

මණ්ඩල චක්‍රලේඛ ලිපි අංක: 24/2023

මගේ අංකය IRS/A13/Continental/M1/2023
ජාතික ජල සම්පාදන හා ජලාපවහන මණ්ඩලය
රත්මලාන
2023.04.28

සියළුම අතිරේක සාමාන්‍යාධිකාරීවරුන්,
නියෝජ්‍ය සාමාන්‍යාධිකාරීවරුන්,
සහකාර සාමාන්‍යාධිකාරීවරුන්,
කළමනාකරුවන්/ප්‍රධාන ඉංජිනේරුවන්/ප්‍රධාන ගණකාධිකාරීවරුන්,
ප්‍රාදේශීය ඉංජිනේරුවන්,
මණ්ඩලයේ ලේකම්,
රසඥ/සමාජ විද්‍යාඥවරුන්/භූ විද්‍යාඥවරුන්,
අනෙකුත් අංශ ප්‍රධානීන් ඇතුළුව
වැඩභාර නිලධාරීන් වෙත.

**මණ්ඩලයේ 2023.04.01 දින සිට ක්‍රියාත්මක වෛද්‍ය
රක්ෂණවරණය පිළිබඳ දැනුම් දීම.**

ඉහත රක්ෂණවරණය සම්බන්ධයෙන් නිකුත් කරනු ලැබූ මගේ සමාංක හා 2023.03.30 සහ 2023.04.11 දිනැති චක්‍රලේඛ ලිපිවලට වැඩිමනත් වශයෙනි.

02 2023.04.01 දින සිට මෙම මණ්ඩලයේ ස්ථීර කාර්ය මණ්ඩලය සඳහා ක්‍රියාත්මක කර ඇති වෛද්‍ය රක්ෂණවරණය පිළිබඳ වැඩිදුරටත් කරුණු දැනගැනීම පිණිස එම ආයතනය (Continental Insurance Lanka Ltd) විසින් ඉදිරිපත් කර ඇති රක්ෂණ ප්‍රතිලාභ පිළිබඳ තොරතුරු පත්‍රිකාව (ඉංග්‍රීසි මාධ්‍ය පිටපත හා එහි සිංහල පරිවර්ථනයේ පිටපතක්) මේ සමඟ ඉදිරිපත් කරමි.

03 ප්‍රධාන කාර්යාලය, තෙලවල සහ පොල්වත්ත කාර්යාලවල සේවයේ නියුතු කාර්ය මණ්ඩලයේ ප්‍රතිලාභ අයදුම්පත් අදාළ අංශ ප්‍රධානියාගේ නිර්දේශය සහිතව නොපමාව නියෝජ්‍ය සාමාන්‍යාධිකාරී (කාර්මික සබඳතා) වෙත ඉදිරිපත් කළ යුතුය. එම ඉල්ලුම්පත්වල විස්තර ලේඛණයක් කාර්මික සබඳතා අංශයේ යාවත්කාලීන කර පවත්වා ගනු ඇත.

04 අනෙකුත් ප්‍රාදේශීය සහය සේවා මධ්‍යස්ථාන හා ඒ යටතේ පවතින කාර්යාලවල හා වැඩබිම්වල (ජල පිළිසැකසුම් අංශය ඇතුළුව) සේවයේ නියුතු කාර්ය මණ්ඩලයේ ප්‍රතිලාභ අයදුම්පත් අදාළ නියෝජ්‍ය සාමාන්‍යාධිකාරී/සහකාර සාමාන්‍යාධිකාරී හෝ අදාළ ප්‍රාදේශීය කළමනාකරු අත්සන් කළ යුතුය. එම අයදුම්පත් සම්බන්ධව විස්තර (සේවකයාගේ නම, සේවක අංකය, රෝහල්ගත වූ දිනය, වෛද්‍ය නිවාඩු ලබාගෙන ඇත්ද යන්න හා ඉල්ලුම් කරනු ලබන මුදල) ඇතුළත් ලේඛණයක් අත්සන් කරන නිලධාරියාගේ කාර්යාලයේ පවත්වා ගත යුතු අතර, එම තොරතුරු මාසිකව නියෝජ්‍ය සාමාන්‍යාධිකාරී (කාර්මික සබඳතා) වෙත ඉදිරිපත් කළ යුතුය.

05 ප්‍රතිලාභ ඉල්ලුම් කිරීමේදී පහත ඇමුණුම් පරිදි අදාළ ආකෘති පත්‍ර භාවිතා කර නියමිත ලියකියවිලිද සහිතව බිල්පත් දිනයේ සිට දින 60ක් ඉකුත්වීමට ප්‍රථම ගෙවීම සඳහා රක්ෂණ සමාගමේ කාර්යාලයකට භාරදිය යුතුය. ඇමුණුම් අංක 14 හි සඳහන් ආසන්නතම ශාඛා කාර්යාලයට ලියාපදිංචි තැපෑලෙන් හෝ අතින් ප්‍රතිලාභ අයදුම්පත් භාරදිය හැකිය.

ඇමුණුම

කරුණ.

- ඇමුණුම 1 - රක්ෂණ ප්‍රතිලාභ ගෙවීම (a / g)
- ඇමුණුම 2 - බරපතල රෝගාබාධ ප්‍රතිලාභ ගෙවීම (a / h)
- ඇමුණුම 3 - පුද්ගලික හදිසි අනතුරු ප්‍රතිලාභ ගෙවීම (a / f)
- ඇමුණුම 4 - කොවිඩ් රෝගය සඳහා ගෙවීම් කිරීම
- ඇමුණුම 5 - රක්ෂණ ප්‍රතිලාභ ගෙවීම
- ඇමුණුම 6 - රෝහල් ගතවීමේ ක්‍රියා පටිපාටිය
- ඇමුණුම 7 - නේවාසික ප්‍රතිකාර ප්‍රතිපූර්ණ අයදුම්පත
- ඇමුණුම 8 - පුද්ගලික හදිසි අනතුරු ප්‍රතිපූර්ණ අයදුම්පත
- ඇමුණුම 9 - පූර්ණ ආබාධිත තත්ත්වයට පත් වූ විට වන්දි ඉල්ලුම් කිරීමේ අයදුම්පත
- ඇමුණුම 10 - මරණ ප්‍රතිලාභ ඉල්ලුම් කිරීමේ අයදුම්පත
- ඇමුණුම 11 - මුදල් රහිත ගෙවීම් රෝහල් ලැයිස්තුව
- ඇමුණුම 12 - ප්‍රතිපූර්ණය කිරීමේ පදනම මත ගෙවීම් කරන රෝහල් ලැයිස්තුව)
- ඇමුණුම 13 - අනුමත නොකරන ලද රෝහල් නාම ලේඛනය
- ඇමුණුම 14 - **Continental Insurances Lanka Ltd** ආයතනයේ ශාඛා ජාලයේ ලිපිනය.

(ප්‍රධාන කාර්යාලය මගින් ඉල්ලුම් කළ යුතුය.)

06. මරණ ප්‍රතිලාභ ඉල්ලීම් සඳහා (ඇමුණුම-10) ආකෘති පත්‍රය සමඟ පහත සඳහන් ලියකියවිලිද මරණය සිදු වී දින 30 ක් ඉක්ම වීමට පෙර නියෝජ්‍ය සාමාන්‍යාධිකාරී (කාර්මික සබඳතා) වෙත ඉදිරිපත් කළ යුතුය.

- I. මරණ සහතිකයේ මුල් පිටපත
- II. වැටුප් වාර්තාව
- III. වෛද්‍ය වාර්තා
- IV. පශ්චාත් මරණ පරීක්ෂණ වාර්තාව/ කොරනල් සහතිකය
- V. උප්පැන්න සහතිකයේ පිටපතක්
- VI. ජාතික හැඳුණුම්පතේ පිටපතක්

07. මරණ ප්‍රතිලාභ ගෙවීම් කිරීමේදී නෛතික තහවුරුවකින් පසු නීත්‍යානුකූල උරුමකරුවන් වෙත ප්‍රතිලාභ ගෙවීම් සිදු කරනු ලැබේ.

08. සහතික කළ ලියකියවිලි ඉදිරිපත් කිරීමේදී විධායක නිලධාරියෙකු විසින් සහතික කර නිල මුද්‍රාව සහිතව ඉදිරිපත් කළ යුතුය.

09. තවද සතියේ වැඩ කරන දිනයන්හිදී රෝහල් ගතව නේවාසික ප්‍රතිකාර ලබා ඇත්නම් එම දිනයන් වෛද්‍ය නිවාඩුවලින් (Medical Leave) ආවරණය කළ යුතුය.

10. රෝහල් ගත වීමකදී රක්ෂණ ආයතනයේ (Continental Insurance Lanka Ltd) පාරිභෝගික සේවා අංශය (දුරකථන අංක: 011-5200300) අමතා හෝ ඇමුණුම් අංක :14 හි සඳහන් ශාඛා කාර්යාලයන් අමතා තොරතුරු ලබා ගත හැක.

11. මෙම වෛද්‍යාධාර යෝජනා ක්‍රමය 2023.04.01 දින සිට 2024.03.31 දක්වා පමණක් ක්‍රියාත්මක වන බැවින්, අවසන් මස (2024 මාර්තු) බිල්පත් දින 30 ක් ඇතුළත ප්‍රතිපූර්ණය සඳහා ඉදිරිපත් කළ යුතු බවද දන්වා සිටිමි.

12 ප්‍රතිලාභ ගෙවීම් සම්බන්ධ ගැටළු පහත සඳහන් අංකයන් අමතා දැනුම් දෙන්න.

ක්ෂණික ඇමතුම් (Hotline Number) : 011- 5 200 700

ප්‍රතිලාභ සහය සඳහා පහත අංක අමතන්න.

