

e-CLAIMS User Guide

*(Customer Channel -
Corporate Website)*



Last updated in Apr 2024

ARE YOU A POLICYHOLDER?



YES! I am a Policyholder



Submission via **eConnect**

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

For **both Life & Medical Claims**



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



Submission via **e-Claims direct link**

Continue with next slide for guide

Available **only for Life Claims**

TABLE OF CONTENTS

1. Non-Policyholder's journey to Create New Claim

- Access e-Claims
- Choose Claim Type
- Enter Policyholder & Life Assured's Details
- Input Claim Submitting Person's Details
- Input Direct Credit Details
- Input Claim Information
- Upload Claims Documents
- Provide Consent & Declaration
- Review & Sign
- Submit Claim for Processing

2. Frequently Asked Questions

Non-Policyholder's journey to create a NEW claim

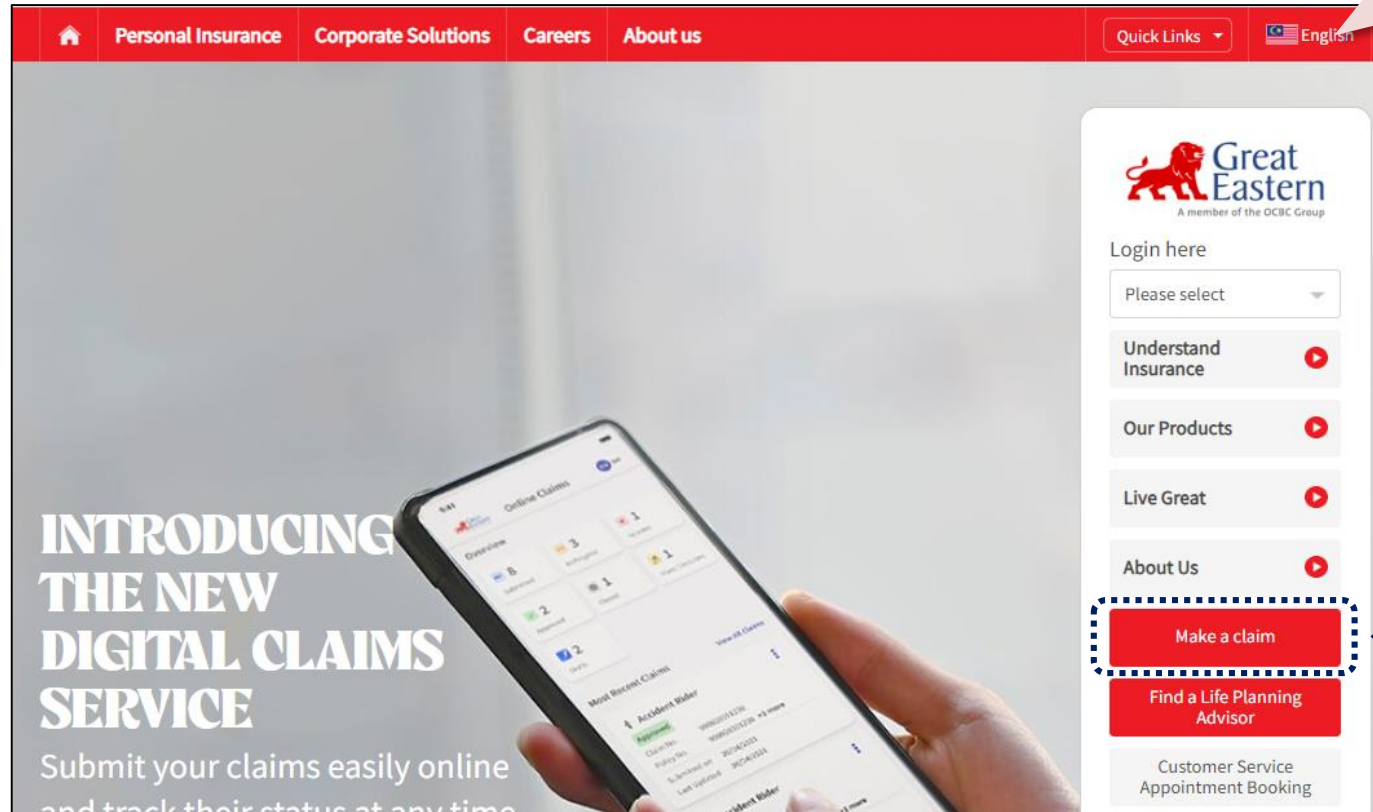


*Click Home button to
go back to Main Menu*



Access to e-Claims on Corporate website

Visit
<https://www.greataeasternlife.com/my/en/index.html>



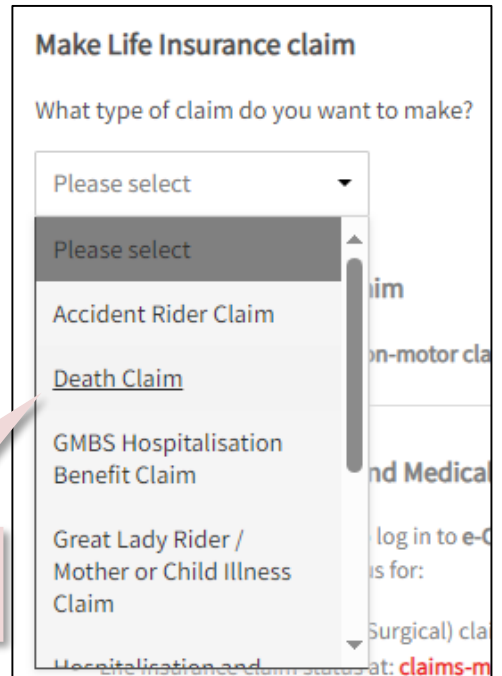
Personal Insurance Corporate Solutions Careers About us Quick Links English

Great Eastern
A member of the OCBC Group

Login here
Please select

- Understand Insurance
- Our Products
- Live Great
- About Us
- Make a claim**
- Find a Life Planning Advisor
- Customer Service Appointment Booking

INTRODUCING THE NEW DIGITAL CLAIMS SERVICE
Submit your claims easily online and track their status at any time



Make Life Insurance claim

What type of claim do you want to make?

Please select

- Please select
- Accident Rider Claim
- Death Claim
- GMBS Hospitalisation Benefit Claim
- Great Lady Rider / Mother or Child Illness Claim
- Hospitalisation and...

Choose a Claim type

Access to eClaim from Make a Claim

Life Claims Submission

You are advised to use **Requirement Checklist for Life Claims Submission** as a guide on documents required for the Life Claims Submission.

You may also submit the claim via the following channels:

- a) Online claim submission:
