

## **Health-care Insurance – Insurance Product Information Document**

**Type of Policy:** Health-care Insurance

### **Basic Cover Provided:**

If the Insured Person suffers an accidental bodily injury or contracts a sickness that begins after this policy takes effect, and such injury or sickness requires medical and/or surgical treatment, the Company will reimburse the Insured Person for the eligible expenses listed in the Table of Benefits stated in the Policy Schedule, subject to the maximum limits specified in that Table.

*(For more details about the basic cover, please refer page no. 01 of the policy wording)*

### **What is not covered: (Exclusions)**

- (1). Occasioned by or happening through:
  - i. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, popular rising or a Person Insured serving as a member of any defense or police or security force.
  - ii. Any Person Insured being engaged or taking part in civil commotion, riot or any kind and terrorist activities.
  - iii. Attempted suicide or self-inflicted injury, alcoholism, drug addiction, venereal disease, insanity & related conditions.
- (2) For injuries or hospitalization not notified to the Company within thirty days.
- (3) Incurred whilst a Person Insured is traveling in an aircraft other than as a ticket holding passenger in a fully licensed standard type civil aircraft operated by a recognized airline or operated by a recognized air charter company.
- (4) Incurred as a result of a Person Insured engaging in hunting racing of all kinds other than on foot, steeple chasing, polo playing, mountaineering, winter sports, ice hockey, hunting, using wood-working machinery driven by mechanical power or underwater activities requiring breathing apparatus and illegal activities.
- (5) In respect of eye tests or dental treatment, except repair or replacement of injured sound unfilled natural teeth, arising out of an accidental injury.
- (6) In respect of supply of eyeglasses, lenses, or hearing aids.

- (7) In respect of general health examinations, inoculations, vaccinations, and non – medical personal services such as radio, telephone, television and the like.
- (8) For cosmetic or plastic surgery unless necessitated by an accident occurring after the effective date of this policy.
- (9) In respect of an injury or sickness for which the Person Insured or dependent is entitled to benefit under any Workmen's Compensation Act or any other Medical Expenses reimbursement scheme.
- (10) Arising from any physical defect, infirmity or illness which existed prior to enrolment under the Policy unless notice is given to and accepted by the Company.
- (11) Normal Childbirth/ pregnancy and / or complications arising as a result of Pregnancy or during Pregnancy, pre-natal or post-natal care in connection with pregnancy or surgery except for the additional expenses incurred as a result of the childbirth being a cesarean operation provided that the member concerned should have been covered under the health extension of the policy for a period of over 12 months.
- (12) In respect of person over the age of 60 years, unless specifically agreed.
- (13) In respect of medical expenses incurred after the expiry date of this policy period arising from accidental bodily injury is occurring or illness manifesting itself during the policy period, unless the policy has been renewed for a further period or periods.
- (14) Resulting from an Injury sustained or Sickness contracted outside the geographical limits of Sri Lanka and medical expenses incurred outside Sri Lanka.
- (15) Medical treatment obtained free of charge and to the extent which liability is existing on another policy.
- (16) Congenital Conditions (From birth)
- (17) Mechanical or Chemical Contraceptive Methods of Birth Control or treatment pertaining to infertility, sub fertility and abortion.
- (18) Psychotic, Mental or Nervous disorders leading to Insanity.
- (19) Recurrent ailments other than the Insured or any of the members insured contracting such ailment for the first time during the currency of the policy, in which case, the company shall reimburse the expenses incurred in the usual manner until the end of the current policy period, which will be excluded automatically from the subsequent renewal without attaching any endorsements to the existing policy.

- (20) Hospitalization due to illness during first 30 days from the date of commencement of cover. However, hospitalization arising from an accident is covered from the inception.

**Mode of Payment of Premium:**

Annual Premium has to be paid for the Policy (unless mentioned otherwise in the Policy Schedule) and for any subsequent renewals.

**Claims Procedure:**

Submission of claims shall be subject to the terms and conditions of the policy and must be accompanied by the relevant supporting documents as specified below.

**1. Indoor Treatment – Hospitalization in a Private Hospital**

a) Reimbursement Basis

The following documents are required:

- Duly completed claim form
- Original hospital bill with itemized details
- Copy of diagnosis card / discharge summary
- Copy of medical prescriptions
- Payment receipts
- Any other relevant medical documents as required

b) Cashless Facility Cashless benefits are available for eligible indoor hospitalization claims through the 24-hour contact center.