* වෛද්‍ය ප්‍රතිලාභ : 011- 5 200 610 (නිලික පෙරේරා මයා)
Email : mediclaims@cilanka.com

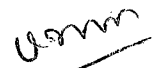
* පුද්ගල හදිසි අනතුරු : 011-5 200 637 (දිල්හන් ප්‍රනාන්දු මයා)
Email : nimc2cilanka@.com

13. වෛද්‍යාධාර යෝජනා ක්‍රමය සම්බන්ධයෙන් ඔබට ඇතිවන ගැටළු නිරාකරණය කර ගැනීම සඳහා මෙම මණ්ඩලයේ කළමනාකරු (කාර්මික සබඳතා) - ආර්. මැණික්ගමආරච්චි මහතා අමතන්න.

සෘජු දුරකථන අංකය : 011-2621749

ජංගම දුරකථන අංකය : 077-7328836

14. මෙය ඔබ යටතේ සේවය කරන සියළු ස්ථීර කාර්ය මණ්ඩල සාමාජිකයින්ගේ දැන ගැනීම සඳහා යොමු කරවන්න.



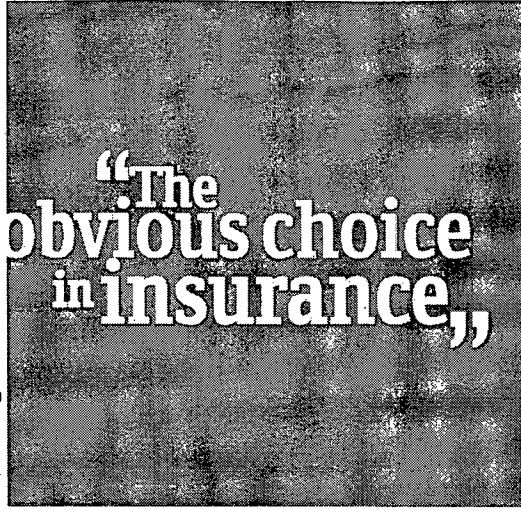
වසන්තා ඉලංගසිංහ
සාමාන්‍යාධිකාරී

පිටපත් :

1. සභාපති
2. උප සභාපති
3. ව්‍යාපෘති අධ්‍යක්ෂවරුන්

General Manager
National Water Supply &
Drainage Board

get into 01



*Refer to the policy document for benefits, conditions & exclusions.

Continental Insurance Lanka Ltd is a leading Insurance provider in Sri Lanka, accredited with an Insurer Financial Strength rating of A+(Ika) from Fitch Ratings and it is backed by the strength and stability of parent, Continental Insurance PLC with AAA(Ika) rating from Fitch. Continental Insurance as crowned "Fastest Growing Non-Life Insurance Company Sri Lanka" by Global Banking and Finance awards 2022 and "Domestic General Insurer of the year Sri Lanka" by Insurance Asia Awards 2022.

Continental Insurance Lanka Limited,

No.79 Dr.C.V.W Kannangara Mawatha, Colombo 07, Sri Lanka.

Hotline 011 5 200 700

☎ 076 5 700 200 🌐 www.cilanka.com 📧 info@cilanka.com



Other Terms and Conditions

1. Waiting period - Waived off
 2. Mid-term inclusions will be accommodated only in following situations.
 - New Recruitment and/or their dependents
 - New Born Babies (subject to age limit of Policy)
 - Newly Married (subject to written confirmation from HR Manager)
- In all other cases, Dependent and / or Parent (if applicable only) inclusions should be done at the time of Policy Inception only.

CASHLESS CLAIMS

Present your CILL membership card for admission to the hospital. Call 011 5 200 700 within 24 hours of hospitalization & provide the following details.

- CILL membership card
- Employee name
- Hospital
- Contact phone number
- Sickness

Points to be noted - Discharge

- Inform continental insurance one hour prior to the discharge
- Please settle the cost of inadmissible items not covered under the policy
- Sign the claim form (will be provided by continental insurance)
- Counter sign the hospital bills and individual bills of the treating doctor / specialist regardless whether their charges are included in the hospital bill or not.

REIMBURSEMENT CLAIMS

Complete claim documents (Health Insurance)

- Completed claim form with doctors seal
- Copy of duly filled diagnosis card
- Original final bill & payment receipt
- Breakup for drugs / investigation / procedures

Complete claim documents (PA Insurance)

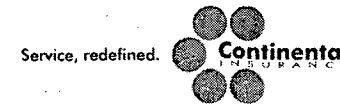
- As per the attachement

Main Exclusions

- Self inflicted injuries / disabilities, suicide attempts
- Direct alcoholism or illegal drug abuse
- Substance abuse / hazardous sports activities
- Venereal disease
- Cosmetic surgery and treatment / hair treatment
- Treatments not recommended or undertaken by a doctor
- Screening
- Sleep / snoring disorder
- Nourishment
- Services of a non medical nature (Tp, additional food etc.)
- Internal and external appliances

GROUP HEALTH INSURANCE

Policy Number : HSHG230101000773
 Name of Insured : M/S National Water Supply & Drainage Board
 Period of Insurance: From 01/04/2023 To 31/03/2024



☎ **Hotline 011 5 200 700**

Fitch Rating A-(Ika)

Backed by the AAA(Ika) Fitch rated Delatacorp F

Property Motor Marine General Accident www.cilanka.com

POLICY BENEFITS

Section 01 - Group Health Insurance

Inpatient Benefits

Maximum Room Charges including ICU Room Charges (per day) up to 10 days	10,000.00
Hospital and Nursing home maintenance charges including Admission fees, Surgeon's and Anesthetist's fees Consultant's and Specialist fees, Specialist services including deep therapy treatment, Radiology examination and treatment (X-ray, CT, MRI etc.) Electrical treatment, Physiotherapy and all other medical and Surgical expenses incurred following a hospitalization including Operating theater charges.	250,000.00
Hospitalization in a non paying ward of Gov. Hospital or Gov. ayurvedic hospital (Per day) up to a maximum of 14 days (per event) payable under inpatient benefit limit.	5,000.00
Expenses incurred on drugs purchased, Cost of Tests, scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital (if such is not available in hospital and payable under inpatient benefit limit)	250,000.00
Emergency Travelling Per Event (Ambulance Charges only)	5,000.00
Birth of Twins	10,000.00
Maximum limit per event / year per Individual	250,000.00
Maximum limit per event / year per Family	250,000.00

Policy Extensions

Expenses incurred for Ayurvedic treatment obtained from

- Government Ayurvedic Hospitals
- Siddhalepa Hospital
- Pilapitiya Ayurvedic Hospital
- Gampaha Wickramarachchi - Siddhayurveda Hospital
- Sugatha Rasayanagaraya Horana

Day surgeries done by general surgeon are covered within the inpatient benefit limit. Claims will be settled on reimbursement basis (List of surgeries covered as per the attached Annexure).

- Cataract operations are covered within the inpatient benefit limit and maximum amount paid in respect of lense purchased is limited LKR. 50,000/- (In connection with both eyes)
- Child birth is covered within the inpatient benefit limit subject to below. (Applicable for family unit (I) only)
 - Normal Delivery - 75%
 - Caesarean section - 75%
 - Forceps / vacuum delivery - 75%
- Hospitalization for Dental surgeries will be entertained for surgeries under general / local anesthesia within the inpatient benefit limit up to maximum of LKR. 30,000/-
- Cover for Pre & Post Hospitalization expenses incurred during the policy period - continuation of treatment Before and Following a Hospitalization related to particular ailment will be accommodated up to 30 days.
- New Born babies are covered from birth. Subject to submission of Name & DOB within 03 months from birth
- Expenses incurred in respect of below mentioned tests, without being admitted to the hospital recommended by a consultant are reimbursed under the inpatient benefit limit.
 - MRI scan
 - Endoscopy
 - Colonoscopy
 - Bronchoscopy
 - Sigmoidoscopy
 - CT Scan
 - Cystoacopy
 - Laparoscopy
 - All the investigations done with insertion of camera to the body
- Epidemic and Pandemic Cover**
Hospitalization expenses incurred due to Epidemic and Pandemic Diseases including COVID 19 are covered within the inpatient benefit limit
 - Bills should be in the name of registered hospitals and Covid 19 should be mentioned as the illness in Diagnosis card
 - Should be prescribed by a registered MBBS doctor. Voluntary admissions are not covered.
 - Expenses incurred under Hospitals, converted hospitals & MOH approved Intermediate Care Centers are covered.
 - Expenses incurred for Self / Pure Quarantine in Hotels, non approved quarantine centers and any other similar establishments are not covered.
 - PCR Test, Covid antigen test prescribed by a doctor following a hospitalization are covered within the inpatient limit.
- Hearing aid instruments are covered under the policy up to LKR. 100,000.00 per employee and LKR. 50,000.00 per dependent, Due to accident or illness subject to prescribed by a specialist / consultant.

- Hospitalization for eye lens transplant surgeries other than cataract surgeries (Excluding cosmetic related) are covered within the inpatient limit up to LKR. 50,000.00 per employee and LKR. 20,000.00 per dependent.
- Pregnancy related ailments and complications which necessitate hospitalization are covered within the inpatient benefit limit including infertility and sub-fertility treatments. (Excluding IUI, IVF & Embryo transplantation)
- Claims will be settle inclusive of VAT amount charged, within the respective benefit limit.

Critical Illness Cover

Surgical & Hospitalization expenses incurred in respect of Critical illnesses listed below are reimbursed under this policy on "first come, first served basis" and the cover will be active after utilization of the respective inpatient benefit limits.

