

# RETRENCHMENT BENEFIT - 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 Policyholder. Date format in dd/mm/yy.
- 3 Attach mandatory document evidence on income. You may refer to Instruction Page for the details.
- 4 Please ensure your contact details with the Company, including mobile no. and email address are updated to receive your correspondences.



## 1 Details of Policyholder / Life Assured

Policy no.: \_\_\_\_\_

Full Name: \_\_\_\_\_

NRIC / Passport No.(for foreigner only):

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Details of Life Assured (if different from Policyholder)

Full Name: \_\_\_\_\_

NRIC / Passport No.(for foreigner only):

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## 2 Details of Last Employment

a) Date of employment (DD/MM/YY): \_\_\_\_\_ Full-time employment: Yes No

b) Date last day of work (DD/MM/YY): \_\_\_\_\_

c) Date you were informed of the involuntary unemployment by your employment: \_\_\_\_\_

Reason for the termination of your employment: \_\_\_\_\_

d) Position last held and description of duties: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

e) Are you self-employed, or was an independent contractor or sole proprietor before being Retrenched? Yes No

f) Was the Employer your Relative\*? Yes No

If Yes, please state the Relationship: \_\_\_\_\_

Relative\* refers to (a) Life Assured's spouse, parent, grandparent, sibling, child, grandchild, uncle, aunt, nephew, niece; and

(b) Life Assured's spouse's parent, grandparent, sibling, child, grandchild, uncle, aunt, nephew and niece.

g) At or around the time of retrenchment, are you and/or any relative(s) (whether singly, jointly or in the aggregate) was/were in a position to exercise control or influence over the appointment and/or termination of your employment? Yes No

h) Are you currently employed by another employer? If Yes, please state details. Yes No

Date first day at work with new employer: \_\_\_\_\_

Position held and description of duties: \_\_\_\_\_

Name of the new employer: \_\_\_\_\_

Address of the new employer: \_\_\_\_\_

i) Please provide details of any benefit, income or remuneration you are receiving or you expect to receive during your unemployment from insurance company or any other source, and attach documentary evidence.

Source	Amount (S\$) and frequency (monthly or one-time)	Date of commencement of payment (DD/MM/YY)	Date of termination of payment (DD/MM/YY)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date



CCLM

26/07/2021

#### 4 Settlement Option

##### **PayNow is the default settlement option up to S\$200,000 per policy:**

To align with the nation's initiatives to go cheque-free, PayNow is the default settlement option up to S\$200,000 for policyholder who has registered with PayNow and has linked his/her Singapore NRIC to the bank account ("PayNow Account"). You hereby authorise and instruct The Company to deposit the payment that is payable to you into your PayNow Account as well as verify your PayNow Account with the respective Bank ("where necessary"). In the event that the PayNow transaction is unsuccessful, a cheque for the payment will be issued to you.

##### **For payment more than S\$200,000 per policy, or PayNow transaction is not available / unsuccessful:**

- ☐ Cheque to be collected by myself at Customer Service Counter of Great Eastern Centre.
- ☐ Cheque to be posted to me via my mailing address registered with The Company.
- ☐ Telegraphic Fund Transfer  
For Claimant residing overseas only. This is subject to The Company's approval and complete submission of requirements.
- ☐ Cheque to be collected by The Company's Financial Representative.

Name: \_\_\_\_\_

#### 5 Declaration

I hereby declare that to the best of my knowledge and belief, 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 my/Life Assured's 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.greasternlife.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 me/Life Assured from any persons possessing the same (such as doctors whom I/Life Assured have 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/Life Assured (including my/Life Assured's medical information) to other parties, which any of the Requesting Parties deems necessary for the purpose of my claims.

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 Policyholder: \_\_\_\_\_

NRIC/Passport no.: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

Email address: \_\_\_\_\_

#### **To be completed by The Company's Financial Representative**

If Claimant has authorised you to collect the cheque, please give details:

- ☐ Collect at Customer Service Counter of Great Eastern Centre
- ☐ Drop into my Mailbox No. \_\_\_\_\_ at PLQ / GE House / Nankin Row / Westgate\*

Full name: \_\_\_\_\_

Signature of Rep: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