 - For **Policy Owners**, click [here](#) to log in to **e-Connect customer portal**. Click **My Claim > Online Claims** which will navigate you to a new web browser tab. Proceed to click 'Create New Claim' and follow the step by step instructions to complete the submission.
 - For **Non-Policy Owners**, click [here](#) to submit the online claim form. Upon successful submission, the claim status will be notified to the rightful party of the claim via mail or email.
- b) Through your servicing agent
- c) Drop box at Head Office or Branch
[View Location of Head Office and Branches](#)
- d) Post the claim forms along with supporting documents to us

[Click here](#) to access eClaim



If you are a Policyholder submitting a claim on your own policy, please submit the claim using **eConnect portal**

Are you a Policyholder?

If you are a Policyholder, please submit your claim via [e-Connect](#) (customer portal).



Yes, I am a Policyholder
You will be redirected to [e-Connect](#) (customer portal).



No, I am submitting a claim on behalf of someone I know.

Select this option if you are not the Policyholder of the policy for which you are going to submit a claim.


p642ad

Enter the characters you see here

p642ad

Insert Captcha & 'Submit' to proceed

Choose ONE Claim Type



A member of the OCBC Group


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

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

Enter Policyholder & Life Assured's Details

Policyholder's Details

ID Type: Identification No.:

Policy No.:

[+ Add More Policies](#)

Nationality:

Mobile No.: Email Address:

Mailing Address:

Policyholder is the person who owns the policy

Life Assured is the person who has passed away or is suffering from the accident/illness

Life Assured's Details

Name:

ID Type: Identification No.:

Option to add multiple policies


Foreign mobile number to enter country code without +



Ensure the Policyholder's and Life Assured's personal details (*Full name and ID no.*) are as per the NRIC/Birth Cert/Passport.

Input Claim Submitting Person's Details

Claim Submitting Person's Details

 Claim Submitting Person refers to the nominee, trustee, next-of-kin, or the person who is submitting this claim.