Limit of Liability - EMPLOYEE	LKR
Maximum Limit per employee / per event	1,000,000.00

Limit of Liability - DEPENDANT	LKR
Maximum Limit per dependant / per event	200,000.00

Critical illness covered: 40 illnesses as mentioned in the policy

Terms and Conditions

- Geographical Limit - Sri Lanka**
- Age Limit**
 - Employee - 18 to 60 years
 - Spouse - No age limit
 - Children 00 year to 21 years (Subject to Unmarried & Unemployed)
 - Parents - Up to 75 years
- Family unit I - Consists of Insured, Spouse and Children (Maximum 04 members only)**
Family unit II - Parents cover applicable only for Individual (Unmarried) staff members only
- Emergency Travelling - Subject to submission of bills from a licensed ambulance service.**

- All claims should be lodged with the company immediately after incurring the expenses but in no event later than 60 working days. At the end of the policy period all outstanding claims including re-submissions should be submitted within 30 days.
- Limits cannot be upgraded in between the policy period unless due to promotion.
- Should be treated for more than 04 Hours as an inpatient to claim under inpatient benefits, except for Day / OPD surgeries. Submission of Diagnosis card / Bed card is compulsory.

Section 02 - Personal Accident Insurance

Limit of Liability - EMPLOYEE	LKR
Maximum Per Person Limit	2,000,000.00

Capital Benefit - PA Cover

- Accidental Death - 100%
- Permanent Total Disablement - As per the standard continental PA scale

Extensions - PA Cover

- Motorcycling
- 24-Hour cover & World wide Cover

Conditions - PA Cover

- Age limit - 18 - 65 vs.
- Proof of income should be submitted in the event of claim.
- This policy is issued on the understanding the proposer / Insured member (risk covered) is / are not subject to any hazardous / high risk activities / features / Professional Sports activities
- All other terms & conditions as per the attached PA policy wording.

Special Exclusion(s) - PA Cover

- Infectious / Contagious Disease Exclusion Clause.
- Sanction Limitation and Exclusion Clause.

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ආදායම් බැර කොටස - සමූහ සෞඛ්‍ය රක්ෂණය

වෛද්‍ය රෝගී ආවරණ ප්‍රතිලාභ

වෛද්‍ය උපරිම කාමර භාස්තු, ICU කාමර භාස්තු දැමීම (උපරිමය දින 10 ක් දක්වා)	10,000.00
විදුලිගත රෝහලක/සාන්ත නිවාසයක රෝහල් නවවීමෙන් පසුව, අවශ්‍යයෙන්ම දුර්වල යුතු ඇතුල් වීමේ භාස්තු, ශල්‍ය වෛද්‍ය නිර්වින්දන වෛද්‍ය විද්‍යුම, ශල්‍යකර්ම සහ ශල්‍යකාර සඳහා වන විද්‍යුම, විශේෂඥ වෛද්‍යවරයකුගේ නිර්දේශ මත ලබා දෙන ප්‍රතිකාර/ශල්‍යකර්ම, පරීක්ෂණ සහ විශේෂඥ වෛද්‍යවරයන්ගේ භාස්තු/සේවා සහ ප්‍රතිකාර ඇතුළුව වෘත් සිදුවීමකට රෝහල් හා සාන්ත නිවාස නඩත්තු භාස්තු (නේවාසිකව ප්‍රතිකාර හැකිම අනිවාර්ය වේ)	250,000.00
වෘත් රෝහලක (රජයේ ආයුර්වේද රෝහල් ඇතුළුව) නොගෙවන වාරිදුරක රෝහල්ගතවීම - වරකට උපරිමය දින 14 ක් දක්වා (දිනකට)	5,000.00
වෘත් රෝහලක නොගෙවන වාරිදුරක නේවාසිකව ප්‍රතිකාර ලබමින් සිටින විට පිටතින් කරනු ලබන (එම රෝහලේ ඒ සඳහාම පහසුකම් නොමැතිවීම පමණක්) බඩගෙත්, ස්කෑන් සහ එක්ස් රීක්ෂණ පරීක්ෂණ සඳහා දෙනු ලබන විද්‍යුම (නේවාසිකව ප්‍රතිකාර ආවරණ පිණිස වුවද)	250,000.00
නදිසි රෝගී ප්‍රවාහනය සඳහා වැයවන ගිලන් රථ සේවා භාස්තු - එක් අවස්ථාවකට	5,000.00
විදුලිගත දුර උපකරණ සඳහා දීමනාව	10,000.00
නේවාසික ආවරණය එක් පුද්ගලයෙක් සඳහා එක් විද්‍යුමකට/වසරකට උපරිම සීමාව	250,000.00

ආවරණ දීර්ඝ කිරීම්

- .. නේවාසික ආයුර්වේද ප්‍රතිකාර සඳහා වැයවන විද්‍යුම ආවරණය වේ. පහත සඳහන් රෝහල් සඳහා පමණි.
 - රජයේ ආයුර්වේද රෝහල්.
 - සිද්ධාලේප රෝහල.
 - සිලිපිටිය ආයුර්වේද රෝහල.
 - ගම්පහ විශ්වවිද්‍යාල සිද්ධාලේප විද්‍යාල රෝහල.
 - සුගත රජයාගාරාගාර හොරණ.

- සාමාන්‍ය ශල්‍ය වෛද්‍යවරයකු විසින් සිදු කරනු ලබන එක් දින සැත්කම් (Day surgeries) නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ ආවරණය කෙරේ. නිමකම ප්‍රතිපුරණ පදනම (reimbursement basis) මත පිටවනු ලැබේ (ආවරණය වන සැත්කම් ලැයිස්තුව ඇමිණුම අනුව වේ).
- ආයුර්වේද ඉවත් කිරීමේ ශල්‍යකර්ම ආවරණය කෙරේ. (කාමර ඇතුළුව) කාමර සඳහා වන විද්‍යුම සීමාව රු. 50,000/= (ආයුර්වේද සඳහා)
- නේවාසික සීමාව යටතේ දරු උපකරණ සඳහා වන විද්‍යුම ආවරණය වේ. (පවුල් ඒකක 1 සඳහා පමණි)
 - සාමාන්‍ය දරු උපකරණ - 75 %
 - සිසේරියන් ශල්‍යකර්ම - 75 %
 - අඩු කාමරයෙන් (Forceps) සහ වක්ක (Vacuum) ආශ්‍රිතව සිදුකරන දරු උපකරණ - 75 %
- දුන් ශල්‍යකර්ම සඳහා රෝහල්ගත කිරීම : නිර්වින්දනය (general / local anesthesia) යටතේ සිදුකරනු ලබන දුන් ශල්‍යකර්ම නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ ආවරණය වේ. උපරිමය රු. 30,000/= දක්වා.
- නේවාසික රෝහල් ප්‍රතිකාර වලට පෙර හෝ පසු නියම කරනු ලබන ප්‍රතිකාර (බෙහෙත්, පරීක්ෂණ ඇතුළුව) සඳහා වන විද්‍යුම උපරිම දින 30 ක් දක්වා නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ ආවරණය වේ.
- දුරුවක් සඳහා උපකරණ සිට ආවරණය ගිලිවේ. නම සහ උපකරණ දිනය කෙමසක් තුළ ඇතුළු විය යුතුය.
- විශේෂඥ වෛද්‍යවරයෙක් විසින් අනුමත කරන ලද MRI, Endoscopy, Colonoscopy, Bronchoscopy, Sigmoidoscopy, CT scan, Cystoscopy, Laparoscopy සහ ශරීරය තුළට කැමරාවක් ඇතුළු කර සිදුකරනු ලබන ඕනෑම පරීක්ෂාවක් සඳහා දුරක ලද විද්‍යුම නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ (රෝහල් ගතකිරීමකින් තොරව) ආවරණය කෙරේ.
- වසංගත සහ වසාප්ත වසංගත රෝග (covid 19 ඇතුළුව) ආවරණය වේ.
 - ඔල්පක් අදාල ලියාපදිංචි රෝහල නමින් තිබිය යුතුය. රෝග විනිශ්චය කාර්යාලයේ රෝගය Covid ලෙස සඳහන් විය යුතුය.
 - රෝහල්ගතකිරීම ලියාපදිංචි වෛද්‍යවරයකු විසින් නිර්දේශ කළ යුතුය. ස්වේච්ඡාවෙන් සිදුකරන රෝහල්ගත කිරීම් (Voluntary admissions) ආවරණය නොකෙරේ.
 - රෝහල්, පරිවර්තනය කරන ලද රෝහල් (converted hospitals) සහ MOH අනුමත අතරමැදි සත්කාර මධ්‍යස්ථාන යටතේ දුරක ලද විද්‍යුම ආවරණය කෙරේ.
 - නෝටල්, අනුමත නොවන නිරෝධායන මධ්‍යස්ථාන සහ වෙනත් ඒ හා සමාන ආයතනවල ස්වයං නිරෝධායනය සඳහා දුරක ලද විද්‍යුම ආවරණය නොකෙරේ.

(e) රෝහල්ගත වීමෙන් පසු වෛද්‍යවරයෙකු විසින් නිර්දේශ කරනු ලබන PCR පරීක්ෂණය, Covid ප්‍රතිදේහ ප්‍රතිලාභ (Covid antigen) පරීක්ෂණය නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ ආවරණය කෙරේ.

- හදිසි අනතුරක් හෝ රෝගාබාධයක් හේතුවෙන් විශේෂඥ වෛද්‍යවරයකු විසින් නිර්දේශ කරනු ලබන ශ්‍රවණාධාර උපකරණ (hearing aids) සඳහා සේවකයෙකුට උපරිමය රු. 100,000/= ද යැපෙන්නෙකුට උපරිමය රු. 50,000/= දක්වාද ආවරණය ගිලි වේ. නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ.
- අක්මා කාමර බද්ධ කිරීමේ සැත්කම් සඳහා රෝහල්ගත කිරීම (රූපලාවණ්‍ය සම්බන්ධ සැත්කම් හැර) සේවකයෙකු සඳහා රු. 50,000/= ද යැපෙන්නෙකුට රු. 20,000/= දක්වා ද නේවාසික රෝගී ප්‍රතිලාභ සීමාව තුළ ආවරණය කෙරේ. ආයුර්වේද ඉවත් කිරීමේ සැත්කම් (cataract surgery) සඳහා අදාළ නොවේ.
- හැඩි හැකිම් හා සම්බන්ධ සංකූලතා (රෝහල් ගත කිරීම අවශ්‍ය වන) වදනාවිය සහ උප-කාර්මක ප්‍රතිකාර ඇතුළුව නේවාසික සීමාව තුළ ආවරණය වේ. (UI, IVF & Embryo transplantation ආවරණය නොවේ.)
- සියලුම නිමකම් වැටී (VAT) බද්ද සමඟ අදාල ප්‍රතිලාභ සීමාවට යටත්ව ගෙවනු ලැබේ.

