



## **FAIRFIRST INSURANCE LIMITED**

(Company No. PB5180)

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02, Sri Lanka.

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### **HOSPITALIZATION SUPPORT PLAN (DIALOG CARD PAYMENT)**

Fairfirst Insurance Limited will pay a fixed cash benefit to the Insured upon hospitalization in a government hospital or registered private hospital or nursing home as an inpatient, as a result of sustaining accidental bodily injury, an occurrence of a sudden sickness/illness contracted/ after the commencement of the policy or any surgery which is not specifically excluded, up to the limits stipulated below.

### **Cover details**

\* Hospitalization in any government hospital or private registered hospital, for a maximum period of 20 nights in one year including first night.

#### **1 Benefit limits**

##### **1.1 Limits**

Annual limit – Maximum of 20 nights.
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##### **1.2 Daily allowances and premiums limits Refer the attached schedule (1.1Limits)**

##### **1.3 Epidemic / Pandemic Coverage**

Refer the attached schedule (1.2. Epidemic/Pandemic Coverage)

## **2 General policy conditions and privileges**

### **2.1 Geographical Territory**

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

### **2.2 Policy Commencement and Renewals**

Deduction for this policy will start immediately and the cover will be active from the first day of the next month and three (3) months waiting period is applicable from commencement date (effective from 20<sup>th</sup> March 2023). The cover amount will be based on the number of deductions: the details of which can be found in Annexure 01. Thereafter, this policy is renewable monthly at the premium rates effective at that time.

### **2.3 Age Limit**

Refer the attached schedule (2.1. Age Limit)

### **2.4 Eligibility & Enrolment**

Refer the attached schedule (2.2. Eligibility & Enrolment)

### **2.5 Premium Payments**

The policy holder shall settle premium as per 1.1 and 2.3 of Schedule.

In case if the subscriber does not pay for a month, then three (3) months waiting period will be applied once the payment is received to The Company – effective from 20<sup>th</sup> March 2023

### **2.6 Termination of individual insurance**

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

2.6.1 The Insured Person exceeds 65 years of age; or

2.6.2 Upon Death; or

2.6.3 Upon cancellation or withdrawal of subscription by Dialog of the contract/relationship with the Insured, whatever the reason may be; or

2.6.4 In case of non-payment of the individual insurance Premium.

### **2.7 Notice**

Every notice or communication to the company shall be in writing and sent to the company address. The Insured will be contacted by BIMA Lanka Insurance Brokers (Pvt) Ltd through his/her subscriber number.

### **2.8 Alterations**

The Company reserves the rights to amend the terms and provisions of this policy by giving 30 days prior notice in writing by ordinary post to the policyholder's last known address in the Company's record or by sending SMS to the policy holder

### **2.9 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.

## **2.10 Law and Dispute Resolution Clause**

In the event of any dispute, claim, question, or disagreement arising from or related to this agreement, including any alleged breach, the parties agree to make every effort to resolve the matter amicably. This includes consulting and negotiating in good faith, recognizing their mutual interests, and seeking a fair and satisfactory resolution through the Company's Complaint Handling Procedure available on our website at <https://www.fairfirst.lk/customer-complaints/>.

If the parties are unable to reach a resolution within sixty (60) days from the date the dispute is raised, the matter may, upon written notice to the other party, be referred to:

- The Insurance Ombudsman of Sri Lanka,
- The Insurance Regulatory Commission of Sri Lanka (IRCSL), or
- Arbitration, in accordance with the statutory provisions governing arbitration in Sri Lanka. Additionally, the parties may choose to resolve the matter through a court of competent jurisdiction. This agreement is governed by and shall be interpreted in accordance with the substantive laws of Sri Lanka.

## **2.11 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.

## **2.12 Governing Law**

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

## **2.13 Currency of the Payments**

All payments to the insured and to the company shall be made in Sri Lankan Rupees.

## **2.14 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.

## **2.15 No assignment**

The hospital insurance cover granted under this policy shall be non-assignable. Dengue cash grant is available only for the policyholder and is not transferable.

## **2.16 Exclusions**

The company shall not be liable to pay any hospitalization due to the following:

2.16.1 Complications in pregnancy, childbirth or birth control are only covered after 09 months from the enrolment date with the continuous payment for 09 months.

2.16.2 Cosmetic treatments/ surgeries

2.16.3 Pre-existing ailments effective from 20<sup>th</sup> March 2023 for all subscribers

2.16.4 Ayurvedic treatments effective from 1<sup>st</sup> September 2023 for all subscribers

## **2.17 Cancellation**

This policy either in its entirety or in respect of any particular Insured Person may be cancelled at any time by the Company, by notice to the Policy Holder, returning to the Insured Persons via BIMA Lanka Insurance Brokers (Pvt) Ltd the last premium paid for the policy in its entirety.

Should the Insured Person fail to pay the premium for more than 90 days, he/she will be automatically discontinued from the Policy. By like notice to the Company, the Policy Holder may at any time cancel the Policy in which case the Company will retain a portion of the

premium for the time the Policy has been in force. If any claim has been paid by the Company during the current period of insurance, no refund premium shall be due to the Policy Holder/Insured Person.

