseas Assurance Corporation Limited (Reg No. 1920 00011W)
Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

CCLM
CCLMDOCLWB

Jan 2015

7. Please provide the name and address of the doctor:

   (a) who had referred the Life Assured to you.

   _____

   _____

   (b) to whom you had referred this Life Assured.

   _____

   _____

8. Please provide details (including dates) of surgical or other treatment given.

   _____

   _____

9. Please attach copies of relevant laboratory reports to assist us in assessing the claim.

   _____

   _____

10. Please provide any other information which may be of assistance to us in assessing this claim.

    _____

    _____

    _____

_____ _____

Date Signature & Official Stamp of Doctor

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