Name

MAGDELINE ROSE



Ensure CSP's personal details (Full name and ID no.) is as per the NRIC/Birth Cert/Passport.

ID Type

Passport No.

A156389

Relationship to the Event Person (Life Assured)

Spouse

Nationality

Malaysian

Non-Malaysian

Mailing Address

Menara Great Eastern

[+ Add More Address](#)

Postcode: 50450 Town: Kuala Lumpur Country: Malaysia

The Policyholder is unable to complete this e-claim form because the Policyholder:

- Is unwell
- Has passed away
- Others

Claim Submitting Person (CSP) is the person who is submitting and making the claim



If the CSP is a Policyholder submitting a claim on own policy, please submit the claim using eConnect portal
If CSP submit a claim on behalf of Policyholder, please upload a copy of **Claimant's Statement duly signed by Policyholder**

Input Direct Credit Details

Direct Credit Details of Rightful Payee 1 [Update Direct Credit](#)

1037007393 Direct credit details required

Click on 'Update Direct Credit'

Are you the person/company who is entitled to receive the Policy monies?
Payee's details will be pre-populated from the Claim Submitting Person's details.

No 2

Are you (Claim Submitting Person) the person entitled to receive the claim payment? i.e. assignee, nominee, trustee etc.

* If you are a Policyholder submitting a claim on your own policy, please submit the claim using eConnect portal

If you're submitting a claim on someone's behalf & not the person entitled to receive the claim payment, please provide and upload the Direct Credit form from the rightful payee.

Direct Credit Details of Rightful Payee [Update Direct Credit](#)

Please click [here](#), select a claim type under Make Life Insurance claim to obtain relevant forms.

1037007393 Update Direct Credit details of rightful payee in [Upload Documents](#)

Input Direct Credit Details (for Malaysian Bank)



The Payee's information is automatically filled in based on CSP's details if you indicated that you're the one entitled to receive the policy money in the previous step. If the details are wrong, please edit them in the CSP's section before providing the direct credit details.

1037007393

Payee Name
Madelgine Bufor

Payee Identification Type
Passport No.

Payee Identification No.
A1234556

Bank Type

Malaysian Foreign

Malaysian Beneficiary Bank

MAYBANK

Bank Account No.

123412341234

Account Type

Single Joint

1 Provide bank details

Great Eastern
A member of the OCBC Group

Consent & Declaration

I/we hereby: 2 Provide Consent & Declaration

- 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.

3 Submit

Input Direct Credit Details (for Malaysian Bank)

Great Eastern
A member of the OCBC Group

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

Direct Credit Details of Rightful Payee [Update Direct Credit](#)

1037007393 **MAYBANK 1234****1234** Madelgine Budor

∨ **Death Benefit claim for John Doe (Life Assured)**

Nationality

Malaysian Non Malaysian

Marital Status

Please select Marital Status

Religion

Back Proceed

Updated Direct Credit Bank account details will be displayed.

Input Direct Credit Details (for Foreign Bank)

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

Can use the same Direct Credit details for all policies if there are multiple policies to claim.

▼ 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

Direct Credit Details of Rightful Payee

[Update Direct Credit](#)

 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



← 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



< 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

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 displays the 'Provide Details' step of the claims process. The Great Eastern logo is in the top left. The progress bar shows four steps: 'Select Claim & Policy', 'Provide Details', 'Summary & Confirmation', and 'Consent & Declaration'. The 'Provide Details' step is active.

Location of Clinic/Hospital: A selection bar with 'Malaysia' (selected) and 'Overseas'.

Clinic/Hospital (State): A dropdown menu with 'Pahang' selected.

Name of Clinic/Hospital: A search field with 'Klinik Menjalara' entered. A red circle '1' is next to the text. Below it, a suggestion 'Use "Klinik Menjalara"' is shown with a red circle '2'.

Clinic/Hospital Address: A large text input field with a red circle '3' to its left. Below it is a link '+ Add More Address Lines'.

Postcode, Town, Country: Three input fields. The 'Country' field has a search icon.

At the bottom, there is a link '+ Add More Doctor's Details', a 'Discard' button, and a 'Proceed' button.

Annotation: A red dashed box highlights the search results area with the text: *Manually input if clinic/hospital's details is not in the list*.