අසාධ්‍ය රෝග (Critical illness) ආවරණය

ලැයිස්තුගත කර ඇති අසාධ්‍ය රෝගාබාධ සම්බන්ධයෙන් දරනු ලබන ශල්‍යකර්ම සහ රෝහල්ගත කිරීමේ විද්‍යුම මෙම ප්‍රතිපත්තිය යටතේ ප්‍රතිපුරණය කරනු ලබන අතර, අදාළ නේවාසික රෝගී ප්‍රතිලාභ සීමාවන් නොවන නිර්මේන් පසු ආවරණය සලකා ගනිය යුතුය.

ආවරණ සීමාව - සේවකයකු සඳහා	රු.
එක් සේවකයෙකුට / සිදුවීමකට උපරිම සීමාව	1,000,000.00
ආවරණ සීමාව - යැපෙන්නෙකු සඳහා	රු.
එක් යැපෙන්නෙකුට / සිදුවීමකට උපරිම සීමාව	200,000.00

ආවරණය කර ඇති අසාධ්‍ය රෝග: රෝග 40 ක් සඳහා (රක්ෂණ මිලප්‍රවේ සඳහන් කර ඇති පරිදි)

කොන්දේසි සහ නියමයන්

- තුනෝලිය සීමාව : ශ්‍රී ලංකාව ඇතුළත පමණි.

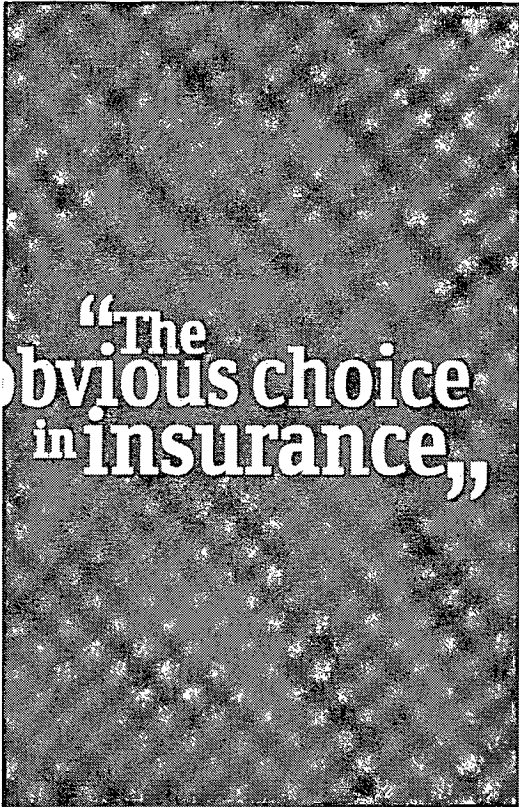
- වයස් සීමාව :
 - සේවකයා - අවුරුදු 18-60 දක්වා
 - කලත්‍රයා - වයස් සීමාවක් නොමැත
 - ලමයින් - අවුරුදු 0 සිට 21 දක්වා (අවිවාහක සහ රැකියා නොකරන අයවලුන් පමණි)
 - දෙමාපියන් - අවුරුදු 75 දක්වා
- පවුල් ඒකක I සහ II : සේවකයා, කලත්‍රයා සහ දරුවන් (උපරිමය 4 ක්) පවුල් ඒකක II සහ III : අවිවාහක සේවකයා සහ ඔහුගේ / ඇයගේ දෙමාපියන් අවිවාහක සේවකයන් සඳහා පමණක් දෙමාපියන් සඳහා ආවරණය ලබාගත හැක
- හදිසි ප්‍රවාහන භාස්තු : ලියාපදිංචි ගිලන් රථ සේවාවකින් ලබාගන්නා ලද ඔල්පක් ඉදිරිපත් කිරීමට යටත්ව.
- සියලුම නිමකම් ඉල්ලීම්, සිද්ධිය සිදුවූ විට සමාගමට දැන්විය යුතු අතර, අදාල සියලුම ලියාපදිංචි දින 60 ක් ඇතුළත ඉදිරිපත් කළ යුතුය. මිලප්‍ර කාලසීමාව අවසානයේ සියළුම නිමකම් ඉල්ලීම් දින 30 ක් ඇතුළත ඉදිරිපත් කළ යුතුය. (නවතම ඉදිරිපත් කිරීම් ඇතුළුව)
- රැකියා උපස්ථිත වීමකදී හැර, ප්‍රතිලාභ සීමාවන් ඉහළ දැමීම සිදු නොකෙරේ.
- නේවාසික ප්‍රතිකාර නිමකම් සඳහා පැය 4 කට වඩා වැඩි කාලයක් රෝහල් ගත වී ප්‍රතිකාර ලබා ගත යුතුය. එක් දින සැත්කම් (Day/OPD Surgery) සඳහා අදාළ නොවේ.

දෙවන කොටස - පුද්ගල හදිසි අනතුරු රක්ෂණය

ආවරණ සීමාව - සේවකයකු සඳහා	රු.
එක් සේවකයෙකුට උපරිම සීමාව	2,000,000.00

මූලික ආවරණය

- හදිසි අනතුරකින් සිදුවන මරණයක් සඳහා - 100%
- පූර්ණ සලාකාලික අකර්මිතයනා - නොන්විනෙන්ටල් රක්ෂණ සමාගමේ සමමත පුද්ගල හදිසි අනතුරු රක්ෂණවර්ණයේ සඳහන් කර ඇති සලාකාලික අකර්මිතයනා වලට අදාළ ප්‍රතිපත්තියක් අනුකූලව



ආවරණ දීර්ඝ කිරීම

- 01. යතුරුපැදි අනතුරු ආවරණය
- 02. ලොවපුරා පැය 24 ක ආවරණය

බැහැර කිරීම්

- 01. වසංගත සහ බෝවන රෝග
- 02. සම්බාධිත පනවන ලද රටවල් (Sanction Countries)

අනෙකුත් කොන්දේසි සහ නියමයන්

- 01. පොරොන්දු කාලය : අදාළ හොඹේ.
- 02. නව ඇතුළත් කිරීම් සිදුකරනු ලබන්නේ පහත අවස්ථාවන් හිදී පමණි.
 - නව බඳවා ගැනීම් සඳහා
 - අලුත උපන් දරුවන්
 - නව විවාහ වීම්

මුදල් රහිත රෝහල්ගත වීමේ ක්‍රියාපටිපාටිය (CASHLESS CLAIMS)

රෝහලට ඇතුළත් වීමට ඔබගේ CILL සාමාජික කාඩ්පත ඉදිරිපත් කරන්න. රෝහල්ගතවී පැය 24ක් ඇතුළත 011 5200 700 අංකය අමතා පහත සඳහන් විස්තර ලබා දෙන්න

- CILL සාමාජික කාඩ්පත් අංකය
- රෝගියාගේ නම
- රෝහල
- සම්බන්ධ කරගත යුතු දුරකථන අංකය
- රෝගී තත්ත්වය

රෝහලෙන් බැහැරව යාමේ ක්‍රියාපටිපාටිය

- 1. බැහැරව යාමට පැයකට ප්‍රථම ඉහත දුරකථන අංකය අමතා දැනුවත් කරන්න
- 2. රක්ෂණ ආවරණයෙන් අයකරගත නොහැකි අතිරේක ආහාර, දුරකථන, පුවත්පත් වැනි දෑ සඳහා වන ගාස්තු ගෙවා දමන්න.
- 3. බිල්පත් වල අත්සන් යොදන්න.

මුදල් නැවත අයකර ගැනීමේ ක්‍රියාපටිපාටිය (REIMBURSEMENT CLAIMS)

අවශ්‍ය වන ලියකියවිලි - සමූහ සෞඛ්‍ය රක්ෂණය

- 1. රෝග විනිශ්චය කාඩ්පත (සහතික කරන ලද)
- 2. අවසන් බිල්පත් වල සහ ටීට්පත්
- 3. මුදල් කුවිතාක්ෂිය
- 4. ශීඝ්‍රතම පෝරමය
- 5. වෛද්‍යවරයා විසින් නිකුත්කරන ලද බෙහෙත් / පරීක්ෂණ වාර්තාව

අවශ්‍ය වන ලියකියවිලි - පුද්ගල හදිසි අනතුරු රක්ෂණය

1. ඇමතුමට ඇනුව

මූලික බැහැර කිරීම්

පහත සඳහන් කරුණු නිසා හෝ ඒ සම්බන්ධයෙන් ඇති වූ යම් සිද්ධියක් වෙනුවෙන් ප්‍රතිලාභ ගෙවීම් සිදු නොකෙරේ.