Under this facility:

- The admissible expenses are settled directly with the hospital
- The insured is required to settle only the cost of inadmissible items not payable under the policy at the time of discharge

**2. Indoor Treatment – Hospitalization in a Government Hospital (Non-Paying)**

The following documents are required:

- Duly completed claim form
- Copy of diagnosis card
- Medical prescriptions

- Purchase receipts for medicines or diagnostic tests obtained externally, if applicable

### **3. Outdoor Treatment (OPD)**

The following documents are required:

- Duly completed claim form
- Original medical prescriptions
- Original medical bills

Subject to receipt of the above documents, the claim settlement will be processed accordingly.

*(Please refer page no 03, point no 02, under “Conditions” section of the policy wording)*

#### **Fraud:**

If any claim under this policy shall be in any respect fraudulent or if any fraudulent means, or devices be used by the Insured or anyone acting on his behalf or if any destruction, injury or damage be occasioned by the willful act or with the connivance of the Insured, all benefits under this policy shall be forfeited.

#### **Obligations of the Policyholder:**

##### **Obligations of the policyholder in disclosing material facts**

- At the time of purchase:- Disclose all material facts requested in the Proposal Form, truly and accurately, to avoid any claim rejection.
- During the policy term:- Notify the Insurer of any significant changes in risk or information of the insured persons.

*Please refer page no 03, point no 01, under “Conditions” section of the policy wording*

##### **Obligations of the policyholder when a claim is made**

- When making a claim:- Provide all necessary documents and details as mentioned in the Claim Procedure along with the Claim Form.

*Please refer page no 03, point no 02, under “Conditions” section of the policy wording*

- Payment of Premium:- Should be as per the Premium Payment Warranty in the Policy

*Please refer page no 04, point no 7, under “Conditions” section of the policy wording*

### **Complaints Procedure:**

We are committed to serve you with passion and willing to receive your feedback. If you are not satisfied with our services, you can lodge a complaint by below methods;

- By telephone - Customer Care Officer - 011 2126136
- By email - [pilassist@peoplesinsurance.lk](mailto:pilassist@peoplesinsurance.lk)
- By WhatsApp - 0716230048
- By fax - 011 2126109
- By post - Customer Care Officer, People's Insurance PLC, No. 07, Havelock Road, Colombo 05
- Via online - Complaint Submission Form is available on our website [www.peoplesinsurance.lk](http://www.peoplesinsurance.lk) → Please click on the "Complaints" tab
- By visiting

Below information to be provided when lodging a complaint;

- I. Complaint in brief
- II. Your name and contact details
- III. References: Policy No. / Vehicle No. / Claim No.
- IV. Any supporting documents

The Trilingual Complaints Handling Procedure can be downloaded from our website - [www.peoplesinsurance.lk](http://www.peoplesinsurance.lk) → Please click on the "Complaints" tab

### **Dispute Resolution:**

If you are not satisfied with the resolution given by us for a complaint lodged, you have the option to use following Alternative Dispute Resolution (ADR) mechanisms.

- I. Address your concerns to:-  
Insurance Ombudsman of Sri Lanka  
No. 1, Bethesda Place, Colombo 05.  
[info@insuranceombudsman.lk](mailto:info@insuranceombudsman.lk)  
011 2505542 / 011 250 5041
  
- II. Arbitration:- As per the Arbitration Clause in the Policy
- III. Address your concerns to:-  
Director Investigations  
Insurance Regulatory Commission of Sri Lanka  
Level 11, East Tower, World Trade Centre  
Colombo 01  
011 2396184-9 / 011 2335167  
[investigation@ircsl.gov.lk](mailto:investigation@ircsl.gov.lk) / [info@ircsl.gov.lk](mailto:info@ircsl.gov.lk)

*Please refer page no 04 & 05, "Complaints Procedure" section of the policy wording*

## **A Few Things to Remember**

### **Cancellation of the Insurance:**

The Insurance effected by this Policy either in its entirety or in respect of any particular Person Insured may be cancelled by the Company at any time by registered letter sent to the Insured at his last known address provided that such cancellation shall be without prejudice to the rights of the Insured in respect of prior loss consequent upon injury or sickness to any Person Insured.

*Please refer page no 03, point no 04, under “Conditions” section of the policy wording*

The due observance and fulfillment of the terms and conditions of this Policy shall be conditions precedent to any liability of the Insurer to make any payment under this policy.

### **Important Notes:**

This Insurance Product Information Document (IPID) is intended to provide a summary of the main cover and additional covers (if applicable) and key features of the Policy and is not personalized to your specific individual needs. Please note that all matters of whatever nature pertaining to this Insurance (including but not limited to claims, interpretation of terms and conditions and litigation etc.) shall be governed by the terms, conditions and exclusions of the Policy which shall prevail over the contents of this document.

### **For Further Information:**

If you require any further information, you can make a request via

- Telephone - 0112126126
- Email - pilassist@peoplesinsurance.lk
- Visiting any of our offices island wide