

# e-CLAIMS User Guide (Customer Channel - eConnect)



*Last updated in Aug 2024*



**Reach  
for Great**

## ARE YOU A POLICYHOLDER?



YES! I am a Policyholder



Submission via **eConnect**

Continue with next slide for guide

For **both Life & Medical Claims**



NO, I am submitting a claim on behalf of someone else



Submission via **e-Claims direct link**

Refer to Non-Policyholder guide - [Click here](#)

Available **only for Life Claims**

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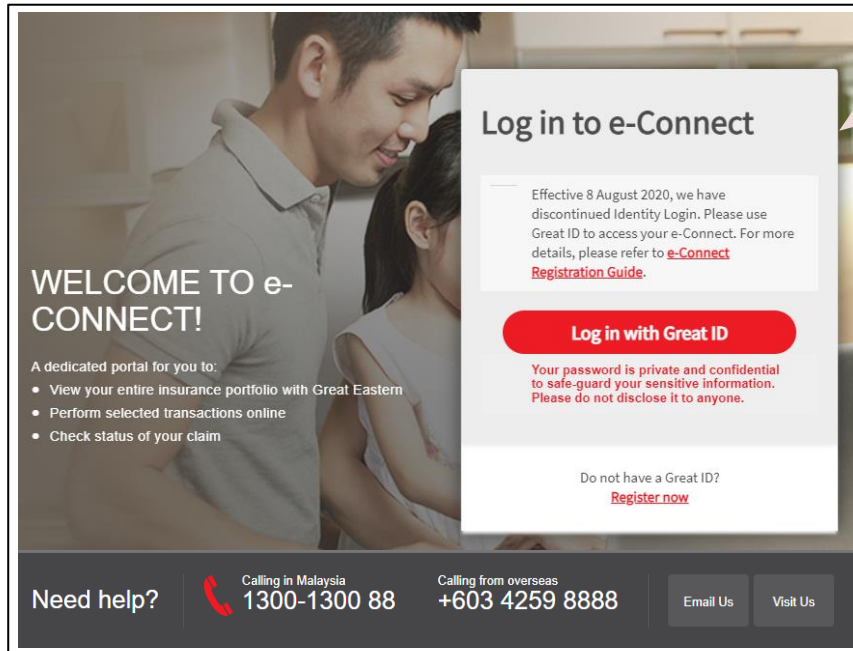
# Policyholder's journey to create a NEW claim



*Click Home button to  
go back to Main Menu*



## Log-in to eConnect – with Great ID and OTP



Visit [econnect-my.greataeasternlife.com](https://econnect-my.greataeasternlife.com)



Great ID

Log in with your Great ID

Great ID  
Great ID (Your Email Address)

Don't have a Great ID? [Get one now.](#)

PASSWORD

[Forgot your password](#)

SUBMIT

Enter Great ID (email used to register Great ID) and password

Click SUBMIT

## Go to Online Claims

The image shows a screenshot of the Great Eastern website interface. At the top, there is a navigation bar with a home icon, the Great Eastern logo, and user account information including 'My Account' and 'English'. Below the navigation bar, there are several dropdown menus: 'My Portfolio', 'My Document', 'My Service Request', and 'My Claim'. The 'My Claim' dropdown menu is open, showing options: 'Claim Status', 'EB Claims Submission', 'Online Claims', and 'Download Claim Form'. The 'Online Claims' option is highlighted with a red box. A callout box points to the 'My Claim' dropdown with the text 'Hover over My Claim Menu'. Another callout box points to the 'Online Claims' option with the text 'Select Online Claims from the dropdown'. Below the navigation bar, there is a 'Your Coverage Overview' section with icons for LIFE, LIFESTYLE, HEALTH, RETIREMENT, WEALTH, and PERSONAL ACCIDENT. To the right, there is a 'Protection' section with 'Death coverage' and 'Total & Permanent Disability coverage' highlighted. A 'Great ID' section is visible, containing a 'One-Time Password (OTP)' form. The form asks the user to enter a six-digit OTP sent to their mobile number: '12\*\*56'. There is a text input field and a 'NEXT' button. A callout box points to the 'NEXT' button with the text 'Enter six-digit OTP code sent to your mobile number, and click 'NEXT''. Below the OTP form, there is a link: 'Did not receive your OTP? [Send again](#) in 00:57.' and another link: 'No longer using that number? [Update your records.](#)'

## e-Claims Dashboard: Create New Claim

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Online Claims

[+ Create New Claim](#) EN  BM [Logout](#)

Welcome back, SRR SRR HRR


0 Submitted	0 In Progress	0 Approved	0 Rejected
0 Closed	0 Mixed Decisions	0 Drafts	

Most Recent Claims [View All Claims](#)

### Claim Status

- **Submitted:** Claim is submitted and waiting to be processed
- **In Progress:** Claim is being processed
- **Approved:** Claim is approved
- **Rejected:** Claim is rejected
- **Closed:** Claim is closed (After approved & payment processed / withdrawn)
- **Mixed Decision:** Claim with multiple policies having different claim decisions (eg. Policy 1 - Approved & Policy 2 - Rejected) – Only applicable for Life Claims
- **Drafts:** Claim is created but has not been submitted

## Choose ONE Claim Type











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Select Claim & Policy — Provide Details — Consent & Declaration — Review & Sign

### Submit Online Claim

Applicable to Great Eastern Life Insurance policies. If you are a policy owner, please submit your claim via [e-Connect](#) (customer portal). Please refer to [Make a Claims details](#) if the claim type is not listed below.

