

ACCIDENT CLAIM FORM

Dear Claimant,

We are sorry to learn of your accident.

In order for us to process your claim, we require the following:

- 1) Claimant's Statement.
- 2) Clinical Abstract Application Form.
- 3) Doctor's Statement (refer to Note I & II below).
- 4) Original medical bills/ receipts/ Final Hospital Bills (refer to Note III below).
- 5) Copy of Police Report (if claim is due to a road traffic accident).
- 6) Copy of Medical Certificates.
- 7) Authorisation Letter (refer to Note IV below).

Once we have received all the above required documents, we will process your claim and inform you of the outcome as soon as possible.

If you need any help, please call our Customer Service hotline at 1800-248 2888 or email us at wecare-sg@greateasternlife.com.

Note:

- I) For claims more than \$1,500, the Doctor's Statement must be completed by the attending doctor and submitted to us. The Doctor's Statement is furnished at the expense of the claimant.
- II) For claims less than \$1,500, the Doctor's Statement need not be submitted. The Company may waive the medical report if there is sufficient documentary evidence e.g. a Doctor's Memo or Inpatient Discharge Summary Report to show the cause of hospitalisation/ disability and period of disability.
- III) For the documents mentioned in item (4) above, copies of the hospital bills will be accepted for Hospitalisation Allowance/ Benefit claim. Original Final Hospital Bills are required for medical reimbursement claims.
- IV) Authorisation letter has to be submitted if you are authorising another party to handle the claim (including collection of cheque) on your behalf.
- V) Temporary disability (total & partial disability) of less than 7 continuous days for Comprehensive Accident Benefits (CAB) Rider is not payable as per policy contract.
- VI) Please continue to pay the premiums to keep your Policy in force.

Submission of Documents

Please submit all claim documents personally at our Customer Service Centre at the ground floor,

Great Eastern Centre or, through your Financial Representative or, by post to:

Health Claim Services Department
The Great Eastern Life Assurance Company Limited
1 Pickering Street
Great Eastern Centre #01-01
Singapore 048659