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.

Great Eastern
A member of the OCBC Group

Please tick Type of Claim ☐ **Critical Illness** ☐ **Juvenile Benefit** ☐ **Terminal Illness** ☐ **Other Benefits (Senior/Special)**

1 Details of Policyholder / Life Assured

Full Name: _____

NRIC / Passport No.(for foreigner only): ☐☐☐☐☐☐☐☐☐☐☐☐

Details of Life Assured (if different from Policyholder)
Full Name: _____

NRIC / Passport No.(for foreigner only): ☐☐☐☐☐☐☐☐☐☐☐☐

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 is the default settlement option up to S$200,000 per policy:

To align with the nation's initiatives to go cheque-free, PayNow is the default settlement option up to S$200,000 for policyholder who has registered with PayNow and has linked his/her Singapore NRIC to the bank account ("PayNow Account"). You hereby authorise and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary"). In the event that the PayNow transaction is unsuccessful, a cheque for the payment will be issued to you.

For payment more than S$200,000 per policy, or PayNow transaction is not available / unsuccessful:

☐ 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.greateasternlife.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, pleave 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):	_____