**Claim Type**  
Choose the claim type you would like to make. [View Requirements Checklist](#)

 Death Benefit	 Living Assurance Benefit / Critical Illness	 Accident Rider	 Great Lady Rider
 Mother or Child Illness	 Total & Permanent Disability	 GMBS (Group Multiple Benefit Scheme) Hospitalisation Benefit	 Medical

**Proceed**

May refer to the built-in Requirement Checklist as a guide for claim requirements

Download necessary forms from <https://www.greasternlife.com/my/en/personal-insurance/get-help/claims.html>

These documents will need to be uploaded at the Upload Documents step



## Important Notice

Choose the claim type you would like to make. [View Requirements Checklist](#)

**Important Notice**

These contact details **must be accurate**. Please update in e-Connect or submit "Great ID Request to Update Mobile Number" form if details are incorrect.

Phone **+601 23456789**

Email **TESTINGECL@GREATEASTERNLIFE.COM**

[Cancel](#) [Proceed Anyway](#)

### **NOTE:**

Policyholder's **Mobile No. & Email address** on this page **MUST be correct.**


***If incorrect, please amend details in eConnect (go to My Account > View Profile > Click Update) and proceed to create a new claim with the correct mobile number.***

The screenshot shows the e-Connect user interface. On the left, there is a navigation menu with options: My Portfolio, My Document, My Service Request, My Claim, and Shop @ Great Eastern. The 'My Account' menu is expanded, showing options: View Portfolio, View Profile, Manage Great ID, and Logout. On the right, the 'Contact Details' section is visible, showing the following information:

Field	Value	Field	Value
Mobile	+ 60 123456789	Office	+ 60 8839972832
Home	+ 60 897288872	Email Address	EMAIL@GREATEASTERNLIFE.COM

Below the contact details, there are two buttons: 'Update' and 'View Policies'. A note at the bottom of the contact details section reads: 'Note: 1. Updated Contact Details will be reflected in e-CONNECT within 15 minutes. 2. Updating of Mobile number will not change the OTP Mobile number in our records. To update OTP Mobile number, please use our Great ID Request to Update Mobile Number.'

## Choose Inforce Policy



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< Select Claim & Policy Provide Details Summary & Confirmation Consent & Declaration

Living Assurance Benefit / Critical Illness Mother or Child Illness Total & Permanent Disability

### Inforce Policies

Only policies with the same life assured

0069972649

Policyholder	ECLAIM
Life	SIX
Assured	ECLAIM
Nominee	SIX

[View Details](#)

Discard Save & Close Proceed

### NOTE:

- Only Inforce Policies (all claim types) with eligible policy benefits or having lapsed date of less than 1 year (for Medical claim type only) will be shown for the selected Claim Type.
- Eligible Lapsed policies (if any) will be processed by Claims Dept together with Inforce policies.
- For Death & Non-Death Life Claims, you may select **more than one policy cards** with the **SAME** Life Assured. Please ensure all the applicable policies are selected.
- For Medical Claims, you may select **only one policy card**.

## Choose Inforce Third Party Policy

**NOTE:**

- Can only select one Life Assured at one time
- Choose the correct Life Assured for a third party policy.

**Inforce Policies**  
Only policies with the same Life Assured can be selected. Any eligible lapsed policies will be processed with inforce policies by Great Eastern.

Policyholder	TEST VGHDF TE
Life Assured	CHILD OF TEST VGHDF TE
Nominee	--
<a href="#">View Details</a>	

Policyholder	TEST VGHDF TE
Life Assured	TEST VGHDF TE
Nominee	--
<a href="#">View Details</a>	

**VERIFICATION INSTRUCTIONS:**

- **VERIFY** the Life Assured's name.
- Ensure the correct Life Assured's card is chosen.
- Life Assured is the person who is suffering from the accident/illness.

Discard      Save & Close      Proceed

## Choose Claim Benefit & Bill Type (Medical Claim Only)

The screenshot shows the 'Select Claim & Policy' step of the claim creation process. It features two policy cards for 'SMARTPROTECT ESSENTIAL' insurance. The first card (1023355628) is for 'INSURANCE 2' and the second (1047817022) is for 'SMARTPROTECT ESSENTIAL 3'. Both list the same policyholder, life assured, and nominee. Below the cards is a 'Claim Benefits' section with two options: 'Hospitalisation and Surgical Benefit' (checked) and 'Hospitalisation Income Benefit' (unchecked). A red box highlights this section. A 'Do's' icon with a thumbs up points to the text: 'Choose the applicable Claim Benefit, can tick both claim benefits if applicable' and 'By default "Hospitalisation and Surgical Benefit" will be selected'.

