**Important Note**: Please note that, under the policy terms and conditions, the policy may be void if any information provided in this claim form are made knowingly by you that is materially false or misleading.



## DENGUE CARE - HOSPITAL CASH BENEFIT CLAIM FORM

PART I - STATEMENT BY INSURED MEMBER
Name of Insured Member:
Policy No. :  G 0 0 0 7 2 9 1
Date of Policy Commencement:
Day Month Year NRIC/PP/FIN NO:
Email address:
Contact no:
PART II - STATEMENT BY CLAIMANT (INSURED MEMBER):
Name of Patient : *Relationship to Insured Member: Date of Hospitalisation:    Self   Spouse   Day Month Year   Child   Child
NRIC/PP/BC/FIN No:  Date of birth:  Day Month Year  *Sex:  M  F
PART III - DOCUMENTS TO BE SUBMITTED:
Please note claim may be rejected if incomplete supporting documents are provided*:
1 Proof of relationship : Marriage Certificate Birth Certificate Certificate of Adoption
2 Proof of admission : A copy of hospital discharge summary  A copy of final summary hospital tax invoices
3 Proof of coverage : A copy of Certificate of Insurance (COI) (Optional)
* The Company reserved the right to request for further medical reports/information after assessing the claim documents submitted.  The policyholder must bear the fee charged for the additional medical reports/information.
Declaration and Authorisation
I declare that the statements and answers given above are true and complete and that I have not made any false or fraudulent statement or suppressed or withheld any material facts.
I authorise any hospital, medical practitioner, clinic or any other person who has medically attended to or examined me or my eligible dependent to disclose to The Great Eastern Life Assurance Company Limited all medical records or information with respect to any illness or injury, medical history, consultations, prescription or treatment and copies of all hospital records.
A photostat copy of this authorisation shall be considered as effective and valid as the original.
By providing the information set out above, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") 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 evaluate, admit, process and/or settle my claims.
These purposes are set out in Great Eastern's Privacy Statement, which is accessible at https://www.greateasternlife.com/en/privacyand-security-policy.html and which I confirm I have read and understood.
Date : Signature of Insured Member :  * please tick in the appropriate boxes.

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)