

FAIRFIRST INSURANCE LIMITED

(Company No. PB5180)

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

Colombo 02, Sri Lanka. Tel :011-2428428

E-mail: [info@fairfirst.lk](mailto:info@fairfirst.lk) Website: [www.fairfirst.lk](http://www.fairfirst.lk/)

**FAIRFIRST FLASH HOSPITAL CASH INSURANCE POLICY.**

As the Insured Person, You have applied for this insurance coverage through the Commercial Bank Flash digital application to Fairfirst Insurance Ltd (referred to as 'Us'). Since you have paid the annual premium, we agree to provide coverage as outlined in this policy, including the Schedule and Endorsements.

If, during the insurance period, you experience an accidental injury or illness that requires medical treatment, we will pay You a Daily Hospitalization Allowance, up to the limits specified in the Table of Benefits in the Schedule, subject to the terms, exceptions, and conditions of this policy.

**Section 1: Coverage**

**Hospital Cash Benefit**  
This benefit will be provided if the Insured Person is hospitalized in a government hospital, a private medical institution registered with PHSRC, a government Ayurvedic hospital, or a registered private Ayurvedic hospital as specified in the Schedule. The hospitalization must be recommended and approved by a Consultant Physician and be due to an accident, sickness, illness, or surgery.

The claim amount will be calculated based on the daily allowance specified in the Schedule/Insurance Certificate, multiplied by the number of completed nights spent in the hospital. Coverage is limited to a maximum of 30 days per incident or per year.

**Table of Benefits:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Monthly premiums (Including Tax)** | | |
| Benefit Layers | Per Policy holder | Per Spouse | Per Child | Daily Allowance | Annual Limit  (per Individual/Per family) |
| Basic | LKR 741.00 | LKR 558.00 | LKR 369.00 | LKR 1,000.00 | LKR 30,000.00 |
| Silver | LKR 1,099.00 | LKR 741.00 | LKR 558.00 | LKR 2,000.00 | LKR 60,000.00 |
| Gold | LKR 1,851.00 | LKR 1,234.00 | LKR 923.00 | LKR 3,000.00 | LKR 90,000.00 |

**(ABOVE PREMIUM INCLUDING SERVICE FEE ARE SUBJECT TO 0.3% CESS,2.56% POLICY FEE & 18% VAT)**

Hospital cash grant epidemic disease (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 |

**Based on the selected cover, the respective Premiums will be deducted on annually until the cover is cancelled by the Account Holder.**

**Section 02 – Definitions**

1. **Accident or Accidental**: A sudden, unintended, unexpected, and specific event occurring at a clear time and place, which is independent of any other cause.
2. **You/Your**: Refers to all insured persons, including Flash account holders registered under the Commercial Bank Flash digital banking application, along with any dependents covered under this policy.
3. **Age**: The insured person’s current age at the start or renewal of the policy.
4. **Agreed Benefit Layer**: The benefit level chosen by the insured at the start or renewal of the policy.
5. **Annual Limit**: The maximum amount available to the insured for hospitalizations during one year from the start date of the policy.
6. **We/Us/Our**: Refers to Fairfirst Insurance Limited.
7. **Consultant Physician**: A medical specialist certified as a consultant by the Medical Council of Sri Lanka.
8. **Dependent**:

* **Spouse**: The insured person's husband or wife.
* **Child**: A dependent child aged from birth up to 25 years who is unmarried and unemployed.