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Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

1023355628  
SMARTPROTECT ESSENTIAL  
INSURANCE 2

Policyholder: OLD SFVL XVV  
Life Assured: OLD SFVL XVV  
Nominee: XSLLLA NVLS SVL  
[View Details](#)

1047817022  
SMARTPROTECT ESSENTIAL 3

Policyholder: OLD SFVL XVV  
Life Assured: OLD SFVL XVV  
Nominee: XSLLLA NVLS SVL  
[View Details](#)

Can't find the policy for the selected Life Assured? [Key in Policy Number Here](#)

**Claim Benefits**  
Please choose a claim benefit

Hospitalisation and Surgical Benefit  
 Hospitalisation Income Benefit

**Do's**  
Choose the applicable Claim Benefit, can tick both claim benefits if applicable  
By default "Hospitalisation and Surgical Benefit" will be selected

The screenshot shows the 'Claim Details' section with 'Hospitalisation and Surgical Benefit' and 'Hospitalisation Income Benefit' selected. The 'Bill Type' dropdown menu is open, showing options like 'Hospitalization or Daycare', 'Pre and Post / Follow Up for Hospitalisation', etc. A green box with a thumbs up icon and the text 'Choose the applicable Bill Type' is overlaid on the dropdown. A 'Do's' icon with a thumbs up is also present.

Claim Details

Hospitalisation and Surgical Benefit  
Hospitalisation Income Benefit

Bill Type **Do's** Choose the applicable Bill Type

Hospitalization or Daycare

Please select type of bill

Hospitalization or Daycare  
Pre and Post / Follow Up for Hospitalisation  
Outpatient Accident Claim  
Kidney/Haemodialysis treatment  
Outpatient Cancer Treatment  
Other Outpatient





If "Hospitalisation Income Benefit" selected, **ONLY** "Hospitalisation or Daycare" Bill Type will be displayed


If "Hospitalisation and Surgical Benefit" selected or both Claim Benefits selected, all 6 Bill Types will be displayed for selection

## Input Direct Credit Details (for Malaysian Bank)



**Provide Details & Supporting Documents**  
Please ensure all fields are filled and upload the relevant documents as required.

 Claim Type  
Living Assurance Benefit / Critical Illness [Re-Select Claim & Policy](#)


 AFLYOYL Y/O NFLRYLAS

 0044470017 SUPREME LIVINGCARE PLUS


**Direct Credit** [Update Direct Credit](#)

 0044470017  Direct credit details required AFLYOYL Y/O NFLRYLAS

**Click "Update Direct Credit"**

 **Manage Direct Credit**

**Direct Credit Details of Rightful Payee**  
Please ensure the latest direct credit bank details are entered for the following l registration in eConnect, kindly enter the same bank details here.

 1045XXXXXX

Apply to all policies

**1045XXXXXX**

Payee Name  
CSP1 TEST

Payee Identification Type  
NRIC

Bank Type  
 Malaysian  Foreign

Malaysian Beneficiary Bank  
AFFIN BANK

Bank Account No.  
12345678910

Account Type  
 Single  Joint


**Proceed**

**Tick "Apply to all policies" if all selected policies to adopt same bank details.**

**Input all required Direct Credit bank details**

**Select Beneficiary Bank from dropdown list**

## Input Direct Credit Details - Direct Credit Consent & Declaration (for Malaysian Bank)



< Consent & Declaration

I/we hereby:

1. Instruct the Company to pay into my / our Account all the future amount payable to me / us arising from transactions effected through the above policy (ies) until this instruction is expressly revoked in writing or replaced.
2. Confirm that I am the Account holder and have full power and authority to operate the Account / (in respect of a partnership or a body corporate), we further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
3. Confirm that the information provided by me / us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
4. Understand that the Company has the right to reject this standing instruction in the event that it is found to be payable to a third party account. I / we also understand that the Company may in its absolute discretion terminate this Direct Credit service at anytime and without assigning any reason(s) therefor.
5. Agree to immediately refund to the Company in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
6. Declare that in relation to payments made by the Company into the above Account, I / We : a. Acknowledge and agree that payments made by the Company into the above-mentioned Account shall be a valid discharge of the Company's liability under the policy(ies), and that the Company shall not be liable for any damages, losses, claims, costs and/or expenses which may incur arising from such payments. b. Agree to keep the Company indemnified of any damages, losses, claims, cost and/or expenses incurred by the Company in defending any claim arising from and/or in connection with this instruction.
7. Declare that I am not an undischarged bankrupt / (in respect of a partnership or a body corporate). We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Company for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.

**Data Protection Notice**

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateasternlife.com](http://greateasternlife.com).

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at [1300-1300-88](tel:1300-1300-88) or Privacy Officer at [+603-4813-3796](tel:+603-4813-3796), or write to the Company.



Direct Credit information captured.

You will be redirected back to the Provide Details in 3 seconds...

**Tick consent declarations and click Submit to save Direct Credit bank details**

## Input Direct Credit Details (for Foreign Bank)

### Direct Credit Details of Rightful Payee

[Update Direct Credit](#)

#### Direct Credit Details of Rightful Payee

Please ensure the latest direct credit bank details are entered for the following list of policies. If you have recently performed a direct credit bank account registration in eConnect, kindly enter the same bank details here.

 1037007393

Apply to all policies

**Tick "Apply to all policies" if all selected policies to adopt same bank details.**

▼ 1037007393

Payee Name

Madelgine Bufor

Payee Identification Type

Passport No.

Payee Identification No.

A1234556

Bank Type


Malaysian

Foreign

You will be requested to upload foreign bank details in the later step.