- a) සියදිවි හානිකරගැනීමට හැරේ කිරීම් / තමා විසින් සිදුකරගත් තුවාල / අවධානම අධික ක්‍රියාකාරකම් සහ ඒ සමගින් ඇතිවන සියලු අකාරීභ්‍යන්‍යයන්.
- b) මත්පැන්, මත්ද්‍රව්‍ය ඇබ්බැහිවීම් සහ ඒ සම්බන්ධ දෑ.
- c) HIV AIDS ඇතුළු සමාජ රෝග.
- d) උපතින්ම පැවති දුබලතා.
- e) රූපලාවණ්‍ය සඳහා කරනු ලබන ප්‍රතිකාර සහ ලෙසකාරීම්.
- f) වෛද්‍යවරයකු නිර්දේශ නොකරන ප්‍රතිකාර.
- g) අසනීප තත්වයක් නිශ්චය කිරීම සඳහා (SCREENING TEST) සිදුකරනු ලබන රෝහල්ගත කිරීම්.
- h) විටමින්, අතිරේක පෝෂක සහ එන්නත්
- i) කිහිලිකරු / ගෙලට සවිකරන කොලර්, සපත්තු වැනි අතිරේක උපාංග (APPLIANCES)
- j) බෙහෙත් වශයෙන් නොසැලකෙන සහ වෛද්‍ය නොවන සේවා සඳහා වැය වන වියදම් (දුන් බෙහෙත්, ප්‍රතිනාශක ඖෂධ, අමතර ආහාර, රූපවාහිනී, දුරකථන, තැන්පේ ආදිය)
- k) නිදාගැනීම / නින්දෙන් තොරවම සම්බන්ධ ආබාධ

මෙය ඉංග්‍රීසි මුල් පිටපතෙහි (Policy No: HSHG 230101000773) සාරාංශයක් පමණි. කිසියම් හෝ අපැහැදිලි තත්වයක් වෙතොත් එම යෑම අවස්ථාවකදීම මුල් ඉංග්‍රීසි පිටපත බලාත්මක වේ.

සමූහ සෞඛ්‍ය රක්ෂණය

මුදල් අංකය : HSHG230101000773
 රක්ෂිතයාගේ නම : ජායාසිංහ ප්‍රසාද්
 අලංකාරයේ ලේඛන : 01/04/2023 සිට 31/03/2024

Service, redefined. **Continental** INSURANCE

Hotline 011 5 200 700

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 Backed by the AAA(Inn) Fitch rated Helstarcap F

Property Motor Marine General Accident www.cilanka.com

Continental Insurance Lanka Ltd.
 No.79 Dr.C.W.W Kannangara Mawatha, Colombo 07, Sri Lanka.
 ☎ 076 5 700 200 🌐 www.cilanka.com ✉ info@cilanka.com



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GROUP HEALTH INSURANCE

THE POLICY SCHEDULE ATTACHING TO AND FORMING PART OF THE POLICY

Policy Number : HSHG230101000773
 Name of Insured : M/S. National Water Supply and Drainage Board
 Postal Address : Galle Road, Rathmalana, Sri Lanka
 Client ID : 5010006748
 Period of Insurance : From 01/04/2023 To 31/03/2024
 Scope of Cover : As per the standard CILL "Surgical and Hospital Expenses Insurance" Policy Wordings
 Currency Type : LKR
 Branch : 10
 Agent : DIRECT
 Sales Code : 920

PREMIUM

Basic Premium	158,943,750.00
Admin Tax	4,087,720.03
Admin Fee & Policy Fee	477,331.25
VAT (15%)	24,526,320.19
Total Payable	188,035,121.47

SECTION 01 - GROUP HEALTH INSURANCE

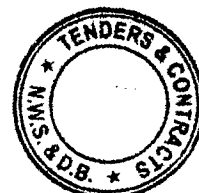
POLICY BENEFITS

Inpatient Benefits - Scheme 01

Maximum Room Charges including ICU Room Charges (per day) up to 10 days	10,000.00
Hospital and Nursing home maintenance charges including Admission fees, Surgeon's and Anesthetist's fees Consultant's and Specialist fees, Specialist services including deep therapy treatment, Radiology examination and treatment (X-ray, CT, MRI etc.) Electrical treatment, Physiotherapy and all other Medical and Surgical expenses incurred following a hospitalization including Operating theater charges.	250,000.00
Hospitalization in a non paying ward of Gov. Hospital or Gov. ayurvedic hospital (Per day) up to a maximum of 14 days (per event) payable under inpatient benefit limit	5,000.00
Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital (if such is not available in hospital and payable under inpatient benefit limit)	250,000.00
Emergency Travelling Per Event (Ambulance Charges only)	5,000.00
Birth of Twins	10,000.00
Maximum limit per event / year per Individual	250,000.00
Maximum limit per event / year per Family	250,000.00

MEMBER LIST: To be advised (Total employee count 8650)

0079



POLICY EXTENSIONS :

(1)e

- 1 Expenses incurred for Ayurvedic treatment obtained from
 - a. Government Ayurvedic Hospitals
 - b. Siddhalepa Hospital
 - c. Pilapitiya Ayurvedic Hospital
 - d. Gampaha Wickramarachchi - Siddhayurveda Hospital
 - e. Sugatha Rasayanagaraya Horana
- 2 Day surgeries done by general surgeon are covered within the inpatient benefit limit .Claims will be settled on reimbursement basis (List of surgeries covered as per the attached Annexure).
- 3 Cataract operations are covered within the inpatient benefit limit and maximum amount paid in respect of lense purchased is limited LKR. 50,000/- (In connection with both eyes)
- 4 Child birth is covered within the inpatient benefit limit subject to below, (Applicable for family unit (I) only)
 - Normal Delivery - 75%
 - Caesarean section - 75%
 - Forceps/vacuum delivery - 75%
- 5 Hospitalization for Dental surgeries will be entertained for surgeries under general / local anesthesia within the inpatient benefit limit up to maximum of LKR. 30,000/-
- 6 Cover for Pre & Post Hospitalization expenses incurred during the policy period - continuation of treatment Before and Following a Hospitalization related to particular ailment will be accommodated up to 30 days.
- 7 New Born babies are covered from birth, Subject to submission of Name & DOB within 03 months from birth
- 8 Expenses incurred in respect of below mentioned tests, without being admitted to the hospital recommended by a consultant are reimbursed under the inpatient benefit limit.
 - a. MRI scan
 - b. Endoscopy
 - c. Colonoscopy
 - d. Bronchoscopy
 - e. Sigmoidoscopy
 - f. CT Scan
 - g. Cystoacopy
 - h. Laparoscopy
 - i. All the investigations done with insertion of camera to the body
- 9 Epidemic and Pandemic Cover
Hospitalization expenses incurred due to Epidemic and Pandemic Diseases including COVID 19 are covered within the inpatient benefit limit
 - a) Bills should be in the name of registered hospitals. and Covid 19 should be mentioned as the illness in Diagnosis card
 - b) Should be prescribed by a registered MBBS doctor. Voluntary admissions are not covered.
 - c) Expenses incurred under Hospitals, converted hospitals & MOH approved Intermediate Care Centers are covered
 - d) Expenses incurred for Self / Pure Quarantine in Hotels, non approved quarantine centers and any other similar establishments are not covered
 - e) PCR Test, Covid antigen test prescribed by a doctor following a hospitalization are covered within the inpatient limit.
- 10 Hearing aid instruments are covered under the policy up to LKR. 100,000.00 per employee and LKR.50,000.00 per dependent, Due to accident or illness subject to prescribed by a specialist/consultant
- 11 Hospitalization for eye lens transplant surgeries other than cataract surgeries (Excluding cosmetic related) are covered within the inpatient limit up to LKR. 50,000.00 per employee and LKR.20,000.00 per dependent

0080

 12 Pregnant
inpatient
13


b1

12 Pregnancy related ailments and complications which necessitate hospitalization are covered within the inpatient benefit limit including infertility and sub-fertility treatments. (Excluding IUI, IVF & Embryo transplantation)

13 Claims will be settle inclusive of VAT amount charged, within the respective benefit limit

CRITICAL ILLNESS COVER

Surgical & Hospitalization expenses incurred in respect of Critical illnesses listed below are reimbursed under this policy on "first come, first served basis" and the cover will be active after utilization of the respective inpatient benefit limits.

Limit of Liability - EMPLOYEE	LKR
Maximum Limit per employee / per event	1,000,000.00

Limit of Liability - DEPENDANT	LKR
Maximum Limit per dependant / per event	200,000.00

Critical illness : As per the attached Critical illnesses list and definitions

TERMS AND CONDITIONS

- 1 Geographical Limit - Sri Lanka
- 2 Age Limit
 - a. Employee - 18 to 60 years
 - b. Spouse - No age limit
 - c. Children 00 year to 21 years (Subject to Unmarried & Unemployed)
 - d. Parents - Up to 75 years
- 3 Family unit I - Consists of Insured, Spouse and Children (Maximum 04 members only)
Family unit II - Parents cover applicable only for Individual (Unmarried) staff members only
- 4 Emergency Travelling – Subject to submission of bills from a licensed ambulance service.
- 5 All claims should be lodged with the company immediately after incurring the expenses but in no event later than 60 working days. At the end of the policy period all outstanding claims including re-submissions should be submitted within 30 days
- 6 Limits cannot be upgraded in between the policy period unless due to promotion.
- 7 Should be treated for more than 04 Hours as an inward patient to claim under inpatient benefits, except for Day/OPD surgeries. Submission of Diagnosis card/Bed card is compulsory

0081



SECTION 02 - PERSONAL ACCIDENT INSURANCE

POLICY BENEFITS

Limit of Liability - EMPLOYEE	
Maximum Per Person Limit	LKR
	2,000,000.00

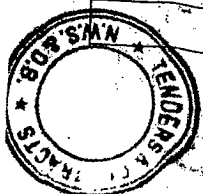
Capital Benefit - PA Cover

- 1 Accidental Death - 100%
- 2 Permanent Total Disablement - As per continental scale provided below

Extensions - PA Cover

- 1 Motorcycling
- 2 24-Hour cover & World wide Cover

TABLE OF PERMANENT DISABLEMENT	
Schedule of Permanent Disability Benefits	
(as a percentage of the Sum Insured)	
Description of Disablement	Percentage of Benefit
Loss of sight of both eyes, loss of two limbs or	100%
Loss of sight of one eye and loss of one limb	
Loss of sight of one eye or loss of one limb	50%
Loss of thumb	25%
- both phalanges	
- one phalanx	
Loss of forefinger	15%
- three phalanges	
- two phalanges	
- one phalanx	
Loss of any other finger	10%
- three phalanges	
- two phalanges	
	7%
- one phalanx	
Loss of toes	15%
- all	
- great	
	5%
- other than great	
	2%
Loss of hearing	75%
- both ears	
- one ear	
	15%
Not mentioned above: Compensation assessed in proportion to the degree of disability (without reference to the profession or occupation of the person Insured)	
The aggregate of all percentages should not exceed 100%	



