



(c) If the Life Assured's disability is due to accident:

(i) Date of accident: 

Day	Month	Year

(ii) Time of accident: \_\_\_\_\_

(iii) Detailed description of the accident:

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(iv) Detailed description of the injuries:

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(d) Has the Life Assured suffered from this disability before?  
If "YES", give dates and details of the doctors consulted.

YES / NO \*

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(e) State the date when the Life Assured's disability totally prevented him/ her from performing his/ her occupation.

Day	Month	Year

(f) State the names and addresses of all doctors who treated the Life Assured for his/ her present disability.

Name(s)	Address(es)	Date of First Consultation

(g) If as a result of the disability, the Life Assured has been:

(i) Hospitalised, give:

Name(s) of Hospital(s)	Date(s) of Admission	Date(s) of Discharge

(ii) Confined to his/ her home, give the dates of confinement: From:

Day	Month	Year

To:

Day	Month	Year

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyholder

## 5 SOURCES OF INCOME

Give particulars of any benefit, salary or remuneration the Life Assured is receiving or he/ she expects to receive because of or during his/her disability from any other insurance company, employer or from any other source. (Attach documentary evidence).

Source	Amount	Date of Commencement of Payment	Date of Termination of Payment
	\$ .....per .....		
	\$ .....per .....		
	\$ ..... per .....		

## 6 DETAILS OF RESIDENCE

Since policy commencement, has the Life Assured had any intention of residing outside Singapore for a period of 6 months or more in near future? YES / NO \*

If "YES", state:

(i) Date of leaving Singapore: 

Day	Month	Year

(ii) Date of return: 

Day	Month	Year

## 7 OTHER INFORMATION

Has the Life Assured or the Claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors since becoming interested in the policy? YES / NO\*

## 8 OTHER INSURANCE

Is the Life Assured claiming from any other insurance company or other sources in respect of this disability? YES / NO

\* If "YES", provide the following information.

Name of Insurer	Date of Issue	Sum Assured	Type of Plan	Claim Amount	Claim Notified (YES/ NO)	Claim Paid (YES/ NO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyholder

## 9 MODE OF CLAIMS PAYMENT (Please Tick)

☐ **Please credit my proceeds via PayNow.**

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 Great Eastern Life Assurance Company Limited ("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, the Policyholder.

Note: PayNow will only be applicable for claims up to S\$200,000 and payable to Policyholder's local bank account.

☐ **Quick Cheque Deposit.**

I wish to request for Quick Cheque Deposit and enclosed a copy of my (Policyholder) bank statement or bank book for verification. I hereby authorise and instruct The Great Eastern Life Assurance Company Limited ("Company") to deposit the cheque to the quick cheque deposit slot of the designated bank stated in my bank statement or bank book.

☐ **Cheque Payment.**

I wish to request for Cheque payment. I agree and acknowledge that a cheque for the payment will be issued to me, the Policyholder.

### DECLARATION

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 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 <http://www.greateasternlife.com/sg/en/pncpolicies.htm> 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 from any persons possessing the same (such as doctors whom I 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 (including my 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.

\_\_\_\_\_  
Signature of Policyholder

Name: \_\_\_\_\_

NRIC/ Passport No: \_\_\_\_\_

Date: \_\_\_\_\_