Proceed

 1037007393

 Direct credit details required

Upload foreign bank details in [Upload Documents](#)

← Upload Documents

#### 5. Foreign bank account details (Policy No. 1037007393)

Please provide the following details and documents for payment to foreign bank account:

Telegraphic Transfer

a) Recipient's Name

b) Recipient's Account No.

c) Recipient's Bank Details:

- Bank Name

- Bank Address

- Country

- Swift Code

- Clearing code, if any

d) Currency Code

e) Copy of Bank Statement/Confirmation which stating the bank account holder details and bank account no.

f) Copy of PR certificate/Foreign ID/Passport, whichever applicable

Bank Draft

a) Currency Code

b) Copy of PR certificate/Foreign ID/Passport, whichever applicable

**Attach required documents & click 'Submit' to upload**

## Input Claims Information – Life Assured's & Claim details

Note: below some examples of input details screen, different claim types will require different input details

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Select Claim & Policy | Provide Details | Consent & Declaration | Review & Sign

### Death Benefit claim for John Doe (Life Assured)

**Nationality**  
Malaysian | Non Malaysian

**Marital Status**  
Single

**Religion**  
Nominee of Muslim deceased shall distribute the policy moneys in accordance with Islamic laws.  
Muslim | Non-Muslim

**Deceased's surviving family member(s):**

- Spouse
- Father
- Mother
- Child(ren)

Back | Proceed

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Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

### Doctor's Details 1

**Name of Doctor/Specialist**: BNM  
**Name of Illness**: Fever

**Date of Visit**: 02/08/2015

**Location of Clinic/Hospital**: Malaysia | Overseas

**Clinic/Hospital (State)**: Melaka  
**Name of Clinic/Hospital**: KLINIK DR FAIQ

**Clinic/Hospital Address**: KLINIK DR FAIQ, NO 32, JALAN KEJORA 2A, TAMAN PERINDUSTRIAN TANJUNG MINYAK PERDANA, 75260 MELAKA, Melaka  
[Edit Address](#)

**NOTE:**  
**DO NOT USE** special characters in the text field input, e.g. [\$%#!~?;:<>^{|}+]

**If the clinic/hospital address is incorrect, please edit from here.**

Clinic/Hospital Address is auto-populated based on selection



## Input Claims Information - Clinic/hospital's details

The screenshot shows a mobile application interface for entering claim information. At the top left is the Great Eastern logo. A progress bar at the top indicates four steps: 'Select Claim & Policy' (active), 'Provide Details', 'Summary & Confirmation', and 'Consent & Declaration'. The main form area is titled 'Location of Clinic/Hospital' and contains several input fields: 'Location of Clinic/Hospital' with buttons for 'Malaysia' and 'Overseas'; 'Clinic/Hospital (State)' with a dropdown menu showing 'Pahang'; 'Name of Clinic/Hospital' with a search bar containing 'Klinik Menjalara' and a dropdown menu with the option 'Use "Klinik Menjalara"'. A red callout box with a dashed border points to the search bar and dropdown, containing the text 'Manually input if clinic/hospital's details is not in the list'. Below this are three red numbered callouts: '1' next to the search bar, '2' next to the dropdown option, and '3' next to the 'Clinic/Hospital Address' text label. The address section includes a large text input field, a '+ Add More Address Lines' link, and three smaller input fields for 'Postcode', 'Town', and 'Country'. At the bottom of the form is a '+ Add More Doctor's Details' link. The footer contains three buttons: 'Discard', 'Save & Close', and 'Proceed'.

## Add Receipts (Medical Claim Only)

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Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

**Receipts**

Maximum 10 receipts per claim submission Total Incurred Amount: MYR1,500.00

#	Date of Receipt	Bill/Receipt No.	Incurred Amount	Medication/Pharmacy	Follow Up Doctor	Uploaded Receipts	Actions
1	10/10/2023	123345test	MYR 1,500.00	MYR 0.00	No	1 Receipt	⋮

[+ Add Receipts](#)

Discard Save & Close Proceed

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New Receipts and Bills

**Bill/Receipt Details**

Date Incurred

Bill/Receipt No.

Currency  Incurred amount (after discount)

Upload Receipts and Bill Invoices ⬆

No attachments

Cancel Add To Receipt List

✓ Documents not required to be a Certified True Copy

Original invoices/receipts (with total incurred amount above RM1000) to be submitted to Head Office/Branches for further processing.

! For Inpatient/DayCare Surgery/Hospitalisation Income Benefit claim, **ONLY ONE (1) receipt** can be added

For Pre and Post / Follow Up & Outpatients claims, up to 10 receipts can be added

! Accepted File Formats: PDF, PNG, JPEG

Ensure file size per document is ≤6MB

Attach up to 10 files at one time.

## Upload Claims Documents

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Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

Location of Clinic/Hospital

Malaysia | Overseas

+ Add More Doctor's Details

Other Complaint(s)/ailment(s)

Any other illnesses or conditions before this illness?

Yes | No

Upload Documents

Discard | Save & Close | Proceed



Documents not required to be a Certified True Copy

Upload any Foreign bank payment instruction here

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Select Claim & Policy | Provide Details | Summary & Confirmation | Consent & Declaration

Mandatory Documents

1. NRIC with selfie of Life Assured and Assured or Absolute Assignee (if different from Life Assured)

IMG\_0207.PNG 0.4 MB Remove Uploaded

2. Life Assured's NRIC

CLM-CMCGRLMC-V00-102019.pdf 0.1 MB Remove Uploaded

3. Letter of Authorisation/Consent

CLM-LAPSF-V05-022014.pdf 0.1 MB Remove Uploaded

Other Relevant Documents

Discard | Save & Close | Proceed



Accepted File Formats: PDF, PNG, JPEG

Ensure file size per document is  $\leq 6$ MB

Attach up to 10 files at one time.