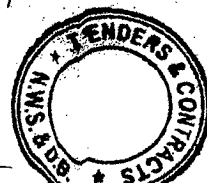
0082

1. Insurance Cover Bid Form

SCHEDULE A

Item	Benefit for the Member and the Dependent Members (Family Unit) of the Member's Family	NWSDB Minimum requirement in Rupees	Proposed Offer by the Insurer in Rupees
1	Payment for Inpatient under following circumstances and conditions.		
1.1	<p>Inpatient in a Private /private Ayurveda / /Semi Government Hospital / Paying wards in Government Hospital (the Private Ayurveda Hospital shall be registered under the relevant line ministry)</p> <ul style="list-style-type: none"> • Room Charges Rs. 8,000 (per day) for maximum 10 days • Drugs, operation theater expenses • Medical Charges • Medical Tests 	250,000.00 (per annum)	250,000.00
1.2	Inpatient in a Government Hospital or Government Ayurvedic Hospital Rs. 5,000 per day for 14 days for a year (7 days for one incident)	5,000.00 (per day)	5,000.00
1.3	Child Births	75% from the Annual limit	75%
1.4	Dental Surgeries carried out under general /local anesthesia	30,000.00	30,000.00

0156



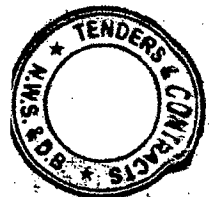
2. Other Minimum Required Benefits for the Employee or the Dependent Members of the Employee's Family

No	Description	NWSDB Minimum requirement in Rupees		Proposed Offer by the Insurer in Rupees	
		Member	Dependent	Member	Dependent
1	Critical Illness Cover (40 Illnesses as in Annex 1)	1,000,000	200,000	1,000,000/-	200,000/-
2	Hearing Aid Instruments	100,000	50,000	Up to 10 events	
3	Eye lens transplant surgery	50,000	20,000	100,000/-	50,000/-
4	Personal accidents and natural deaths <ul style="list-style-type: none"> • Accidental deaths • Natural deaths 	2,000,000	N/A	2,000,000/-	-
5	Total permanent disability due to accident	1,000,000	N/A	1,000,000/-	-
6	Total permanent disability due to an illness	2,000,000	N/A	2,000,000/-	-
				200,000/-	-

All other terms and conditions are as per the attached quotations and policy wording.



02/02/2024



0157

Critical Illness Cover

- | | |
|--|-----------------------------------|
| 1. Myocardial Infarction(Heart Attack) | 21. Loss of Speech |
| 2. Coronary Artery by-pass | 22. Angioplasty |
| 3. Heart valve Surgery | 23. Alzheimer's disease |
| 4. Surgery to the Aorta | 24. Aplastic anemia |
| 5. Primary Pulmonary Arterial Hypertension | 25. Benign brain tumor |
| 6. Chronic Lung Disease | 26. Motor Neuron disease |
| 7. Spinal cord surgery | 27. Medullary cystic disease |
| 8. Stroke | 28. Systemic Lupus Erythematosus |
| 9. Major Organ Transplant | 29. Major head trauma |
| 10. Kidney Failure | 30. Loss of Independent Existence |
| 11. Fulminant Hepatitis | 31. Cardiomyopathy |
| 12. Chronic Liver Disease | 32. Progressive Scleroderma |
| 13. Paralysis | 33. Necrotizing Fasciitis |
| 14. Multiple Sclerosis | 34. Crohn's Disease |
| 15. Coma | 35. Severe Ulcerative Colitis |
| 16. Cancer | 36. Appalic syndrome |
| 17. Muscular Dystrophy | 37. Brain Surgery |
| 18. Major Burns | 38. Rheumatoid Arthritis |
| 19. Blindness | 39. Pneumonectomy |
| 20. Deafness | 40. Parkinson Disease |

Partial Dismemberment Benefit

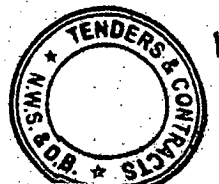
- | | | |
|---|-----|--|
| 1. Loss of the right arm | 50% | of total permanent disable due to accident |
| 2. Loss of the right hand at the wrist | 50% | - Do- |
| 3. Loss of the left arm | 40% | - Do- |
| 4. Loss of the left had at the wrist | 30% | - Do- |
| 5. Loss of sight in eye | 50% | - Do- |
| 6. Loss of either foot at the ankle | 50% | - Do- |
| 7. Loss of any finger except the index finger | 5% | - Do- |
| 8. Loss of index finger | 6% | - Do- |
| 9. Loss of any toe | 3% | - Do- |

This will be changed accordingly for a left hander

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Critical Illness Definitions

01. Apallic Syndrome (Vegetative State)

Universal necrosis of the brain cortex, with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist holding such an appointment at an approved hospital. The condition has to be medically documented for at least one month.

02. Blindness

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. The diagnosis has to be confirmed by an eye specialist (ophthalmologist).

03. Cancer

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnosis must be evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's Disease. Excluded are: any CIN stage (cervical intraepithelial neoplasia); any pre-malignant tumour; any non-invasive cancer (cancer in situ); prostate cancer stage 1 (1a, 1b, 1c); all skin cancers plus malignant melanoma stage IA (T1a N0 M0); any malignant tumour in the presence of any Human Immunodeficiency Virus.

04. Chronic Liver Disease

Chronic liver disease resulting in cirrhosis and evidenced by all of the following criteria: a) permanent jaundice, b) ascites, c) encephalopathy, d) portal hypertension. Liver disease secondary to alcohol or drug misuse is excluded.

05. Chronic Lung Disease

Permanent impairment of respiratory function as manifested by both: a) persistent reduction in vital capacity to less than 50% of predicted and/or a persistent reduction in respiratory volume per second (Tiffeneau respiratory test) to less than 50% of predicted, b) persistent reduction in arterial oxygen tension (PaO2) below 60 mmHg and increase in arterial carbon dioxide tension (PaCO2) above 50 mmHg.

06. Coronary Artery Surgery (By-Pass Surgery)

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography. Excluded are: Angioplasty and/or any other intra-arterial procedures; key-hole surgery.

07. Deafness

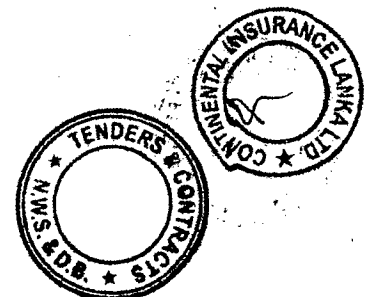
Total and irreversible loss of hearing in both ears as a result of sickness or accident. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.

08. Loss of Speech

Total and irreversible loss of the ability to speak due to physical damage to the vocal cords. The condition has to be medically documented for at least 6 months.

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09. Fulminant Hepatitis

Submassive to massive necrosis of the liver caused by hepatitis leading precipitously to liver failure. The diagnostic criteria to be met are:

- a) a rapidly decreasing liver size
- b) necrosis involving entire lobules, leaving only a collapsed reticular framework (proved by histological finding),
- c) rapidly degenerating liver function tests
- d) deepening jaundice

10. Myocardial Infarction (Heart Attack)

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a) a history of typical chest pain
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other biochemical markers

Excluded are: Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; other acute Coronary Syndromes.

11. Heart Valve Replacement

Surgical replacement of one or more heart valves with prosthetic valves. This includes the replacement of aortic, mitral, pulmonary or tricuspid valves with prosthetic valves due to stenosis or incompetence or a combination of these factors.

Excluded are: Heart valve repair; valvulotomy; valvuloplasty.

12. Major Organ Transplant

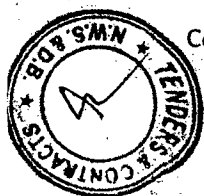
The actual undergoing of a transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow.

13. Multiple Sclerosis

Unequivocal diagnosis of Multiple Sclerosis by a consultant neurologist holding such an appointment at an approved hospital. The Insured must exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes (each lasting at least 24 hours and occurring at least one month apart in different areas of the central nervous system). This must be evidenced by the typical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings.

14. Muscular Dystrophy

Confirmation of definite diagnosis of either Duchenne, Becker or Limb Girdle Muscular Dystrophy (all other types of Muscular Dystrophy are excluded) by a consultant neurologist holding such an appointment at an approved hospital. The diagnosis must be supported by muscle biopsy and CPK estimations and the disease must result in a permanent inability to perform independently three or more activities of daily living - bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication - or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.



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15. Major Burns

Third degree burns covering at least 20% of the surface area of the Insured's body.

16. Paralysis

Total and irreversible loss of use of two or more limbs through paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented for at least 3 Months. Excluded is: Paralysis due to Guillain-Barré-Syndrome.

17. Stroke

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Evidence of neurological deficit for at least 3 months has to be produced. Excluded are: Transient ischemic attacks (TIA); neurological symptoms due to migraine.

18. Surgery to the Aorta

The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

19. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuous with the use of life support systems, for a period of at least ninety-six (96) hours. Permanent neurological deficit, as certified by a Consultant Neurologist, must be present. Coma resulting from alcohol or drug is excluded.

20. Motor Neurone Disease

Motor Neurone disease characterised by progressive degeneration of corticospinal tract and anterior horn cells or bulbar efferent neurons which include spinal muscular atrophy, progressive bulber palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent clinical impairment of motor functions.

21. Major Head Trauma

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

22. Pulmonary Hypertension

Primary Pulmonary Hypertension as established by Clinical and Laboratory investigations including cardiac catheterization.

