



FAIRFIRST COMMERCIAL BANK FLASH INSURANCE COVER

Fairfirst Insurance Limited will pay a fixed cash benefit to the Insured upon Hospitalization in a government Hospital or in a PHSRC registered private Hospital or nursing home as an Inpatient, as a result of sustaining Accidental bodily Injury, an occurrence of a sudden Sickness/Illness or undergone any Surgery contracted after the commencement of the Policy, which is not specifically excluded, up to the limits stipulated below.

Hospitalization in any government hospital, private registered hospital, any government Ayurveda hospital or registered private Ayurveda hospital as an inpatient, for a maximum period of 30 nights in one year, excluding first night of hospitalization.

Section 01 – Coverage

The benefit will be payable in the event of Insured person being hospitalized in a government Hospital or PHSRC registered private medical institutions ,any government ayurvedic Hospital or registered private ayurvedic Hospital as stipulated under annexure 01 as a result of an Accident, Sickness/Illness or Surgery on the recommendation and approval of a Consultant Physician.

The total claim amount payable will be the daily allowance as per the agreed benefit layer multiplied by the number of completed nights been hospitalized.

However, the cover will be limited to a maximum of 30 days per event/per annum.

Cover Options & Premiums

	Monthly premiums (Excluding Tax)				
Benefit Layers	Per Policy holder	Spouse	Per Child	Daily Allowance	Annual Limit (per Individual/Per family)
Basic	LKR 60.00	LKR.45.00	LKR.30.00	LKR 1,000.00	LKR 30,000.00
Silver	LKR 90.00	LKR.60.00	LKR.45.00	LKR 2,000.00	LKR 60,000.00
Gold	LKR 150.00	LKR.100.00	LKR.75.00	LKR 3,000.00	LKR 90,000.00

(Table 01)

Section 02 – Epidemic disease hospital cash grant (Within the annual limit) excluding first night of stay.

Benefit Layers	Daily Allowance per night spend	Limit Per Annum
Basic	1,000.00	10,000.00
Silver	2,000.00	15,000.00
Gold	3,000.00	20,000.00

Section 03 – Enrollment Process

- Open an account through the “Flash” digital banking application.
- Each and every Account Holder will receive a free cover with the value of Rs.1, 000.00 daily allowance for the period one month.
- On the completion of one month period, Account Holder may have the option to continue the cover as it is or upgrade the cover
- Based on the selected cover, the respective Premiums will be deducted on a monthly basis until the cover is cancelled by the Account Holder.
- One month Premium due is acceptable and cover will not be ceased (Grace period).

Section 04 - General policy conditions and privileges

3.1 Geographical Territory

All benefits provided under this Policy are applicable only for Hospitalizations within the geographical territory of Sri Lanka.

3.2 Policy Commencement and Renewals

Policy commencement will occur every 15th and last day of the each month. Premium will be collected on a monthly basis at the Premium rates effective at that time. Policy will be renewed after completion of 12 months from the commencement until the cover is cancelled by the Account Holder



3.3 Age Limit

This policy covers the persons aged between 18 to 65 years.

3.4 Eligibility & Enrolment

Eligible applicants are persons who registered under the Commercial Bank “Flash” digital banking application. All eligible applicants must be natural persons. Corporations, partnerships and businesses will not be eligible for coverage under this Hospitalization Support Plan. All

eligible applicants must be 18 years of age or above and below 65 years of age at the time of registration.

3.4.1 Family member inclusion

For the married accountholders, there is an option to include family member (spouse, child) by paying an additional premium as mentioned above (Table 01). The cover will be given on floater basis and the *Name, Date of Birth and the Relationship* of the respective family member has to be submitted at the time of registration.

Enrolment to the said Policy will be as per the process agreed upon between Commercial Bank Plc. and Fairfirst Insurance Limited.

3.5 Premium Payments

Premium will be deducted from the respective commercial bank account of the Insured on monthly basis.

3.6 Discontinuation of Premium Payments

If the insured person unable to continue the monthly Premium as agreed, and if the period of discontinuation is more than one month, cover will be automatically ceased. In such situations if the Insured wish to continue the Hospitalization Support Plan, he/she will be identified as a new member and waiting period as mentioned 3.7 will be applied.

3.7 Grace Period

One month Premium due is acceptable and the incurred claim within such period is also admissible subject to deduction of premium due from the claim liable.



3.7 Waiting period

All the claims regarding Hospitalization unless resulting from an Accidental Injury that occurs during the first thirty (30) days of the Policy Period shall not be admissible. This condition will not be applicable with regard to the renewal.