1. **Hospital**: A registered establishment, as recognized by the Ministry of Health Care and Nutrition, for treating the sick and injured. It must provide diagnostic and major surgery facilities, 24-hour nursing by registered nurses, and be supervised by a specialist. The facility should not be primarily a clinic, rehabilitation center, nursing home, rest home, or home for the elderly.
2. **Hospitalization**: Admission to a hospital as a registered inpatient for treatment unavailable in outpatient settings, or when full-time observation by a doctor is necessary. Note: Patients are not considered inpatients if they do not stay overnight or are discharged after emergency or day surgery without requiring further hospital care.
3. **Injury**: Physical harm caused solely by an accident, not due to illness, disease, or other health conditions.
4. **Inpatient**: A person who stays overnight in a hospital for treatment, requiring ongoing medical attention and observation.
5. **Insured**: An eligible individual with a Commercial Bank Flash digital banking account participating in the hospitalization support plan insurance policy and who has maintained the required monthly premium.
6. **Policy Period**: A 12-month period from the start of the policy.
7. **Premium**: The payment the insured has agreed to make for the insurance coverage.
8. **PHSRC**: Refers to the Private Health Services Regulatory Council.
9. **Pre-existing Conditions**: Health conditions known to the insured person prior to policy commencement, where:
10. Treatment, medical advice, or a diagnosis has been received or recommended, or
11. Clear symptoms are evident, or
12. A reasonable person would recognize the condition’s existence.
13. **Policy**: These terms and conditions, including any attachments, the Schedule, or the policy wording (including any Endorsements).
14. **Sickness/Illness**: A disease or condition that impairs normal body function, which occurs during the policy period and requires medical treatment.
15. **Specialist**: A medical practitioner registered and licensed as a specialist in their area, with qualifications beyond a basic M.B.B.S./B.D.S. (or equivalent) and recognized for expertise in specific medical fields. Note: This excludes a specialist who is the insured person themselves.
16. **Surgery**: Any manual or operative procedure performed by a medical practitioner in a hospital or day care center, aimed at treating an illness or injury, correcting deformities, diagnosing diseases, relieving pain, or extending life.

**Section 3: General Exclusions**

This coverage will not apply to any hospitalization or medical expense resulting directly or indirectly from the following:

1. Hospital stays of less than 24 hours.
2. Any pregnancy-related care, including childbirth, miscarriage, abortion, and prenatal or postnatal care, as well as treatments for infertility, birth control, and sexual health issues.
3. Conditions related to menopause, general weakness, sex change procedures, or menstrual disorders.
4. Self-harm, including attempted suicide or any self-inflicted injuries.
5. Use of illegal substances, alcohol misuse, or accidents caused by excessive alcohol or drug use, including accidents involving blood alcohol levels above the legal limit.
6. Circumcision, vaginal membrane repair, weight management treatments, and preventive care.
7. Plastic or cosmetic surgery, as well as physiotherapy.
8. Hospital admissions primarily for testing or examinations not directly related to a covered disease, including general health check-ups and screenings (other than angiograms).
9. War, terrorism, riots, radiation exposure, nuclear activities, and malicious acts).
10. Treatments or investigations for sleep disorders, snoring, or hormone replacement therapy.
11. Alternative therapies, such as chiropractic care, acupuncture, herbal therapy, massage, aromatherapy, or any non-allopathic treatments.
12. Care covered by other insurance, care provided without charge, or disabilities resulting from employment duties covered under the Workmen's Compensation Act.
13. Military operations, combat situations, or any duties involving the use of weapons as ordered by military authorities.
14. Nuclear-related risks, including exposure to nuclear reactions, radiation, or contamination.

**Section 4: General Terms and Conditions**

This Policy, along with the Schedule and any Endorsements, forms a single contract. Any terms defined within any part of the Policy or Schedule/Endorsements carry the same meaning throughout the document.

1. **Notice**  
   All notices or communications to Us must be in writing.
2. **Coverage Period and Renewal**  
   The Company will renew this Policy and notify you accordingly. A grace period of one month is provided to allow you time to decide whether to continue the coverage. Please note, however, that coverage cannot be renewed for you or for any insured family member have reached the age of 65.
3. **Age Limit**  
   This Policy covers individuals:
   * **Adults:** between the ages of 18 and 65.
   * **Children:** between the ages of 0 and 25.
4. **Termination of Coverage**

Coverage for an insured person will automatically end under any of the following circumstances:

1. The insured person reaches the age of 65.
2. The insured person passes away.
3. The premium payment is not made as agreed.
4. The Policy is cancelled by either You or Us.
5. **Geographical Coverage**  
   This Policy provides coverage only within Sri Lanka, unless otherwise stated in the Schedule.
6. **Waiting Period**  
   Claims related to hospitalization are not admissible for the first 30 days of the Policy, unless resulting from an accidental injury.
7. **Non-Transferability**  
   This hospital insurance cannot be transferred or assigned to another person.
8. **Pre-Existing Conditions**

The insured person must notify Us of any existing conditions prior to the start of the Policy. Claims related to pre-existing conditions are excluded unless specifically covered in writing.