### **3 Definitions**

- 3.1 **Accident or Accidental** events 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 and leading to an injury.
- 3.2 **Annual limit** shall mean maximum limit available for the insured to utilize for hospitalizations during one year from the first commencement of the policy.
- 3.3 **Dental treatment** shall mean a treatment done by a doctor having initial B.D.S. (Bachelor of Dental Surgery) qualification, with or without further specialization.
- 3.4 **Disease** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 3.5 **Sickness** shall mean any pathological state or state of abnormal function of bodily organs of the insured, not caused by an accident, and objectively diagnosable.
- 3.6 **Injury** shall mean bodily damage caused solely by an accident.
- 3.7 **Surgery** shall mean any of the following medical procedures: To incise, excise or electro cauterize any organ or body part to repair, revise or reconstruct any organ or body part except for dental services.
- 3.8 **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 a day nursing services by registered and graduated nurses.
- 3.9 **Hospitalization Support Plan Insurance Policy** means the policy, providing coverage under the terms, covenants and conditions stated in this agreement. The Hospitalization support plan insurance policy is a product paid daily that gives a monthly cover the following month.
- 3.10 **Hospitalization** shall mean admission and confinement to a Hospital as a registered inpatient under supervision of a medical specialist following initial outpatient, day surgery or ETU treatment.
- 3.11 **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.

- 3.12 **Insured Person/ Policyholder / Subscriber** shall mean eligible individual with a Dialog connection who, in accordance with the provisions of this agreement, OR an immediate family member by dialog connection holder on behalf of himself /herself are participating in an insurance plan (the Hospitalization support plan Insurance Policy) as set out in this agreement and who have completed the electronic enrolment form and been accepted by Fairfirst Insurance Limited.
- 3.13 **Policy year** shall mean a period of twelve (12) consecutive months beginning with the policy date and ending with the subsequent policy anniversary.
- 3.14 **Premium** refers to the fee due to the insurer for the provision of the Hospitalization support plan Insurance policy to be paid by the Insured.
- 3.15 **Summary of Cover** shall mean the accurate information about the Hospitalization support plan insurance policy that must be provided by BIMA Lanka Insurance Brokers (Pvt) Ltd to every insured. This information shall describe briefly the provisions, terms and conditions of the policy as to be well understood by the insured. The wording of the summary of cover is prepared by FAIRFIRST INSURANCE LIMITED.
- 3.16 **Entry Date** shall mean the effective date of coverage of an Insured.
- 3.17 **Cover Level** shall refer to day allowances corresponding to each level of premium outlined in the schedule
- 3.18 **Insurer or the Company** shall mean Fairfirst Insurance Limited
- 3.19 **BIMA Lanka Insurance Brokers (Pvt) Ltd** is the service provider facilitating the technical integration between the company and the policyholder.
- 3.20 **Pre – existing conditions** shall mean any injury, illness, condition or symptom of heart attack, cancer, kidney disease, and stroke.
- a) for which treatment, or medication, or advise, or diagnosis, has been sought or received or was foreseeable by You or Insured Person prior to the commencement of the policy.
  - or
  - b) which originated or was known to exist by You or the Insured Person prior to the commencement of the policy whether treatment, or medication, or advise, or diagnosis was sought or received.

## **4 How we use personal information**

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.

## **5 Claims process:**

### **5.1 Claim Submission Timeline:**

- 5.1.1** Submit all hospitalization claims within 90 days of discharge from the hospital. Timely submission is essential to avoid any delays or issues with the claim.

### **5.2 Claim Processing**

- 5.2.1** Notification Upon Discharge: Once discharged from the hospital, you must inform the insurance provider through BIMA Lanka Insurance Brokers (Pvt) Ltd by calling their customer support line at 1343.
- 5.2.2** Assistance from Agent: A customer support agent will assist the subscriber with claim-related queries and guidance. This support is available from 8:00 a.m. to 5:00 p.m.
- 5.2.3** Proof of Claim: Provide the cause of hospitalization and relevant documentation to substantiate the claim. Claims will be processed within three working days of receiving all required documents.
- 5.2.4** Daily Allowance: A daily allowance is provided during the hospitalization period based on the premium level paid. This allowance is subject to a maximum annual limit.
- 5.2.5** Claim Intimation by BIMA: The BIMA call center will initiate the claim processing based on the subscriber's premium deductions.
- 5.2.6** Extended Processing Time for Special Cases: If there are disputes or unique circumstances, claim processing may take up to ten days.
- 5.2.7** Document Collection by BIMA: BIMA will follow up with the customer to collect all required claim-related documents and ensure they are complete.
- 5.2.8** Submission to Fairfirst Insurance: BIMA will submit the collected documents to Fairfirst Insurance Limited for final processing.

5.2.9 **Claim Settlement Notification:** Fairfirst Insurance will inform BIMA once the claim has been settled. BIMA will then communicate the claim status to the subscriber.

### 5.3 **Claim Limits**

5.3.1 **Dengue Cash Grant:** Only one Dengue Cash Grant is payable per policyholder per year.

### 5.4 **Documentation Requirements**

5.4.1 **Required Information:** You must provide all necessary certificates, information, and supporting evidence for the claim, bearing any costs associated with obtaining these documents.

### 5.5 **Claim Documentation**

Submit the following documents to initiate claim processing:

#### 5.5.1 **General Documents:**

- Completed claim form
- Diagnosis card from the hospital
- Proof of identification (e.g., ID card)
- Proof of enrolment in the policy

#### 5.5.2 **Additional Documentation for Specific Claims:**

- **Dengue Cash Grant:** NS1 antigen report or an official diagnosis confirmation from a government facility.
- **Pandemic/Epidemic Coverage (e.g., COVID-19):** Diagnosis card, PCR/Antigen test report, and proof of identification.

**Note:** All documents must be complete and accurate to start the claim process smoothly.

## 6 **Your grievances and concerns**

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.