3.8 Termination of individual insurance

The insurance cover shall be automatically terminated at the earliest time below:

3.6.1 The Insured Person/s exceeds 65 years of age; or

3.6.2 Upon Death; or

3.6.3 Upon cancellation or withdrawal of subscription by Commercial Bank of the
Contract/relationship with the Policy Holder, whatever the reason may be; or

3.6.4 In case of non-payment of the individual insurance Premium for more than one month.

3.9 Notice

Every notice or communication to the Company shall be in writing and sent to the Company address.

3.10 Alterations

The parties agree that the Premium, as specified in this schedule, is subject to review on an annual basis and may be subject to alteration if and to the extent that it would not be reasonably possible to obtain insurance cover with that premium level. The new premium level will be an amendment and shall be included as an annexure to this schedule if approved in writing by both parties.

3.11 Claim submission

All claim documents pertaining to Hospitalization shall be submitted within 30 days from the date of discharge.

3.12 Claim Settlement



The Insured should notify in writing of Hospitalization of the Insured to Fairfirst Insurance Limited together with the cause and proof thereof. This written notice shall be accompanied by a certificate of the attending physician containing registration number and mentioning the actual cause for Hospitalization of the Insured. Fairfirst Insurance Limited should be notified of the occurrence of Hospitalization of the Insured person as soon as possible, but not exceeding thirty (30) days from the date of Hospitalization after which it will be treated as time-barred and Fairfirst Insurance Limited shall not be bound to pay the claim.

For each reported claim, Fairfirst Insurance Limited must obtain documents outlined under “3.13. Claim documents”

Fairfirst Insurance Limited shall process and pay genuine and approved claims on receipt of required documents, within seven (7) working days.

If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (14) working days, or as long as the dispute takes to resolve in the legal system.

3.13 Claim Limits

A daily allowance shall be paid for the period of Hospitalization based on the Premium paid as stipulated above, and the total amount payable will be the daily allowance multiplied by the

number of completed nights been hospitalized. The maximum claimable limit for 12 calendar months shall not exceed the annual limit stipulated above i.e. under “Section 01” of this Schedule.

Hospitalizations for one night will be excluded.

3.14 Certification, Information and Evidence

All certificates, information, evidence required by the Company shall be furnished at the expense of the Insured and in such a form that the Company may require.

3.15 Claim Documents

3.13.1 Claims shall be submitted with:



1. Claim form
2. Copy of completed diagnosis card
3. Copy of identification document (Identity card/Driving license)

The processing of claim will commence only upon receipt of the complete documents as stated above.

3.13.2 All diagnosis cards should be duly completed with all the necessary components including:

1. Admission and discharge dates
2. Patient's name, age and sex
3. Admission complaints
4. Investigations done
5. Treatment given and the plan on discharge
6. Doctor's rubber stamp and the signature

3.16 Misrepresentation /Fraud

If any claim made is found fraudulent or exaggerated or if any false declaration or statement is made in support thereof, then in any of these cases, the Company reserves the right to void the cover in respect of such Insured.

3.17 Governing Law

This Policy is issued and governed by the law of the Democratic Socialist Republic of Sri Lanka.

3.18 Currency of the Payments

All payments to the Insured and to the Company shall be made in Sri Lankan Rupees.

3.19 Intentional false statements of any Insured person

In case of concealment or misrepresentation by an Insured Person, the Hospitalization Support Plan insurance policy shall be null and void with respect to the relevant Insured Person.



3.20 No assignment

The hospital insurance cover granted under this policy shall be non-assignable.

3.21 Approved ayurvedic hospitals (Annexure 01)

1. Siddhalepa hospital
2. Pilapitiya ayurvedic hospital
3. Horana sugatha hospital
4. Wickramaarachchi ayurvedic hospital
5. Any Government ayurvedic hospitals

Section 05 - General Exclusions

This coverage shall not pay any indemnity caused directly/indirectly or wholly /partly, by any one of the following occurrences:

4.1 Any Hospitalization for less than 24 hours

4.2 Pregnancy, child birth including surgical delivery, miscarriage, abortion and pregnancy related ailments and conditions, prenatal or postnatal care, surgical, mechanical or chemical contraceptives and methods of birth control, infertility and sub fertility, sexual dysfunction , tests or treatment and treatments related to impotence or sterilization.