1. **Approved ayurvedic hospitals**
2. Siddhalepa hospital
3. Pilapitiya ayurvedic hospital
4. Horana sugatha hospital
5. Wickramaarachchi ayurvedic hospital
6. Any Government ayurvedic hospitals
7. **Reasonable Care**  
   The insured person must take reasonable steps to prevent accidents or illnesses.
8. **Change in Risk**  
   The insured person must promptly notify Us of any significant changes in risk that may affect the coverage or premium.
9. **Cancellation**  
   We may cancel this Policy by sending a registered letter to Your last known address. If the Policy is canceled, We will return the unused portion of the premium, provided no claims were made. You may also cancel the Policy at any time, with a pro-rated premium refund based on the time the Policy was in force.
10. **Law and Dispute Resolution**:

This Agreement shall be governed by and construed in all respects in accordance with the substantive laws of Sri Lanka.

In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties through the Company’s Compliant Handling Procedure.

If parties do not reach such solution within a period of thirty (30) days of such dispute being raised by a party hereto, upon notice to the other party, such claim, question or difference may be referred to the Insurance Ombudsman of Sri Lanka or may then be finally resolved through any Court of Competent Jurisdiction holden in Colombo.

1. **Compliance**  
   All terms, conditions, and endorsements in this Policy must be observed for any claims to be valid.
2. **Misrepresentation/Fraud**  
   This Policy is void if any misstatements, omissions, fraudulent claims, or false declarations are found in the proposal, renewal, or claim.
3. **Policy Changes**  
   We may amend the Policy terms with 30 days' written notice to Your last recorded address. Any changes will apply at the next renewal.
4. **Documents and Evidence**  
   You must provide all necessary certificates, medical reports, and other evidence as requested by Us, at their own expense. You may also be required to undergo a medical examination at Our expense.
5. **Governing Law**  
   This Policy is governed by the laws of Sri Lanka.
6. **Payments**  
   All payments to You will be made in Sri Lankan Rupees via cheque or electronic fund transfer.

**Section 5: How we use personal information**

At Fairfirst Insurance Limited, we are committed to safeguarding the privacy of our customers, claimants, and third-party contacts. The personal information we collect may include contact details, financial and account information, credit references, medical or health data (with your consent where required), and any other information provided or obtained in connection with our relationship.

Your personal information may be used for the following purposes:

* Insurance administration, including communications, claims processing, and payment
* Assessment and decision-making regarding insurance terms and claim settlements
* Prevention, detection, and investigation of fraud, money laundering, and other crimes
* Establishment and defense of legal rights
* Compliance with legal and regulatory obligations
* Monitoring and recording of telephone calls for quality, training, and security
* Market research and analysis

For these purposes, your information may be shared with our group companies, insurance brokers, reinsurers, healthcare professionals, and service providers. If required by law, we may also disclose information to government authorities or other third parties. Personal details may be recorded in industry-wide claims registers to prevent fraud or validate claims history.

## Section 6. Claims Procedure

You must provide all certificates, information, and evidence we require at your own expense, using the format we specify. Please submit a written claim within 30 days of hospitalization, including the following documents:

* **Completed Claim Form**
* **Diagnosis Card**
* **Identification Document** (such as an ID or Driver’s License)
* **Police Report** (if applicable)

The Diagnosis Card should contain:

* Admission and discharge dates
* Patient’s details (name, age, gender)
* Reason for admission
* Tests and treatments received
* Doctor’s signature and stamp

## Contact Details:

Hospitalization/inquiries to Fairfirst: Hotline 011 2 428 428.

**Claims submission methods**

* To submit online via Health e-Portal or via email to [medicalclaim@fairfirst.lk](mailto:medicalclaim@fairfirst.lk)
* To submit physically, send the supporting documents at:

Fairfirst Insurance Limited

Access Towers II (14th Floor),

278/4,

Union Place,

Colombo 02.

## Section 7: Your grievances and concerns

At Fairfirst Insurance, we are dedicated to promptly resolving your claims to your utmost satisfaction. However, in the rare event that you are not content with our services, we want to ensure your concerns are addressed. Please contact us:

* **In person:** You can visit your nearest Fairfirst branch and speak with the Branch Manager. Alternatively, you may visit our Head Office and discuss your concerns with the Customer Complaints Officer.
* **By mail:** Send your complaint in writing to the following address: Customer Complaints Officer Fairfirst Insurance Limited Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02.
* **By phone:** You can reach our Customer Complaint Officer at +94 11 242 8282. Our phone lines are open daily from 8:30 a.m. to 5:00 p.m.

**Please note that for customer care purposes, your calls may be recorded to better understand your needs and provide you with the best service.**