AUTHORISATION LETTER



For Claimant's completion :	
I would like the claim cheque (if claim is approved) to be : posted to me via my correspondence address.	
collected by my Financial Representative	(NRIC No.:)
Signature of Claimant :	Policy No. :
Name of Claimant. :	NRIC of Claimant :
Handphone/ Contact No. of Claimant. :	Date:
(For Distribution Representative's completion (if Claimant has authorised you to collect the cheque)	
I would like the claim cheque to be: -	
Collected at Customer Service Reception Counter at Ground Floor, Great Eastern Centre. (Please note that the cheque will be posted to the Claimant if it is not collected by the next working day after the collection date.)	
Dropped into my Mail Box Noat GE@Changi.*	
Dropped into my Mail Box Noat GE House.*	
Dropped into my Mail Box Noat Nankin Row.*	
Dropped into my Mail Box No. ———at Westgate.*	
* Notes:- 1. Option is available only if there are no outstanding documents to be submitted. Cheque will be delivered to your Mail Box the next working day after 12pm. 2. For Financial Representative who have opted for collection of cheques at Customer Service Reception Counter at Great Eastern Centre, Claims Department will contact you when the cheque is ready	
Signature of Financial Representative:	Agent No. :
Name of Financial Representative:	Contact No.:
For Official Use :	
Claim Officer : E	xtension No. :
Pending documents / comments :	
Cheque / Letter released by:-	Cheque / Letter received by:-
Signature :	Signature :
Name :	Name :
Date :	Date :

The Great Eastern Life Assurance Company Limited (Reg No. 1908 00011G)
Health Claim Services Department
1 Pickering Street #01-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: Medicalclaims-SG@greateasternlife.com Website: greateasternlife.com