

DEATH CLAIM - 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 Nominee (Claimant) or next-of-kin of the Deceased. Date format in dd/mm/yy.
- 3 *Please delete or circle where appropriate.
- 4 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:

Mary Anne De Souza

NRIC No. / Passport No. / FIN No.:

S 3 4 5 6 7 8 9 C

2 Details of Death

- a) If Death caused by Illness, please provide details.

YES / NO*

Date symptoms presented:

1 0 / 0 4 / 2 0 2 4

Symptoms presented:

Difficulty breathing, persistent cough, fever

Date first consulted a doctor:

12/04/2024

Name & Address of Doctor:

Dr. Elizabeth Teo, Mount Elizabeth Hospital, 3 Mount Elizabeth, Singapore

- b) If Death caused by Accident, please provide details.

YES / NO*

Date and Time of Accident:

/ /

Details of the Accident:

Place of Accident:

- c) Was the death of the deceased due to suicide, self-destruction or intentional self-inflicted 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?

YES / NO*

If "YES", please provide details.

Date First Diagnosed	Illness / Disability	Name & Address of Doctor Consulted
25/07/2017	Chronic Obstructive Pulmonary	Dr. Elizabeth Teo, Mount Elizabeth Hospi
18/02/2023	Stage 3 Lung Cancer	Dr. Elizabeth Teo, Mount Elizabeth Hospi

3 Last Will & Family Status

- a) Did the Deceased leave a Will? If "YES", please enclose a copy of the Last Will.

YES / NO*

- b) Marital status of the Deceased:

☐ Single

☐ Married

☐ Divorced

☒ Widowed

☐ Separated

- c) Surviving family members of the Deceased:

YES / NO*

i) Surviving family members of the Deceased:

☐ Father

☐ Mother

☐ Spouse

☒ Children

ii) Number of children and their ages:

2 children, ages 40, 38

iii) Number of siblings and their ages:

1 sibling, age 65

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 Assured (\$)	Claim Notified
15/03/2016	Aviva Singapore	Whole Life Insur	S\$180,000	YES
20/09/2018	AXA Singapore	Critical Illness C	S\$100,000	YES

Signature of Claimant

Date

5 Settlement Option

PayNow is the (Default Settlement Option)

I confirm that I have registered with PayNow and I have linked my Singapore NRIC/FIN to my bank account ("PayNow Account") whereby I am the Legal and Beneficial Owner of the PayNow Account. I hereby authorise and instruct The Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). This is applicable to SGD denominated policies only.

☐ Direct Credit option (if you do not have a "PayNow Account")

By selecting this option, I confirm that I have provided a copy of my recently issued bank statement / passbook / e-statement showing your full name, ID / address, bank name, branch and account number (with transaction and other 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 overseas only)

Subject to The Company's approval, we will advise on further document(s) required.

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 Beneficial Owner Declaration

A Beneficial Owner means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations* are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

*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 deceased, YES / NO*
are you the beneficial owner of the policy proceeds?

(B) If claimant is the Policyholder, are you the beneficial owner of the policy proceeds? YES / NO*

If "NO", please provide the particulars of the Beneficial Owner below and submit a copy of their NRIC or Passport or FIN to us.

Full name:	<u>Teresa Maria Rodrigues</u>	NRIC No./Passport No./FIN No.:	<u>K9876543Z</u>
Date of Birth (dd/mm/yy):	<u>15/05/1980</u>	Nationality:	<u>Portuguese</u>
Residential Address:	<u>Avenida da Liberdade 250, Lisbon, Portugal</u>		
Relationship to Payee:	<u>Daughter</u>	Mobile No.:	<u>+351 912 345 678</u>

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:	John Peter De Souza	Signature of Claimant:	
NRIC No./Passport No./FIN No.:	S7890123B	Date (dd/mm/yy):	
Mobile No.:	9123 4567	Occupation:	Retired Teacher
Email address:	john.desouza@email.c	Relationship to Deceased:	Son
Mailing address:	Block 567 Ang Mo Kio Avenue 3, #05-567, Singapore 560567		