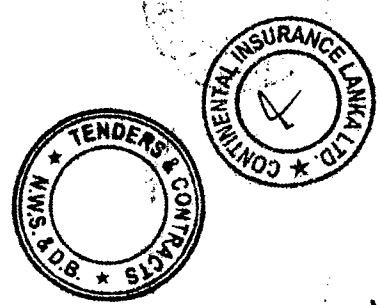
23. Angioplasty

Actual undergoing for the first time of coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing stenosis, of one or more major coronary arteries as shown by angiographic evidence (Cover only applicable if said treatment is approved by respective consultant surgeon).

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24. Brain Surgery / Brain Tumor

A benign tumour in the brain where all of the following conditions are met:

- a) It is life threatening
- b) It has caused damage to the brain
- c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and
- d) Its presence must be confirmed by a Neurologist or neurosurgeon and supported by findings on Magnetic Resonance imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- a) Cysts
- b) Granulomas
- c) Vascular malformations
- d) Haematomas
- e) Calcification
- f) Tumours of the pituitary gland or spinal cord; and
- g) Tumours of acoustic nerve (acoustic neuroma)

25. Loss of independent existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery. Activities of Daily Living are:

Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

Getting dressed and undressed - the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding oneself - the ability to feed oneself when food has been prepared and made available.

Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms - the ability to get from room to room on a level floor.

Getting in and out of bed - the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

26. Chronic Aplastic Anemia

Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments: (i) Regular blood product transfusion;

(ii) Marrow stimulating agents;

(iii) immunosuppressive agents; or

(iv) Bone marrow transplantation.

The diagnosis must be confirmed by a bone-marrow biopsy.



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27. Parkinson's Disease

Slowly progressive degenerative disease of the central nervous system as a result of loss of pigment containing neurons of the brain (substantianigra). Unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the condition:

- (a) Cannot be controlled with medication;
- (b) Shows signs of progressive impairment and
- (c) Activities of daily living assessment confirms the inability of the Participant to perform without

Assistance three or more of the following: bathing, dressing, using the lavatory, eating, Ability to

Move in or out of a bed or chair. Only idiopathic Parkinson's disease is covered. Drug induced or toxic causes of Parkinsonism are excluded.

28. Systemic Lupus Erythematosus

An autoimmune illness in which tissues and cells are damaged by deposition of pathologic autoantibodies and immune complexes. Of significant importance for the outcome is the involvement of the kidneys. The renal function of the life insured has to be impacted due to the SLE (it has to be classified as Class III to Class VI lupus nephritis according to the classification of results of renal biopsy by WHO). Other types of lupus, such as the discoid lupus erythematosus or those that only affect the blood and joints are excluded. Diagnosis has to be confirmed by a specialist and evidenced by a histological report.

WHO's classification of lupus nephritis:

WHO I: normal glomeruli

WHO II: pure mesangial alterations

WHO III: focal segmental or focal proliferative glomerulonephritis

WHO IV: diffuse proliferative glomerulonephritis

WHO V: diffuse membranous glomerulonephritis

WHO VI: advanced sclerosing glomerulonephritis

29. Benign Brain Tumor - Of Specified Severity

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:

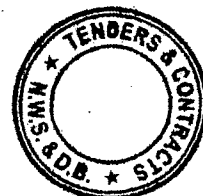
- (i) It is life threatening;
- (ii) It has caused damage to the brain.
- (iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
- (iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging Techniques,

The following are not covered:

- (i) Cysts
- (ii) Granulomas
- (iii) Malformations in or of the arteries or veins of the brain
- (iv) Hematomas
- (v) Tumours in the pituitary gland
- (vi) Tumours in the spine
- (vii) Tumours of the acoustic nerve

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30. Alzheimer's Disease

Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or test arising from Alzheimer's disease or irreversible organic disorders, excluding neurosis and psychiatric illness, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Participant. The diagnosis must be clinically confirmed by an appropriate consultant and be supported by the Company's Medical Officer.

31. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies: # Dilated Cardiomyopathy # Hypertrophic Cardiomyopathy (obstructive or non-obstructive) # Restrictive Cardiomyopathy # Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- # Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- # Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- # Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- # Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy # Transient reduction of left ventricular function due to myocarditis
- # Cardiomyopathy due to systemic diseases
- # Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

32. Necrotizing fasciitis

A definite diagnosis of necrotising fasciitis evidenced by all of the following:

- # Progressive, rapidly spreading bacterial infection located in the deep fascia, with secondary necrosis of the subcutaneous tissues of the limbs or trunk
- # Fever and rapid increase in C-reactive protein (CRP) levels # Surgical resection of all necrotic tissue

Fournier's gangrene is covered under this definition. The diagnosis must be confirmed by a Consultant Surgeon and evidenced by microbiological or histological findings. For the above definition, the following are not covered:

- # Gas gangrene
- # Gangrene caused by diabetes, neuropathy or vascular diseases



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33. Medullary Cystic Disease

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubularatrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

34. Severe Rheumatoid Arthritis

Widespread joint destruction as a result of severe Rheumatoid Arthritis with major clinical deformity of three or more of the following joint areas;

- (a) Hands
- (b) Wrists
- (c) Elbows
- (d) Cervical spine
- (e) Knees
- (f) Ankles

The diagnosis must be supported by all the following:

- (i) Morning stiffness
- (ii) Symmetric arthritis
- (iii) Presence of rheumatoid nodules
- (iv) Elevated titers of rheumatoid factors
- (v) Radiographic evidence of severe involvement

The severity of the disease shall be such that there will be at least 3 of the Activities of Daily Living which the insured will, for a continuous period of at least 6 months, have been unable to perform without the assistance of another person. At the company's discretion, confirmation of the diagnosis and the degree of disability may be required through an independent medical examination by a specialist rheumatologist appointed by the company.

35. Spinal cord surgery

Spinal fusion is a major surgery and medical procedure used to treat back injuries. The surgery includes using rods and screws, and bone grafts to stabilize the spine. This surgery is usually a last resort after other treatments have been tried and failed.

Spinal laminectomy/spinal decompression. This is performed when spinal stenosis causes a narrowing of the spinal canal that results in pain, numbness, or weakness. The surgeon removes the bony walls of the vertebrae and any bone spurs, aiming to open up the spinal column to remove pressure on the nerves

36. Progressive sclerosis

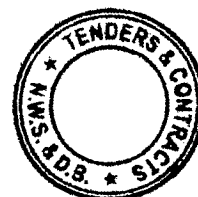
Progressive systemic sclerosis (PSS) is a rare connective tissue disease of unknown etiology characterized by increased collagen deposition leading to fibrosis and degeneration of skin and internal organs like lung, heart, kidney and gastrointestinal system

37. Kidney Failure

End stage Kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis initiated or renal transplantation is carried out.

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38. Crohn's disease

Treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- Surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- Total colectomy (removal of entire large bowel)

39. Ulcerative colitis – with total colectomy

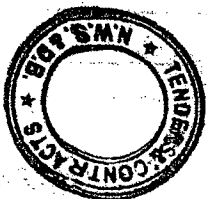
A definite diagnosis of ulcerative colitis by a consultant gastroenterologist, which is treated with total colectomy (removal of entire large bowel).

40. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung due to disease or traumatic injury.

The following is not covered:

Other forms of surgery to the lungs including removal of a lobe of the lungs (lobectomy) or lung resection



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PERSONAL ACCIDENT INSURANCE POLICY

Whereas the Insured named in the schedule hereto has by a Proposal and/or other particulars, which shall be the basis of this contract and is deemed to be incorporated herein applied to **CONTINENTAL INSURANCE LANKA LIMITED** (hereinafter called the "Company") for the insurance hereafter contained and has paid or agreed to pay the premium stated in the schedule as consideration.

It is agreed that if during the Period of Insurance any Insured Person shall suffer bodily injury caused solely by violent, accidental, external and visible means which shall independently of any other cause result within twelve calendar months in Death, or Disablement, the Insurer will subject to the terms, provisions, conditions, contained herein or endorsed hereon pay to the Insured the Compensation specified in the Schedule.

Exceptions

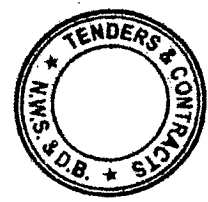
This Policy does not apply to Death or Disablement consequent upon:

1. the Insured Person engaged in motor cycling (including Pillion Rider), hunting, mountaineering, racing (other than on foot), playing football as a member of a regular team, polo, winter sports, judo, karate or unarmed combat, parachuting, pot-holing, using power driven woodworking machinery.
2. the Insured Person engaging in aviation other than as a passenger in a fully licensed passenger carrying aircraft but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein
3. pregnancy, child birth or existing physical or mental defect or infirmity or complications related thereto
4. intentional self-injury or suicide or any attempt thereat or deliberate exposure to exceptional danger except in an effort to save human life
5. the Insured person being insane or being affected by alcohol, drugs or aids and all sexually transmitted diseases.

IMPORTANT

For your protection, please read this policy carefully and if any error is found or if the cover is not in accordance with your needs, the policy should be returned to the Company immediately for correction.

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6. service with any armed force
 7. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection or military or usurped power, riot or civil commotion.
 8. any event directly or indirectly caused by or arising from or contributed to by nuclear weapons material, ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion only, combustion shall include any, self-sustaining process of nuclear fission.
 9. any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of any de jure or de facto government or to the influencing of it by terrorism or violence.

Provisions

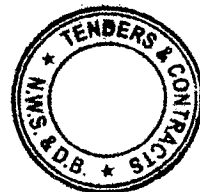
1. Benefits shall only be payable provided death or loss occurs or disablement commences within 12 months of the date of injury.
2. The aggregate sum payable in respect of all Benefits for any Insured Person shall not exceed Benefit 1 or 100% compensation payable under Benefit 2 caused by the same accident, but in any case not less than one year after the injury.
3. Compensation for permanent total disablement under Benefit 2 shall be payable at the end of the period for which compensation is payable under Benefit 3 caused by the same accident, but in any case not less than one year after the injury.
4. Compensation payable under Benefit 3 shall be reduced by an amount equal to the payment received or receivable under any Workmen's Compensation enactment.
5. Temporary Disablement shall be deemed to have ceased when the wound or injury which brought about the incapability has healed or been cured as far as is reasonably possible notwithstanding the Permanent Disablement may remain.
6. "Annual Earnings" means the total remuneration paid by the principal to the employee during the twelve months immediately preceding the happening of the event or which would have been paid had the Insured person been employed by the principal for the whole of such period.

