



FAIRFIRST INSURANCE LIMITED

(Company No. PB 5180)

Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02, Sri Lanka.

Tel: 011-2428428 Fax: 011-2438438

E-mail: info@fairfirst.lk Website: www.fairfirst.lk

PRE-APPROVAL CLAIM FORM FOR CASH PAY

Important Notes:

- a. This form is to be completed by the Policyholder.
- b. To enable us to process your claim promptly, please ensure that the form is fully completed.
- c. Please note that we reserve the right to request additional details or documents if needed.
- d. **If you have any questions regarding this form or any claim-related matters, please contact the Cash Pay hotline on 0112428468, mentioning your Policy No./Membership No./Employee ID or EPF No.**

Part A - Policyholder and Patient Details

Policyholder Name		Policy No.	
Patient Name		Date of Birth DD / MM / YYYY	
Relationship to the Policyholder		Gender	
Employee ID/EPF No.		Contact No.	

Part B - Hospital and Ailment Details

Hospital Name		Consultant Name	
Ailment/Disease		Planned Date	
Estimated Cost		Planned/Unplanned	

Part C - Bank Details

Account No.		Bank Name	
Branch		Branch Code	

I declare that the information provided on this form is true and accurate, and I have not withheld any material information.

Policyholder's Signature _____

Date _____