Upload Claims Documents

Great Eastern
A member of the OCBC Group

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

Great Eastern
A member of the OCBC Group

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 ≤ 6 MB

Must attach the file one by one, cannot select multiple files at one time

Provide Consent & Declaration

Tick consent, declarations and click Proceed

The screenshot shows the 'Consent & Declaration' step of a digital claim submission process. The breadcrumb trail at the top indicates the steps: Select Claim & Policy, Provide Details, Consent & Declaration, and Review & Sign. The main heading is 'Consent & Declaration' with a sub-instruction: 'Please check all the required fields to proceed.' A single checkbox is visible, labeled 'TERMS AND CONDITIONS FOR DIGITAL CLAIM SUBMISSION'. Below this checkbox is a list of five terms and conditions. A 'Back' button is located at the bottom left of the form area.

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 required in this digital claim submission and hereby authorise Great Eastern Life Assurance (Malaysia) Berhad, (hereinafter referred to as "GELM") to obtain information from relevant sources.
2. The Assured (Policyholder)/Life Assured/Claim Submitting Person are required to keep all records and supporting documents for this claim for a period of one (1) year.
3. You may be requested by GELM to submit the original documents for verification or audit purposes, failing which you may be required to reject the claim or request for refund (if claims payment has been made).
4. The receipt of any information through this digital Claim Submission form does not equivalent to the admission of liability. The claim payment shall be always subject to due observance and fulfillment of the terms and conditions of the policy.
5. The claim submission is considered received by GELM if it is submitted during GELM's official business hours (Monday to Friday, 8.30 am to 5.15 pm). Any claim submission outside GELM's Official business hours shall be considered received on the next business day.

[Back](#)

The screenshot shows the 'DECLARATION & AUTHORISATION BY THE CLAIM SUBMITTING PERSON' step. The breadcrumb trail is the same as the previous step. The main heading is 'DECLARATION & AUTHORISATION BY THE CLAIM SUBMITTING PERSON Madelgine Budor (A1234556) FOR ALL APPLICABLE POLICIES'. There are four checkboxes, each followed by a paragraph of text. A 'Back' button is at the bottom left, and a 'Proceed' button is at the bottom right, highlighted with a red border.

DECLARATION & AUTHORISATION BY THE CLAIM SUBMITTING PERSON Madelgine Budor (A1234556) FOR ALL APPLICABLE POLICIES

1. I, the Claim Submitting Person 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; the Life Assured's right to be compensated shall be absolutely forfeited.
2. I, Claim Submitting Person 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 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 Life Assured's personal data, employment and credit information (as defined in Credit Reporting Agencies Act 2010) in order to process the 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 claim Submitting Person, 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 Claim Submitting Person, 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 Claim Submitting Person, declare the contents of the document(s) and/or medical report(s) that I have uploaded are the

[Back](#) [Proceed](#)

Review & Sign

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
- > Credit Review & Sign

Back Proceed

Click on Arrow icon to Sign document

Review the details before click on 'I Accept'

Great Eastern
A member of the OCBC Group

Claim Review & Sign

Death Benefit for John Doe (Life Assured)

Nationality	Marital Status
Malaysian	Single
Religion	Deceased's surviving family member(s):
Nominee of Muslim deceased shall distribute the policy moneys in accordance with Islamic laws.	2 Children, Spouse
Non-Muslim	
Any other insurance Policy with other Company?	
No	
Death Details	
Date of Death	Death Occurred In
21/11/2023	Malaysia
Cause of death	
Illness	

I Accept

Review & Sign

Sign inside the blue box and 'Submit'

⚠ Do NOT close this browser before you submit the online claim form, to avoid any loss of entered data and uploaded documents.



← Sign & Declare

Please sign inside the blue box. By signing, you agree your electronic signature is the legal equivalent of your manual signature on this digital Claim Submission form.



