

**GROUP OUTPATIENT CLAIM FORM**

**CLAIM SUBMISSION PROCEDURES**

**Please read carefully** before you complete the attached Claim Form.

- The Great Eastern Life Assurance Company Limited (The Company) does **not admit liability** by the
1. mere issue of this Form.
  2. Please complete and answer all questions in full and tick in the appropriate boxes provided. Please indicate "N.A.", if the question is not applicable in your case.
  3. Please submit the Claim Form and all claim documents (see below) within **30 days** from the date of discharge from hospital or date of surgery.
  4. This Claim Form must be supported with the following documents : -
    - (i) All Final and Original itemised Bills or Receipts.

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

