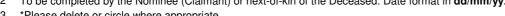
DEATH CLAIM - CLAIMANT'S STATEMENT

Important Note:

- The Great Eastern Life Assurance Company is hereby referred to as "The Company".
- To be completed by the Nominee (Claimant) or next-of-kin of the Deceased. Date format in dd/mm/yy.
- *Please delete or circle where appropriate.





For policyholder, please ensure your contact details with Company, including mobile no. and email address are updated to receive your correspondences

1	Details of Deceased						
	Full Name:			Г	NRIC No. / Passpo	ort No. / FIN No.:	
2	Details of Death						
a)	If Death caused by Illness, pl	ease provide details.				YES / NO*	
	Date symptoms presented:				/	/	
	Symptoms presented:						
	Date first consulted a doctor:						
	Name & Address of Doctor:						
b)	If Death caused by Accident, Date and Time of Accident: Details of the Accident: Place of Accident:	please provide details	S.		/[YES / NO*	
c)	Was the death of the deceas	ed due to suicide, self	f-destruction or intenti	onal self- infli	cted injury?	YES / NO*	
d)	For Death occurred Overseas:						
	Was the Deceased cremated or buried outside Singapore? YES / NO*						
	Date left Singapore:						
	Intended purpose & duration:						
	Overseas Address:						
e)	Did the Deceased suffer from any other illnesses/conditions? If "YES", please provide details. Date First Diagnosed Illness / Disability			YES / NO* Name & Address of Doctor Consulted			
3	Last Will & Family Status						
a)	Did the Deceased leave a Will? If "YES", please enclose a copy of the Last Will. YES / NO*						
	Marital status of the Decease		Married	Divorced	Widowed	Separated	
c)	Surviving family members of	<u> </u>		_		YES / NO*	
					Spouse	Children	
	ii) Number of children and the	eir ages:		_			
	iii) Number of siblings and the	eir ages:					
4	Other Insurance						
	Are you aware of or have you ever been told that the deceased have any other policies YES / NO* with other financial institutions? If "YES", please provide details.						
	Date of Issue	Name of Insurer	Type of Coverage	Sum A	Assured (S\$)	Claim Notified	
			<u> </u>				
			Si	gnature of Cla	aimant	Date	



၁	Settlement Option						
	whereby I am the Legal and Beneficial Owner of the PayNow the payment that is payable to me into my PayNow Account a	w is the (Default Settlement Option) In that I have registered with PayNow and I have linked my Singapore NRIC/FIN to my bank account ("PayNow Account") I am the Legal and Beneficial Owner of the PayNow Account. I hereby authorise and instruct The Company to deposit ment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank necessary). This is applicable to SGD denominated policies only.					
	Direct Credit option (if you do not have a "PayNow Ac By selecting this option, I confirm that I have provided a ce-statement showing your full name, ID / address, bank n details blanked out) for verification purposes.						
	Name of Bank Account Holder	Bank Account No.					
	Name of Bank	Name of Branch					
	Telegraphic Fund Transfer (For Claimant residing over Subject to The Company's approval, we will advise on fur						
6	Other Information Are you are "U.S. person" for U.S. federal income tax purposes or acting for, or on behalf of a U.S. person? YES / NO* If "YES", please submit the W-9 Form together with this form. For more information, please refer to: http://www.irs.gov/forms-pubs/about-form-w-9						
7	Donoficial Owner Donocuration						
7	•	owns or controls the customer or the natural person on whose behalf who exercises ultimate effective control over a legal person or legal					
	*The business relations herein refers to this claim transaction	where policy proceeds will be paid out.					
	Please complete either (A) or (B) only: (A) If the claimant is the Nominee or Next-of-kin of the decearare you the beneficial owner of the policy proceeds?	sed, YES / NO*					
	(B) If claimant is the Policyholder, are you the beneficial owner	er of the policy proceeds?					
If "NO", please provide the particulars of the Beneficial Owner below and submit a copy of their NRIC or Passport or FIN							
	Full name: Date of Birth (dd/mm/yy): Residential Address:	NRIC No./Passport No./FIN No.: Nationality:					
	Relationship to Payee:	Mobile No.:					

Signature of Claimant



Date

8 Declaration

To the best of my knowledge and belief, 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 the Deceased's and 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 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 the Deceased from any persons possessing the same (such as doctors whom the Deceased has 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 and the Deceased (including the Deceased's medical information) to other parties, which any of the Requesting Parties deems necessary for the purpose of my claims. This includes without limitation disclosure to the board of Central Provident Fund ("Board") for purposes of (i) making of a claim under the Dependents' Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) of Singapore which the deceased may be insured under; and (iii) the administration or operation of the accounts maintained by the Board for the Deceased under the Central Provident Fund Act (Chapter 36) of Singapore.

For policies which have been assigned to financial institutions ("Assignees"), I hereby agree and consent to the Requesting Parties disclosing to the Assignees any relevant documents or information (including the Death Certificate of the Deceased), which are reasonably required by the Assignees to process the outstanding loan tied to the assigned policy.

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 Claimant:
NRIC No./Passport No./FIN No.:	Date (dd/mm/yy):
Mobile No.:	Occupation:
Email address:	Relationship to Deceased:
Mailing address:	