Clear

Submit

Great Eastern
A member of the OCBC Group

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

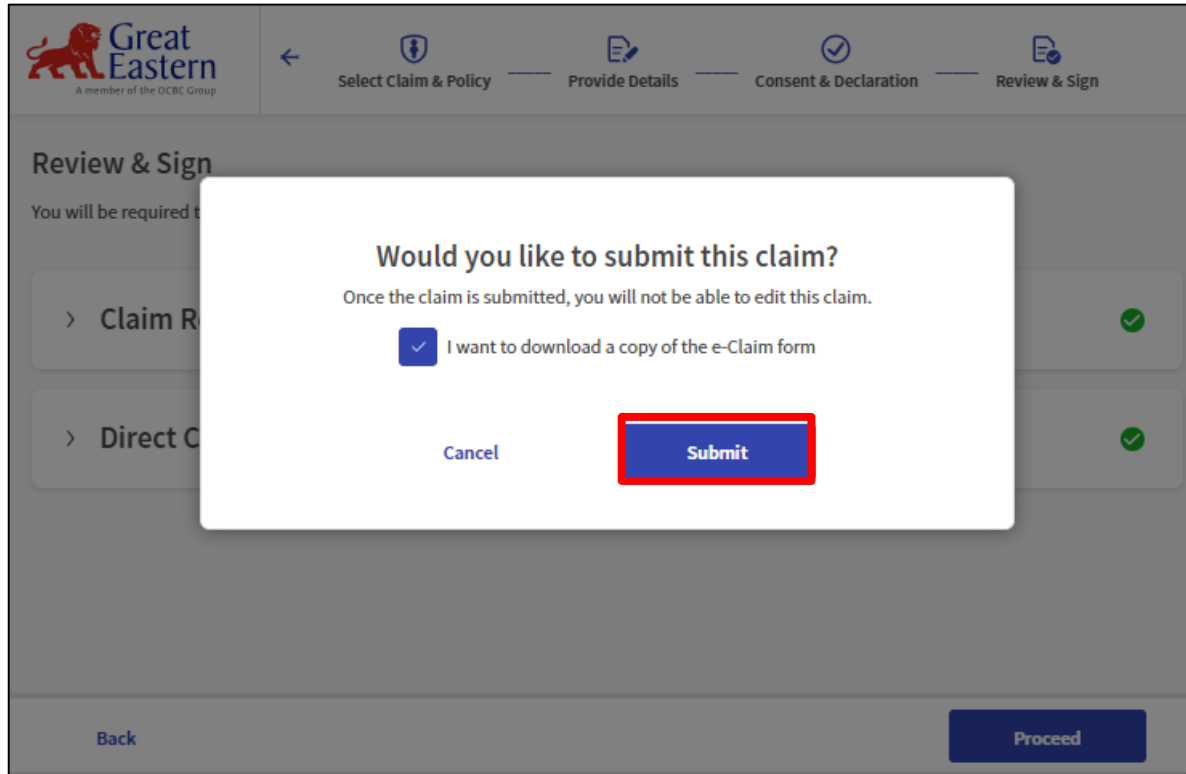
Review & Sign

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

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

Back *Repeat the same steps for Direct Credit and 'Proceed'* Proceed

Submit Claim & Download Claim Form



Great Eastern
A member of the OCBC Group

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

Review & Sign

You will be required to

> Claim R ✓

> Direct C ✓

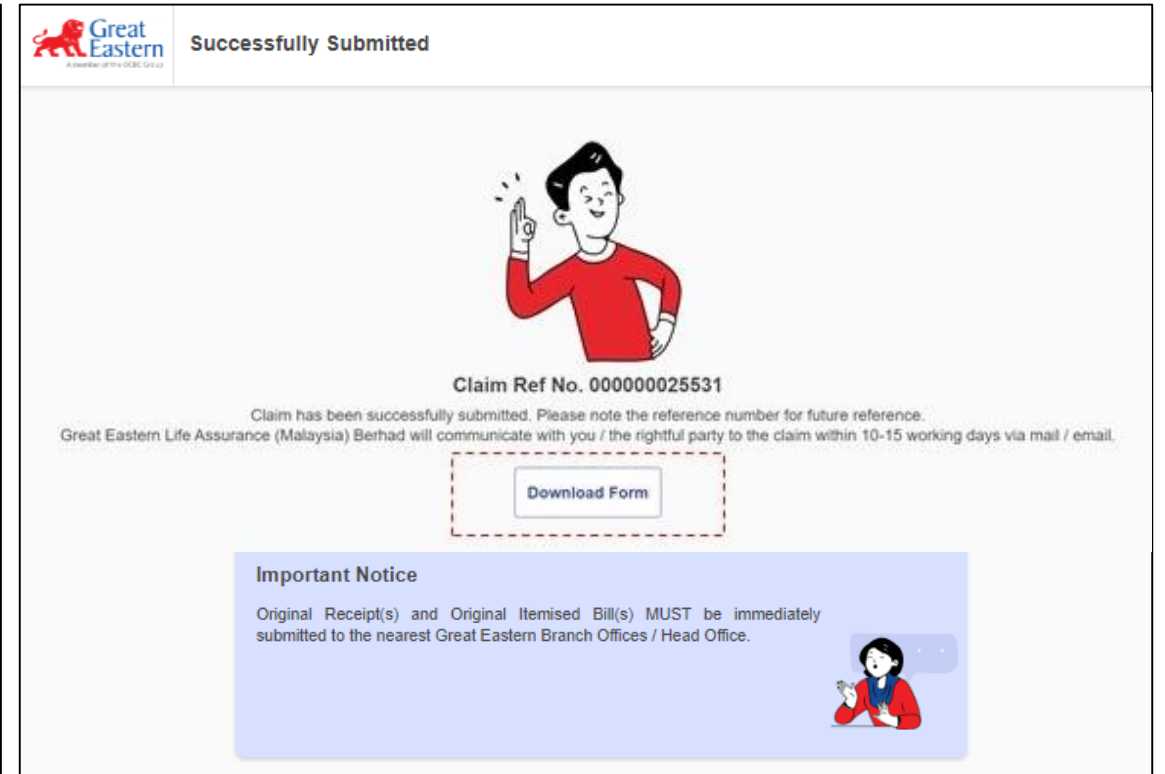
Would you like to submit this claim?

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


Cancel Submit

Back Proceed



Great Eastern
A member of the OCBC Group

Successfully Submitted




Claim Ref No. 000000025531

Claim has been successfully submitted. Please note the reference number for future reference.
Great Eastern Life Assurance (Malaysia) Berhad will communicate with you / the rightful party to the claim within 10-15 working days via mail / email.

Download Form

Important Notice

Original Receipt(s) and Original Itemised Bill(s) MUST be immediately submitted to the nearest Great Eastern Branch Offices / Head Office.



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.

**ACCIDENT RIDER
GMBS HB**

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.

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

Frequently Asked Questions



*Click Home button to
go back to Main Menu*



Frequently Asked Questions

Question	Answer
<p>Why was my eClaim submission unsuccessful and what should I do?