

 **Great Eastern**
Life is Great
A member of the OCBC Group

PART I - STATEMENT BY INSURED MEMBER

[illegible]

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| Day | | Month | | Year | | | |
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[illegible]

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PART II - STATEMENT BY CLAIMANT (INSURED MEMBER):

[illegible]

☐ Self ☐ Spouse
☐ Child

| Day | | Month | | Year | | | |
|-----|--|-------|--|------|--|--|--|
| | | | | | | | |

[illegible]

| Day | | Month | | Year | | | |
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PART III - DOCUMENTS TO BE SUBMITTED:

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|---|-----------------------|---|--|--|--|
| 1 | Proof of relationship | : | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Certificate of Adoption |
| 2 | Proof of admission | : | <input type="checkbox"/> A copy of hospital discharge summary | | |
| | | | <input type="checkbox"/> A copy of final summary hospital tax invoices | | |
| 3 | Proof of coverage | : | <input type="checkbox"/> A copy of Certificate of Insurance (COI) (Optional) | | |

Declaration and Authorisation

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/privacy-and-security-policy.html> and which I confirm I have read and understood.

Signature of Insured Member :

* *please tick in the appropriate boxes.*

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GID/GLM/2020