

PERSONAL ACCIDENT CLAIM FORM

Please state as fully and accurately as possible the information asked for below and to return this form immediately to Great Eastern General Insurance Limited ("Company") with original final bills/receipts. The acceptance of this form is not in itself an admission of liability on the part of the Company.

SECTION A - CLAIM INFORMATION		
Name of Insured:	NRIC No.:	Policy No.:
Address:	Sex: Male / Female	Contact No.:
1. Name of Claimant:	2. Date of Birth:	3. Gender: Male/Female
4. Email:		
5. Present occupation (<i>if more than one, state all</i>).		
6. Exact nature of occupational duties and monthly earnings.		
7. Name, Address of business or employer.		
8. Date and Time of Accident.	Date: _____ (D/M/Y) Time: _____	
9. Nature of Accident (<i>Describe in details, how & where it happened</i>).		
10. Describe in details the injuries sustained, indicating the part of the body injured and the type of injury (<i>eg. fracture, cut, bruise, etc.</i>)		
11. Name and Address of doctor(s) who treated you and consultation date(s).		
12. Details of Hospitalisation (<i>Attach discharge note & hospital bill</i>): (a) Name of hospital (b) Period of hospitalisation	(a) (b) Date Admitted: _____ Date Discharged: _____	
13. Date last worked prior to disability.		
14. Date returned/expected to return to work.		
15. How long have you been totally or partially disabled from engaging in or attending to your usual business as a result of the injuries?		
16. Name and Address of any witness of the incident.		
17. Name and Address of your usual family doctor.		
18. Are you claiming from any other insurance company or other sources in respect of this injury? If yes, state:		
Name of Insurance Company	Policy No.	Amount of Benefits
		Date Insurance Effected

SECTION B - MODE OF PAYMENT (PLEASE TICK ONE)

1. Cheque
2. PayNow (Link to NRIC)

I/We confirm that I/we have registered with PayNow and I/we have linked my/our Singapore NRIC to my/our bank account ("PayNow Account") whereby I/we am/are the legal and beneficial owner of the PayNow Account. I/We hereby authorize and instruct Great Eastern General Insurance Limited to deposit the payment that is payable to me/us into my/our PayNow Account as well as to verify my/our PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I/we agree and acknowledge that a cheque for the payment will be issued to me/us.

DECLARATION AND AUTHORISATION

I/We hereby declare that the particulars stated above are true and correct in every detail and I/we agree that if I/we have made or in any further declaration in respect of the same claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the relevant insurance policies shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Without prejudice to the consent given below in respect of my/our personal data, I/we hereby authorise any hospital physician, other person who has attended or examined me/us, to furnish to the Company, or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our 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 administer my/our claims.

These purposes are set out in Great Eastern's Privacy Statement, which is accessible at <http://www.greateasternlife.com/sg/en/pncpolicies.htm> and which I/we confirm I/we have read and understood.

Insured/Claimant's Signature / Date

Verified by Employer (if applicable)