## Duplicate Alert for Open Claim

**NOTE:**

*You won't be allowed to proceed to create a claim if there is an existing Open Claim with the same Policy Number, Life Assured, Claim Type and Event Date.*

*Locate the open claim in Submitted or In Progress Claims Listing to follow-up.*

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Select Claim Policy

Clinic/Hospital (State)  
Pulau Pinang

Clinic/Hospital Address  
KLINIK ZHULIAN PLOT 42, BAYAN LEPAS 11900 BAYAN LEPAS, PULAU PINANG, Pulau Pinang

Sorry, we have encountered a technical error.  
There is an open claim with same policy number, Life Assured, claim type and event date. Please approach your servicing agent for assistance.


OK

Yes No

Upload Documents

Discard Save & Close Proceed

## Provide Consent & Declaration



Navigation: Select Claim & Policy | Provide Details | **Consent & Declaration** | Review & Sign

### Consent & Declaration

Please check all the required fields to proceed.

**TERMS AND CONDITIONS FOR DIGITAL CLAIM SUBMISSION**

1. You must provide true, accurate, updated and complete personal and claim information to Great Eastern Life Assurance (Malaysia) Berhad, (hereinafter referred to as "GELM") to verify such information.
2. The Assured (Policyholder)/Life Assured/Claim Submitting Person are responsible for providing the required documents for the claims payment to be made.
3. You may be requested by GELM to submit the original documents for verification if the required documents for the claims payment has been made.
4. The receipt of any information through this digital Claim Submission form shall be considered as receipt for observance and fulfillment of the terms and conditions of the applicable policy.
5. The claim submission is considered received by GELM if it is submitted during the business hours of GELM. If submitted outside GELM's Official business hours shall be considered receipt on the next business day.

**Declaration & Authorisation by the Life Assured/Assured (Policyholder) AFLYOYL Y/O NFLRYLAS (670205-32-1021) for all applicable policies**

1. I, the Life Assured/ Assured (Policyholder) declare the information/representations provided and the supporting documentary evidence are truthful, accurate and that all material information relating to the claim have been fully disclosed. I agree that if I have made any untrue statement, or suppressed or concealed any material fact; my/the Life Assured's right to be compensated shall be absolutely forfeited.
2. I, the Life Assured/ Assured (Policyholder) hereby authorise and give my consent to any doctor, medical practitioner, physician, hospital, laboratory, surgeon, nurse, medical staff, clinic, insurance company, credit reporting agency, organisation, institutions or persons that may have any records or knowledge of my/Life Assured's health or medical history ("Information Provider"), to provide such information to Great Eastern Life Assurance (Malaysia) Berhad, (hereinafter referred to as "GELM") and its authorised service provider and/or its employee about my/ Life Assured's personal data, employment and credit information (as defined in Credit Reporting Agencies Act 2010) in order to process my insurance claim. I authorise GELM and its representative to give and release any such information to any party in relation to my application or transaction with GELM for the following purposes (but not limited to): verifying information given pursuant to this claim, background screening, credit evaluation, scoring solutions, administration, analysis or monitoring of policy with GELM or processing of claim. I, the Life Assured/ Assured (Policyholder), expressly waive on behalf of myself or any other person who shall have any claim or interest in any policy hereunder, all provision of law or professional ethics forbidding any Information Provider from disclosing any information acquired while attending to me in a professional capacity.
3. I, the Life Assured/Assured (Policyholder), hereby authorise and give consent, to the deduction of monies due to GELM from the claim proceeds payable pursuant to any policy hereunder, including but not limited to any Automatic Premium Loan, Cash Loan, overdue interests, premium due, advance benefit paid, erroneous and/or payment made in excess of any claim amount.
4. I, the Life Assured/Assured (Policyholder), have declare the contents of the document(s) and/or medical report(s) that I have uploaded are original(s) issued from the health facilities / relevant authorities and are the same as in the original physical copy(s). I understand that in the event of any discrepancy of information / documents, GELM reserves the right to reject the claim or request for refund (if claims payment has been made).
5. I, the Life Assured/Assured (Policyholder) understand that GELM reserves the right to request for additional information, documentations and proof of claim to be furnished for the purpose of this claim.

**Data Protection Notice**

For more information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateasternlife.com](http://greateasternlife.com).

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Centre at [1300-1300 88](tel:1300-1300-88) or Privacy Officer at [+603.4813.3796](tel:+603-4813-3796), or write to the Company.

Buttons: Discard | Save & Close | **Proceed**

**Tick consent declarations and click Proceed**

## Review Claim Details & Sign

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Select Claim & Policy Provide Details Consent & Declaration Review & Sign

### Review & Sign

You will be required to sign the following documents to proceed with this claim:

- 1 **Claim Review & Sign**
- Direct Credit Review & Sign

Discard Save & Close Proceed

**Click on Arrow icon to Sign document**

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### Claim Review & Sign

Living Assurance Benefit / Critical Illness for AFLYOYL Y/O NFLRYLAS (Life Assured)

Nationality  
Malaysian

Are you employed?  
Yes

Occupation  
test

Name of Employer / Business  
test

Employer's/ Business Address  
test

2 **I Accept**

**Review Claim Summary and Click I Accept**

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### OTP Verification

By proceeding, you agree to this digital Claim Submission form.  
Please enter the OTP sent to \*\*\*73308\*\*\*.