4.3 Change of life (menopause), general debility, expenses incurred for sex changes and menstrual disorders.

4.4 Attempted suicide or intentionally self-inflicted injury while sane or insane.

4.5 Use of Illegal substances, misuse of alcohol or intoxicating drugs. Accidents caused by excessive ingestion of alcoholic drinks, hallucinogens or driving while drunk: Accident occurring when the blood alcohol level is above the legally permitted level.

4.6 Circumcision, vaginal membrane repair, treatments for weight reduction or gain and any preventive measures.

4.7 Plastic/cosmetic Surgery and physiotherapy.

4.8 Hospital admissions primarily for investigatory purposes including physical, laboratory, radiological or instrumental examinations not incidental to treatment of a covered disease, routine physical examinations, health checkups, medical studies, monitoring and screening tests other than angiogram.

4.9 Conditions resulting from manmade or natural disasters including war or any act of war, criminal or terrorist activities, direct participation in strikes, riots and civil commotion or insurrection, Ionizing radiation or contamination by radio activity from any nuclear fuel or nuclear waste or nuclear weapon and any malicious act.

4.10 Investigations or treatment of sleep and snoring disorders or/and hormone replacement therapy.

4.11 Alternative therapy, their medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist therapy, massage or aroma therapy or other alternative, non-allopathic treatments.

4.12 Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and disabilities arising out of duties of employment or profession that is covered under a Workmen's Compensation Act.

4.13 Naval or military operations of the armed forces or air force and participating in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like

4.14 Nuclear risk: ex; exposure to nuclear energy (nuclear reactions, radiation and contamination)

4.19 Natural perils; Natural disasters such as but not limited to avalanches, landslides, earthquakes, flood, tsunami or tidal waves caused by earthquake or volcano eruptions, cyclones, tempests, hurricanes, tornado and typhoons.

Section 06 – Definitions

5.1 Accident or Accidental shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause.

5.2 Account Holder shall mean the person who registered under the Commercial Bank Flash digital banking Application.



5.3 Age shall mean the Insured person current age at the inception or renewal of the Policy.

5.4 Agreed benefit layer shall mean the selected benefit layer by the Insured at the time of inception of the Policy or renewal.

5.5 Annual limit shall mean maximum limit available for the Insured to utilize for Hospitalizations during one year from the commencement of the policy.

5.6 Company shall mean Fairfirst Insurance Limited.

5.7 Consultant physician shall mean medical specialist who has been certified as a Consultant by the Medical Council of Sri Lanka.

5.8 Hospital shall mean only an establishment duly constituted and registered at Ministry of health care and nutrition as a hospital for the care of sick and injured persons and which, has facilities for diagnosis and major surgery, and provides 24 hour nursing services by registered and graduate nurses, is under the supervision of a Specialist and is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

5.9 Hospitalization shall mean admission to a Hospital as a registered in-patient for treatment which is not available at domestic and outpatient setups otherwise associated with a significant risk to treat as an outpatient or necessitate fulltime closed observation by a doctor. But patient shall not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement or recovered after an Emergency Treatment Unit treatment or a day surgery without justified post-surgical conditions necessitate in hospital management and care.

5.10 Injury shall mean bodily damage caused solely by an Accident and does not result from any illness, sickness or other bodily disease.

5.11 Inpatient shall mean a person confined to overnight stay in the hospital for clinical management of a disease or an injury seeking full time doctors' attention and observation.

5.12 Insured shall mean eligible individual having commercial bank Flash digital banking account who in accordance with the provisions of this agreement, are participating in an insurance plan (the Hospitalization support plan Insurance Policy) as set out in this agreement and who have continued the monthly premium as agreed.

5.13 Policy Period shall mean period of twelve (12) month from the commencement of the policy.

5.14 Premium shall mean the payment which the Insured has agreed to pay for insurance.



5.15 PHSRC shall mean Private Health Services Regulatory Council.

5.16 Pre-existing conditions shall mean disabilities that the Insured person has reasonable knowledge of. An Insured person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- The Insured person had received or is receiving treatment, medical advice, diagnosis, care or treatment has been recommended or
- clear and distinct symptoms are or were evident; or,
- Its existence would have been apparent to a reasonable person in the circumstances.

5.17 Policy shall mean these terms and conditions, any annexure thereto and the Schedule or the policy wording (including Endorsements, if any).

5.18 Sickness/Illness shall mean disease or pathological condition leading to the impairment of normal physiological function of a body which manifests itself during the Policy Period and requires medical treatment.

5.19 Specialist shall mean a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine with qualifications higher than M.B.B.S. /B.D.S. or equivalent but excluding a Specialists or surgeon who is the Insured himself.

5.20 Surgery shall mean manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care center by a medical practitioner.