</p>	<p>There are various reasons an eClaim submission could fail such as:-</p> <ol style="list-style-type: none"> 1. Incorrect Policyholder's /Life Assured's ID no. 2. Incorrect Policy no. 3. Policy not inforce 4. No such benefit coverage for the selected claim type 5. ex-OAC policies or Group Employee Benefit policy <p>Please be advised to submit the physical claim documents through the following channels:</p> <ol style="list-style-type: none"> a) Through your servicing agent b) Head Office or the nearest branches. c) Post the claim forms along with supporting documents to us <i>Menara Great Eastern Level 4, Claims Department No. 303 Jalan Ampang 50450 Kuala Lumpur</i>
<p>How can a nominee submit a death claim?</p>	<p>A nominee may submit the claim through:-</p> <ol style="list-style-type: none"> a) the Policyholder's servicing agent using GreatPlanner eClaim. b) Great Eastern Corporate Website > Make a Claim
<p>Is there a limitation on the total size of uploaded documents, aside from the 6MB file size limit for individual document files?</p>	<p>No size limitation.</p>
<p>Is the claim documents required to be a Certified True Copy for eClaims submission?</p>	<p>Not required. However, the Claim Submitting Person is required to retain the original documents for at least one year after the claim submission.</p>
<p>Is the direct credit account registration meant for claim transaction only?</p>	<p>No, the update applies to all future amounts payable for transactions related to the policy.</p>
<p>Can I view the status of a claim that was submitted through eClaims?</p>	<p>You won't find the claim status in eClaim. We will write to the rightful claimant or policyholder directly. Alternatively, you may contact the Policyholder's servicing agent for claim status.</p>
<p>Will other policies be processed together since eClaims is only applicable to certain inforce policies?</p>	<p>Yes, we will process any other eligible policies together. Please upload the Direct Credit Facility Form for other policies to ease the claim processing.</p>

Thank you