Enter OTP

258160

3

Resend OTP

**Submit**

**Key in OTP received and click Submit**

Great Eastern  
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Select Claim & Policy Provide Details Consent & Declaration Review & Sign

### Review & Sign

You will be required to sign the following documents to proceed with this claim:

- Claim Review & Sign** ✓
- Direct Credit Review & Sign

Discard Save & Close Proceed

**Completed step is marked with GREEN Tick**

## Review Direct Credit Details & Sign

For Policyholders with existing Direct Credit Details and without any amendments, only Claim Review and Sign step is required. Direct Credit Review & Sign bar will not appear.

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Select Claim & Policy Provide Details Consent & Declaration

### Review & Sign

You will be required to sign the following documents to proceed with this claim:

- > Claim Review & Sign
- > Direct Credit Review & Sign

Discard Save & Close Proceed

1  
Click on Arrow icon to Sign document

Claim Type  
Living Assurance Benefit / Critical Illness

AFLYOYL Y/O NFLRYLAS

0044470017 SUPREME LIVINGCARE PLUS

0044470017 SUPREME LIVINGCARE PLUS

Payee Name  
AFLYOYL Y/O NFLRYLAS

Payee Identification No.  
670205-32-1021

2 I Accept

Review Direct Credit and Click I Accept

Great Eastern  
A member of the OCBC Group

OTP Verification

This is to authorize Great Eastern to update your direct credit details.  
Please enter the OTP sent to \*\*\*73308\*\*\*.

Enter OTP

271039

Resend OTP

3 Submit

Key in OTP received and click Submit

Great Eastern  
A member of the OCBC Group

Select Claim & Policy Provide Details Consent & Declaration

### Review & Sign

You will be required to sign the following documents to proceed with this claim:

- > Claim Review & Sign ✓
- > Direct Credit Review & Sign ✓

Discard Save & Close Proceed

Completed step is marked with GREEN Tick

## Submit Claim for processing

Great Eastern  
A member of the OCBC Group

Select Claim & Policy | Provide Details | Consent & Declaration | Review & Sign

### Review & Sign

You will be required to sign the following documents to proceed with this claim:

- > Claim Review & Sign
- > Direct Credit Review & Sign

Discard Save & Close **Proceed**

**Click Proceed** 1

required to sign the following documents to proceed with this claim:

### Would you like to submit this claim?

Once the claim is submitted, you will not be able to edit this claim.

I want to download a copy of the e-Claim form

**Submit**

**Click Submit** 2

**Tick this box to download a copy of the claim form**

### Successfully Submitted

Claim has been successfully submitted.

[Download Form](#)

#### Important Notice

1. The Policyholder/Life Assured/Claim Submitting Person is required to retain the original documents for ONE (1) year from submission date.
2. The Policyholder/Life Assured/Claim Submitting Person must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.

*The claim has been successfully submitted, claim form will be automatically downloaded (if pop-up blocker disabled)*

*If automatic download does not happen, click on Download Form*



## Important Notice

### Important Notice

Original Receipt(s) and Original Itemised Bill(s) with total incurred amount of RM1,000 and above MUST be submitted immediately to the nearest Great Eastern Branch Offices / Head Office.

As for other documents (other than Original Receipts & Itemised Bills), please retain the original documents for ONE (1) year from submission date.

You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.

### Important Notice

Please retain the original documents for ONE (1) year from submission date.

You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.

### Important Notice

Should total claims submitted exceed RM1,000, original Document (E.g. Bills/receipts) and eClaimant Statement MUST be submitted to the nearest Great Eastern Branch Offices/ Head Office.

All original Document are to be retained for SEVEN (7) years from claims submission date.

All original Document are required upon request by Great Eastern Life Assurance (Malaysia) Berhad.

**ACCIDENT RIDER  
GMBS HB**

**DEATH  
LIVING ASSURANCE BENEFIT  
TOTAL PERMANENT DISABILITY  
GREAT LADY RIDER  
MOTHER OR CHILD ILLNESS**

**MEDICAL**

# Policyholder's journey to submit Follow-up Documents



*Click Home button to  
go back to Main Menu*



## Locate Follow-Up Claim from Claim Dashboard

The screenshot displays the Great Eastern Online Claims dashboard. At the top left is the Great Eastern logo with the tagline 'A member of the OCBC Group'. The main header includes 'Online Claims', a '+ Create New Claim' button, and language toggles for 'EN' and 'BM'. A 'Logout' button is in the top right. Below the header are three summary cards: 'Closed' (0), 'Mixed Decisions' (0), and 'Drafts' (64). The main section is titled 'Most Recent Claims' and includes a 'View All Claims' link. Three claim cards are shown. The first card, 'Living Assurance Ben...', is highlighted with a red box and has a 'Follow-up 1' indicator. A callout box points to this indicator with the text 'Follow-up indicator will show here'. The second card is also 'Living Assurance Ben...' and is 'Submitted'. The third card is 'Death Benefit' and is 'Submitted'. Each card displays 'Claim No.', 'Policy No.', 'Submitted on', and 'Last Updated' dates. A note at the bottom states 'Note: The above records are showing claims up to 3 years.' and the last login time is '04 Oct 2023, 10:53'.

