

Issue By :
Date :

LIVING ASSURANCE CLAIM FORM
PERSONAL STATEMENT

Note : Great Eastern Life Assurance (Malaysia) Berhad does not admit liability by the mere issue of this or any claim form.

1. Life Assured's Particulars

Policy No. _____

Full Name: _____

NRIC No. _____

Address : _____

Occupation: _____ Date of Birth _____

2. Nature of Claim and Related Details

- (i) Describe fully the symptoms for which you considered a medical practitioner.
- (ii) How long did you have the symptoms before you consulted a medical practitioner.

- (iii) Date when you FIRST consulted a medical practitioner : _____
- (iv) Describe fully the extent and nature of your illness.
- (v) Have you previously suffered from, or received treatment for, a similar or related illness? If "Yes" give full details:

3. Record of Medical Consultations

- (i) Give below the details of any doctors or specialist who have been consulted in connection with your illness:-
Name: _____
Address: _____
Dates of Consultations: _____
- (ii) If you were treated at a hospital or similar institution, please supply the following details:
Name of hospital or institution: _____
Date of Admission: _____ Date of Discharge: _____

(iii) Please provide the name and address of your usual medical attendant if different from above:-

4. General

(i) Have any of your blood relatives suffered from a similar or related illness? If 'Yes', state : relationship of relative, nature of illness and the date when he was first diagnosed.

(ii) Have you or any one else claimed or intend to make a claim from any other Insurance Company in respect of this illness. If 'Yes', please give name of Insurer, the type of insurance (Hospitalisation Benefits, Health Insurance, Critical Illness, Living Assurance etc) and amount claimed or to be claimed.

(iii) Do you smoke cigarettes? YES NO

If 'Yes', a) what is your daily consumption? _____

b) for how long have you been smoking? _____

Declaration

I hereby declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete. I consent to Great Eastern Life Assurance (Malaysia) Berhad seeking medical information from any doctor who, at any time, has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office, organisation or person and I authorise the giving of such information. A photocopy of this authorisation shall be as valid as the original.

.....
Signature of Life Assured

Date:.....

Name.....

This portion is to be completed by the Assured only if the Assured and Life Assured are different persons.

I declare that all the answers above given by the Life Assured are true to the best of my knowledge.

.....
Signature of Assured
(if Assured and Life Assured are different persons)

Date.....

Name:.....