

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



CLAIM FORM - GREAT Dengue Cover / Get Well Benefit

PART I - STATEMENT BY LIFE INSURED

Name of Life Insured (between 16 AND 65 Age Next Birthday at the Date of registration of this Certificate of Insurance) :

* Policy No:

R	A	0	0	0	0	0	0	6
R	A	0	0	0	0	0	0	7

Policy Registration/Effective Date :

Day	Month	Year

NRIC/BC/PP/DP/SP/WP NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact no:

--	--	--	--	--	--	--	--	--	--

PART II - STATEMENT BY CLAIMANT:

Name of Patient :

*Relationship to Life Insured :

Self Spouse Child

NRIC/BC/PP/DP/SP/WP NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth:

Day	Month	Year

*Sex:

M F

PART III - CLAIM DETAILS / DOCUMENTS TO BE SUBMITTED

Date of diagnosis : Day Month Year

Is this the first time you are diagnosed with Dengue Fever?

YES NO Please provide date of your last diagnosis: Day Month Year

Please submit all relevant claims documents within 31 days from the date of diagnosis and/or discharge from hospital.

Please note claim may be rejected if incomplete supporting documents are provided** :

For ALL claims, the following documents are to be submitted:

- A copy of Certificate of Insurance (COI)
- A copy of NRIC/Birth Certificate/Employment Pass/Dependent's Pass/Student Pass/Work Permit
- Dengue test reports: NS1 IgM IgG

Additional documents to be submitted:

- Get Well Benefit (MUST BE DIAGNOSED IN SINGAPORE)**
 - Doctor's memo stating the actual date of diagnosis
- Hospitalisation Benefit (MUST BE ADMISSION TO A SINGAPORE HOSPITAL)**
 - Hospital discharge summary and all relevant investigation reports
 - Final summary tax invoices
- Death Benefit (DEATH OCCURRED IN SINGAPORE)**
 - A copy of Death Certificate (issued by Singapore Authority)

** The Company reserved the right to request for further medical reports/information after assessing the claim documents submitted. The Life Insured must bear the fee charged for the additional medical reports/information.

PART V - BANK DETAILS

Bank Account Details (of Life Insured/Parent/Guardian for purpose of crediting claim settlement if applicable)

Name of Bank	Branch of Bank	Bank Account Number	Account Holder's Name

IMPORTANT NOTES:

- a. Claim settlement (if applicable) will only be credited to the Life Insured/Parent/Guardian bank account with no exceptions.
- b. Payment will only be made to Singapore bank accounts and The Company will not be held liable for any damages, costs, losses or expenses as a result of claim settlement being credited into the bank account indicated above,
- c. Future/further payment will continue to be credited to the above bank account unless otherwise notified by the Life Insured or Parent/Guardian (for Eligible Child/Children below 18 years old).

PART VI - DECLARATIONS

Declaration and Authorisation

I declare that the statements and answers given above are true and complete and that I have not made any false or fraudulent statement or suppressed or withheld any material facts

I authorise any hospital, medical practitioner, clinic or any other person who has medically attended to or examined me or my eligible dependent to disclose to The Great Eastern Life Assurance Company Limited all medical records or information with respect to any illness or injury, medical history, consultations, prescription or treatment and copies of all hospital records.

A photostat copy of this authorisation shall be considered as effective and valid as the original.

By providing the information set out above, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and/or sharing amongst themselves 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 evaluate, admit, process and/or settle my claims, and such other purposes as described in Great Eastern's Privacy Statement accessible at <https://www.greatasteernlife.com/sg/en/privacy-and-security-policy.html> (collectively, the "Purposes"), which I confirm I have read and understood.

My consents herein supplement but do not supersede nor replace any other consents I may have previously provided to the Companies and Representatives, and my consents herein are cumulative and additional to any rights which any of the Companies and Representatives may have to collect, use, and/or disclose of my personal data, with or without my consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me, I further confirm and represent that I have obtained the consent of the individual concerned for the Purposes, unless such consent is not required under applicable laws: (i) to collect such personal data; (ii) for the disclosure of such personal data to the Companies and Representatives; and (iii) for the Companies' and Representatives' collection, use and/or disclosure of such personal data.

Date : _____

* *please tick in the appropriate boxes.*

Signature of Life Insured/ _____

Parent / Guardian (for Eligible Child/Children below 18 years old)

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)

Mailing Address: 200 Changi Road #04-00 Singapore 419734

Tel 6248 2888 Fax 6532 3478 Website: greatasteernlife.com

GID/CLM-2024/Page 1/2