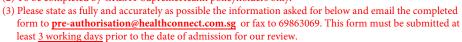
## PRE-AUTHORISATION REQUEST FORM

Important Notes: (1) The Great Eastern Life Assurance Company Limited hereby referred to as "The Company".

(2) To be completed by GREAT SupremeHealth policyholders only.





(4) For any pre-authorisation request, please contact our Health Connect hotline at **6563 2233** for assistance. (5) The acceptance of this form is not in itself an admission of liability on the part for the Company.

Life Assured Details			
1. Name: Same as NRIC / Passport	2. NRIC No. :		
3. Policy No. : (if cannot recall, leave blank)	4. Nationality:		
5. Date of Birth:	6. Mobile No. :		
7. Home Telephone No. :	8. Email Address:		
Life Assured Medical Condition			
9a. Description of symptoms:	9b. Duration of symptoms:		
10a. Date of first onset/awareness of symptoms:	10b. When did you first seek medical at symptoms?	10b. When did you first seek medical attention for the symptoms?	
11. Did you have similar symptoms in the past?		○ Yes	○ No
If yes, please provide the following details:			
12a. Diagnosed Medical Condition (If known):	12b. Date of Diagnosis:		
13a. Name of diagnosing doctor:	13b. Name of clinic/hospital:		I
14. Is the current admission (including underlying cause, diagno	sis & treatment) related to any of the following:		
a. Routine Check-up	· · · · · · · · · · · · · · · · · · ·	○ Yes	○ No
b. Accident Related		O Yes	○ No
c. Infertility / Pregnancy		O Yes	○ No
d. Self-Inflicted Injuries		O Yes	○ No
e. Alcohol / Drug Abuse		O Yes	○ No
f. Clinical Trial / Study / Experimental		○ Yes	○ No
If yes, please provide the following details:			
Additional Information			
15. Is this your first claim on the diagnosed medical condition?		○ Yes	○ No
If no, please state the previous claim date:			
16. Do you have a referral letter from your doctor? (if Yes. please attach a copy of the referral letter to us)		○ Yes	○ No

Great Eastern Holdings Limited (Reg. No. 1999 03008M)

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
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Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)

Website: www.greateasternlife.com

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17. Do you have a regular clinic / family doctor?	
If yes, please provide the following details:  17a. Name of clinic / family doctor:	17b. Address of clinic:
18. Any other medical condition/s?	○ Yes ○ No
If yes, please provide date of first diagnosed and details:	
Admission / Surgery Details	
19a. Clinic / Hospital Name:	19b. Admission Date:
20a. Planned Procedure / Treatment:	20b. Name of Treating Specialist:
21. Are you covered under another insurance policy?	○ Yes ○ No
If yes, please provide the following details: 21a. Insurer:	
21b. Type of Policy:	21c. Policy Number:
22. Ward / Room Type:	
○ Re-Structured / Government	Private
1 Bed 2 Bed 4 Bed 5-6 Bed 8-10 Bed Day Surgery (Subsidised/ Non-Subsidised)	1 Bed 2 Bed 4 Bed 5-6 Bed Day Surgery
Day(s) 24a. Estimated Hospital Costs:	24b. Estimated Doctor Costs:
Declaration	
and these declarations shall be the basis of the Company	his form is true, correct and complete. I agree that this form to evaluate my Pre-authorisation request and I accept the event the Company becomes aware there is a material fact horisation issued may not be valid."
	Parent/Guardian Date

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## (Life Assured / Guardian name) (NRIC/PP No.), hereby give my consent and authorise the doctor(s), clinic(s), hospital(s) or any person who has attended to or examined me/ my child or is authorised to maintain my/my child's medical record to furnish and release my/ my child's medical report to the 'Great Eastern Life Assurance' (Insurer), its appointed administrator, and its staff and associates with respect to any of my illnesses or injuries, medical history, consultations, prescriptions or treatment. By providing the information set out above, I agree and consent to Great Eastern, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents ("Representatives") collecting, using, disclosing and sharing amongst themselves my/ my child's 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 settle my/ my child's claims. These purposes are set out in Great Eastern's Privacy Statement, which is accessible at https://www.greateasternlife.com/sg/en/privacy-and-security-policy.html and which I confirm I have read and understood. I also agree to the Insurer or Company seeking information from any source and I authorise the giving of such information. A photocopy of this authorisation is as valid as the original. In addition, I hereby agree that this consent shall remain valid not withstanding my death. Signature of Parent/Guardian Signature of Life Assured Date (if Life Assured is under 21 years of age)

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Life Assured / Guardian Consent