Claim Status	Claim No.	Policy No.	Submitted on	Last Updated
In Progress / Follow-up 1	000000015503	1007042124 + 4	02/10/2023	05/10/2023
Submitted	0000013462	07042132 + 2 more	25/08/2023	04/10/2023
Submitted	00000015026	1007042158, 0097597618	25/09/2023	25/09/2023

## Submit Follow-up Document

**Great Eastern**  
A member of the GCBC Group

### Upload Documents

#### Follow-up Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1. Confidential Medical Certificate (Living Assurance - Brain, Nerve & Muscle related condition) 1

To be completed by attending neurologist

PEN0003934013396965.pdf 0.5 MB [Remove](#) Uploaded

2. Others

2 [Submit](#)

### NOTE:

1. Partial upload of document is **allowed**
2. Remaining documents can be uploaded later on once available
3. Click **Submit Documents** to complete the submission to Company

[Duplicate](#) [View All Submitted Documents](#)

Please submit the following documents

#### Follow-up Documents

Follow-up 1

Confidential Medical Certificate (Living Assurance - Brain, Nerve & Muscle related condition) ✓


To be completed by attending neurologist

Others

[Submit Documents](#) 3

[Upload Documents \(1/1\)](#)

## Status Tracking Update



Claim Details

### Living Assurance Benefit / Critical Illness

Claim No. 000000015503 In Progress [Duplicate](#) [View All Submitted Documents](#)

Submitted on 05/10/2023      Last Updated 05/10/2023

Claiming for Life Assured

**GVLS GVLLA SFYG**  
680315-29-1123

	1007042124	SMARTPROTECT ESSENTIAL INSURANCE 2
	1007042132	SMARTPROTECT ESSENTIAL INSURANCE 2
	0097597618	GREAT PROTECTLINK INSURANCE
	1007042158	SMARTPROTECT ESSENTIAL INSURANCE 2
	0083068357	SUPREME LIVINGCARE - WHOLE LIFE LIVING ASSURANCE WITH CASH BONUS

**Please submit the following documents**

#### Follow-up Documents Follow-up 1

Confidential Medical Certificate (Living Assurance - Brain, Nerve & Muscle related condition)  
To be completed by attending neurologist ✓

Others ✓

[Submit Documents](#)

Upload Documents (2/1)

#### Status Tracking

- 05/10/2023, 15:08 This claim requires additional requirement.
- 05/10/2023, 14:58 This claim requires additional requirement.
- 05/10/2023, 14:49 This claim requires additional requirement.
- 02/10/2023, 23:31 Claim has been submitted.

**NOTE:**  
Claim status will be updated after one working day.

# Policyholder's journey to reopen Withdrawn/ Rejected Claim



*Click Home button to  
go back to Main Menu*



# Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

Great Eastern  
A member of the DCBC Group

Online Claims

+ Create New Claim

EN  BM  Logout

Welcome back, ASO SH YBR

3 Submitted

0 In Progress

0 Approved

0 Rejected

1 Closed

0 Mixed Decisions

0 Drafts

Most Recent Claims

View All Claims

Locate any withdrawn/rejected claims that required documents from here

Claim No.	Policy No.	Status
00000034145	0052075418	Closed
00000034035	0052075418	Submitted
00000033914	0052075418	Submitted

**NOTE:**  
Submission of appeal document for REJECTED case is not applicable to MEDICAL claim

Great Eastern  
A member of the DCBC Group

Claims Listing

+ Create New Claim

EN  BM  Logout

SUBMITTED (4) DRAFTS (0)

Search by Policy No. / Claim No.

Show Within: Last 30 Days

Submitted Claims

Tap the case

Claim No.	Policy No.	Submitted on	Last Updated
00000034145	0052075418	02/08/2024	02/08/2024

## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

Great Eastern  
A member of the OCBC Group

← Claim Details

Claim No. 000000034145 Total & Permanent Disability

Closed [Duplicate](#) [View All Submitted Documents](#)

Submitted on 02/08/2024 Last Updated 02/08/2024

Claiming for Life Assured  
ASO SH YBR  
430207-64-3234\*

0052075418 ECONOMILIFE - WHOLE LIFE WITH COMPOUND REVERSIONARY BONUS

▼ Status Tracking

- 02/08/2024, 09:52 Claim has been withdrawn for 0052075418.
- 02/08/2024, 09:49 This claim requires additional requirement.
- 02/08/2024, 09:31 Claim has been submitted.

▼ Claim Submitting Person's Details

Name	Role
ASO SH YBR	Policyholder

Please submit the following documents

Follow-up Documents Follow-up 4

Claimant's NRIC (front and back, if different from Life Assured)

All consultation or treatment card(s)

Life Assured's NRIC (front and back)

Others

**Upload Documents (0/4) 1**

Upload the required documents to reopen the claim.

