

**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.



**CLAIM FORM - GREAT Covid Care Plan**

**PART I - STATEMENT BY POLICYHOLDER**

Name of Policyholder: 



 Policy No. : 

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Policy Commencement Date : 

Day	Month	Year
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 NRIC/BC/PP/DP/SP/WP NO:

Email address: 



 Contact no:

**PART II - STATEMENT BY CLAIMANT:**

Name of Patient : 



 \*Relationship to Policyholder:  Self  Spouse  Child

NRIC/BC/PP/DP/SP/WP NO: 



 Date of birth: 

Day	Month	Year
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 \*Sex:  M  F

**PART III - DETAILS OF VACCINATION/HOSPITALISATION**

a. Date of vaccination : 1st dose \_\_\_\_\_ 2nd dose \_\_\_\_\_

b. Type of vaccination :  Pfizer-BioNTech  Moderna  Sinovac  Others \_\_\_\_\_

c. Admission date : \_\_\_\_\_ Discharge date : \_\_\_\_\_ Duration of stay : \_\_\_\_\_ days

**PART IV - DOCUMENTS TO BE SUBMITTED:**

Please submit all relevant claims documents within 31 days from the date of discharge from hospital.  
Please note claim may be rejected if incomplete supporting documents are provided\*\* :

- A copy of Certificate of Insurance (COI)  A copy of vaccination card
- A copy of hospital discharge summary  Original final summary hospital invoices
- A copy of NRIC/Birth Certificate/Employment Pass/Dependent's Pass/Student Pass/Work Permit

\*\* 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.

**PART V - BANK DETAILS**

**Bank Account Details** (of insured Member/Parent/Guardian for purpose of crediting claim settlement if applicable)

Name of Bank	Branch of Bank	Bank Account Number	Account Holder's Name

**IMPORTANT NOTES:**

- a. Claim settlement (if applicable) will only be credited to the Insured Member/Parent/Guardian bank account with no exceptions. Payment will only be made to Singapore bank accounts and The Company will not be held liable for any damages, costs, losses or expenses as a result of claim settlement being credited into the bank account indicated above,
- b. Future/further payment will continue to be credited to the above bank account unless otherwise notified by the Insured Member or Parent/Guardian (for Insured Member below 18 years old).

## PART VI - DECLARATIONS

### 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/or 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, and such other purposes as described in Great Eastern's Privacy Statement accessible at <https://www.greasternlife.com/sg/en/privacy-and-security-policy.html> (collectively, the "Purposes"), which I confirm I have read and understood.

My consents herein supplement but do not supersede nor replace any other consents I may have previously provided to the Companies and Representatives, and my consents herein are cumulative and additional to any rights which any of the Companies and Representatives may have to collect, use, and/or disclose of my personal data, with or without my consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me, I further confirm and represent that I have obtained the consent of the individual concerned for the Purposes, unless such consent is not required under applicable laws: (i) to collect such personal data; (ii) for the disclosure of such personal data to the Companies and Representatives; and (iii) for the Companies' and Representatives' collection, use and/or disclosure of such personal data.

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

\* *please tick in the appropriate boxes.*

Signature of Insured Member/ \_\_\_\_\_

Parent / Guardian (for Insured Member below 18 years old)

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

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