**Click Upload Documents to upload and submit documents**

Great Eastern  
A member of the OCBC Group

← Upload Documents

Follow-up Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1. Claimant's NRIC (front and back, if different from Life Assured) 2

2. All consultation or treatment card(s)

3. Life Assured's NRIC (front and back)

4. Others



## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

**Great Eastern**  
A member of the OCBC Group

### ← Upload Documents

To ensure a smooth process, please exercise the following when submitting your documents:

- You can upload a copy of your documents in the form of PDF, PNG, JPG or JPEG files.
- Ensure each file document is smaller than 6MB.
- Ensure that the photograph is taken from directly above looking down the document.
- Ensure that all information is visible and not blurry so that it can be read.

1. Claimant's NRIC (front and back, if different from Life Assured)

Other\_supporting\_document.JPG 0.0 MB [Remove](#)

2. All consultation or treatment card(s)

3. Life Assured's NRIC (front and back)

4. Others

**1** Upload Documents

Please submit the following documents

### Follow-up Documents

Follow-up 4

Claimant's NRIC (front and back, if different from Life Assured) ✓

All consultation or treatment card(s)

Life Assured's NRIC (front and back)

Others

**2** Submit Documents


Upload Documents (1/4)

Submit the required documents to reopen the claim.


### NOTE:

1. Partial upload of document is **allowed**
2. Remaining documents will not be available later once submit documents
3. Click **Submit Documents** to complete submission to Company

# Submit Follow-up Documents (When Case is Withdrawn/ Rejected)




Successfully Submitted




Claim has been successfully submitted.

[Download Form](#)


Claim No. 000000034366  Great Lady - Childbirth

### Important Notice

1. Please retain the original documents for ONE (1) year from submission date.
2. You must produce the original documents to Great Eastern Life Assurance (Malaysia) Berhad upon request.




← Claim Details

Claim No. 000000034145  Total & Permanent Disability

Closed [Duplicate](#) [View All Submitted Documents](#)

Submitted on 02/08/2024 Last Updated 02/08/2024

Claiming for Life Assured

ASO SH YBR 430207-64-3234\*  0052075418 ECONOMILIFE - WHOLE LIFE WITH COMPOUND REVERSIONARY BONUS

### Status Tracking

- 02/08/2024, 10:10 Claim has been reopened into a new case number **000000034150**
- 02/08/2024, 09:52 Claim has been withdrawn for 0052075418.
- 02/08/2024, 09:49 This claim requires additional requirement.
- 02/08/2024, 09:31 Claim has been submitted.

### Claim Submitting Person's Details

Name	Role
------	------

**NOTE:**  
Follow up module will be removed after reopen claim

**Status tracking will reflect the new reopened case number**

## Submit Follow-up Documents (When Case is Withdrawn/ Rejected)

The screenshot displays the 'Claim Details' page for a Great Eastern policy. The claim number is 00000034150, and the policy is 'Total & Permanent Disability'. The status is 'Submitted', which is highlighted with a red box. A callout box points to this status with the text 'New Case created with status = Submitted'. Below the status, there is a 'Status Tracking' section, also highlighted with a red box, containing a log entry: '02/08/2024, 10:10 Claim has been submitted and reopened from 00000034145'. The 'Claim Submitting Person's Details' section shows the name 'ASO SH YBR' as the Policyholder, with NRIC '430207-64-3234\*' and Nationality 'Malaysian'.

**Submitted**

Submitted on 02/08/2024      Last Updated 02/08/2024

Claiming for Life Assured

ASO SH YBR      0052075418 ECONOMILIFE - WHOLE  
430207-64-3234\*      LIFE WITH COMPOUND  
REVERSIONARY BONUS

▼ Status Tracking

02/08/2024, 10:10      Claim has been submitted and reopened from 00000034145

▼ Claim Submitting Person's Details

Name	Role
ASO SH YBR	Policyholder
NRIC	Nationality
430207-64-3234*	Malaysian

# Frequently Asked Questions

# 04

*Click Home button to  
go back to Main Menu*



## Frequently Asked Questions

Question	Answer
Can nominee submit death claim using Life Assured's eConnect access?	No. eConnect / eClaims is accessible by Policyholder only.
How can a nominee (non-eConnect user) submit a death claim?	A nominee may submit the claim through:- a) the Policyholder's servicing agent using GreatPlanner eClaim. b) Great Eastern Corporate Website > Make a Claim
Will servicing agent receive any notification upon claim submission by Policyholder?	Yes. An SMS or Push notification will be sent to servicing agent upon claim processing.
Is there a limitation on the total size of uploaded documents, aside from the 6MB file size limit for individual document files?	No size limitation.
How to upload follow up requirement documents if the case has been withdrawn / closed file due to deferment not met	Policyholder may upload and submit the follow up documents from withdrawn case / case that has been closed file, which will reopen a new case for tracking.
Is the claim documents required to be a Certified True Copy for eClaims submission?	Not required. However, the Claim Submitting Person is required to retain the original documents for at least one year ( <i>for Life e-Claims</i> ) or seven years ( <i>for Medical e-Claims</i> ) after the claim submission.
Is the direct credit account registration meant for claim transaction only?	No, the update applies to all future amounts payable for transactions related to the policy.
Is signature required for eClaims submission.?	No signature required for eClaims submissions via eConnect by Policyholder. However, signature is required if submission is performed via Corporate Website e-Claims link
Is foreign mobile number accepted for eClaims?	Yes
Will other policies be processed together since eClaims is only applicable to certain inforce policies?	Yes, we will process any other eligible policies together. Please upload the Direct Credit Facility Form for other policies to ease the claim processing.

**Thank you**