"Average Weekly Earnings" means the average for a week of "Annual Earnings"

BENEFITS	
Item	Compensation/Maximum limit of liability
1. Death	The Compensation /maximum limit of liability specified in the Schedule
2. Permanent Disablement	Such percentages as per Table of Permanent Disablement set out in this Policy of the Compensation Specified in the Schedule.
3. Temporary Disablement resulting in total and absolute incapacity from following usual employment for a longer period than one week and not exceeding fifty two weeks from the happening of the event.	As per the policy schedule

TABLE OF PERMANENT DISABLEMENT		
Schedule of Permanent Disability Benefits		
(as a percentage of the Sum Insured)		
Description of Disablement		Percentage of Benefit
Loss of sight of both eyes, loss of two limbs or Loss of sight of one eye and loss of one limb		100%
Loss of sight of one eye or loss of one limb		50%
Loss of thumb	- both phalanges	25%
	- one phalanx	10%
Loss of forefinger	- three phalanges	15%
	- two phalanges	10%
	- one phalanx	5%
Loss of any other finger	- three phalanges	10%
	- two phalanges	7%
	- one phalanx	5%
Loss of toes	- all	15%
	- great	5%
	- other than great	2%
Loss of hearing	- both ears	75%
	- one ear	15%
Not mentioned above:		Compensation assessed in proportion to the degree of disability (without reference to the profession or occupation of the person Insured)
The aggregate of all percentages should not exceed 100%		

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Conditions

The policy and the schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or of the schedule bear such specific meaning where ever it may appear.

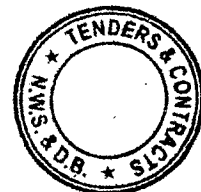
- a) The due observance and fulfillment of the terms, conditions and endorsements of this policy by the insured/insured person(s) or any claimant under this policy in so far as they relate to any thing to be done or complied with by the Insured / insured person(s) or any claimant under this policy and the truth of the statement and answers in the said proposal shall be a conditions precedent to any liability of the company to make any payment under this policy.
- b) This policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure in any material particular. The Insured shall notify the Company as soon as possible of any alteration or increase in the risk(s) insured occurring during the currency of this Insurance.
- c) The insured shall give notice to the company of any alteration whereby the risk of injury is increased and until the company shall be advised of such alteration and shall have expressly agreed to accept liability for such altered risk, the Company shall not be liable in respect of any injury due altogether or in part to such alteration.
- d) Before renewing this policy the insured shall give notice to the Company of any disease, physical or mental defects or infirmity with which the Insured Person has been or is affected.
- e) In case of injury to which this policy relates
 - a. the insured Person shall procure and act upon proper medical or surgical advice as soon as possible.
 - b. written notice shall be given to the Company as soon as possible but in any event within one calendar month of the injury
- f) All certificates, accounts, receipts, information and evidence required by the Company shall be furnished at the expense of the Insured or any claimant hereunder and shall be in such form and of such nature, as the Company shall prescribe.
- g) Company shall not be bound to notice or be affected by any notice of trust, charge, lien, assignment or other dealing relating to this policy.
- h) Compensation shall be payable to the Insured or to the Insured's legal personal representatives whose receipt shall effectually discharge the Company. Nothing in this policy shall be construed as giving right of claim to any Person other than the Insured.



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- i) If the premium for this Insurance or any part thereof has been provisionally calculated on any estimates furnished by the Insured, the Insured shall keep an accurate record containing all relevant particulars and shall at all times allow the Company to inspect such records. The Insured shall within one month from the expiry of each period of Insurance furnish to the Company such particulars and information as the Company may require. The premium for such period shall thereupon be adjusted and the difference paid by or allowed to the Insured as the case may be (subject to any minimum premium)
- j) All differences arising out of this policy (liability being otherwise admitted) shall be referred to the decision of an Arbitrator, to be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator, to the decision of two disinterested persons as Arbitrators, of whom one shall be appointed in writing by each of the parties within one calendar month after having been required so to do in writing by the other party. In case either party shall refuse or fail to appoint an Arbitrator within one calendar month after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole Arbitrator, and in case of disagreement between the Arbitrators, the difference shall be referred to the decision of an Umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the Arbitrators and preside at their meetings. The death of any party shall not revoke or affect the authority or powers of the Arbitrator, Arbitrator or Umpires respectively, and in the event of the death of an Arbitrator or Umpire, another shall in each case be appointed in his stead by the party or Arbitrators (as the case may be) by whom the Arbitrator or Umpire so dying was appointed. The cost of the reference and of the award shall be at the discretion of the Arbitrator, Arbitrators or Umpire making the award, and it is hereby expressly, stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator, Arbitrators or Umpire shall be first obtained. If the company shall disclaim the liability to the Insured for any claim hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitration under the provision herein contained then the claims shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- k) In no case whatever shall the Company be liable under this Policy after the expiration of twelve months from the happening of the event unless the claim is the subject of pending Legal action or Arbitration.
- l) The Company may cancel this Policy by sending notice of 14 days by Registered Letter to the Insured's last known address.

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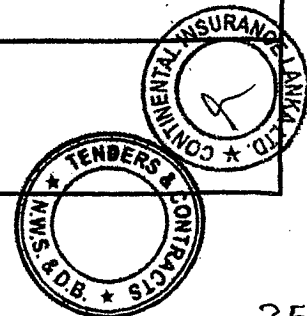


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The following are the listed Day care procedures and such other Surgical Operations that necessitate less than 24 hours Hospitalisation due to medical / technological advancement / Infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy

Microsurgical operations on the middle ear	<ol style="list-style-type: none"> 1 Stapedectomy 2 Revision of a stapedectomy 3 Other operations on the auditory ossicles Myringoplasty 4 (Type -I Tympanoplasty) 5 Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles) 6 Revision of a tympanoplasty 7 Other microsurgical operations on the middle ear
Other operations on the middle & internal ear	<ol style="list-style-type: none"> 8 Myringotomy 9 Removal of a tympanic drain 10 Incision of the mastoid process and middle ear 11 Mastoidectomy 12 Reconstruction of the middle ear 13 Other excisions of the middle and inner ear 14 Fenestration of the inner ear 15 Revision of a fenestration of the inner ear 16 Incision (opening) and destruction (elimination) of the inner ear 17 Other operations on the middle and inner ear
Operations on the nose & the nasal sinuses	<ol style="list-style-type: none"> 18 Excision and destruction of diseased tissue of the nose 19 Operations on the turbinates (nasal concha) 20 Other operations on the nose 21 Nasal sinus aspiration
Operations on the eyes	<ol style="list-style-type: none"> 22 Incision of tear glands 23 Other operations on the tear ducts 24 Incision of diseased eyelids 25 Excision and destruction of diseased tissue of the eyelid 26 Incision of diseased eyelids 27 Operations on the canthus and epicanthus 28 Corrective surgery for entropion and ectropion 29 Corrective surgery for blepharoptosis 30 Removal of a foreign body from the conjunctiva 31 Removal of a foreign body from the cornea 32 Incision of the cornea 33 Operations for pterygium 34 Other operations on the cornea 35 Removal of a foreign body from the lens of the eye 36 Removal of a foreign body from the posterior chamber of the eye 37 Removal of a foreign body from the orbit and eyeball 38 Operation of cataract
Operations on the skin & subcutaneous tissues	<ol style="list-style-type: none"> 39 Incision of a pilonidal sinus 40 Other incisions of the skin and subcutaneous tissues 41 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues 42 Local excision of diseased tissue of the skin and subcutaneous tissues 43 Other excisions of the skin and subcutaneous tissues 44 Simple restoration of surface continuity of the skin and subcutaneous tissues 45 Free skin transplantation, donor site 46 Free skin transplantation, recipient site 47 Revision of skin plasty 48 Other restoration and reconstruction of the skin and subcutaneous tissues 49 Chemosurgery to the skin 50 Destruction of diseased tissue in the skin and subcutaneous tissues
Operations on the tongue	<ol style="list-style-type: none"> 51 Incision, excision and destruction of diseased tissue of the tongue 52 Partial glossectomy 53 Glossectomy 54 Reconstruction of the tongue 55 Other operations on the tongue

0094



Operations on the salivary glands & salivary ducts	56	Incision and lancing of a salivary gland and a salivary duct
	57	Excision of diseased tissue of a salivary gland and a salivary duct
	58	Resection of a salivary gland
	59	Reconstruction of a salivary gland and a salivary duct
	60	Other operations on the salivary glands and salivary ducts
	Other operations on the mouth & face	61
62		Incision of the hard and soft palate
63		Excision and destruction of diseased hard and soft palate
64		Incision, excision and destruction in the mouth
65		Plastic surgery to the floor of the mouth
66		Other operations in the mouth
Operations on the tonsils & adenoids	67	Transoral incision and drainage of a pharyngeal abscess
	68	Tonsillectomy without adenoidectomy
	69	Tonsillectomy with adenoidectomy
	70	Excision and destruction of a lingual tonsil
	71	Other operations on the tonsils and adenoids
	72	Trauma surgery and orthopaedics
	73	Incision on bone, septic and aseptic
	74	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
	75	Suture and other operations on tendons and tendon sheath
	76	Reduction of dislocation under GA
	77	Arthroscopic knee aspiration
Operations on the breast	78	Incision of the breast
	79	Operations on the nipple
Operations on the digestive tract	80	Incision and excision of tissue in the perianal region
	81	Surgical treatment of anal fistulas
	82	Surgical treatment of haemorrhoids
	83	Division of the anal sphincter (sphincterotomy)
	84	Other operations on the anus
	85	Ultrasound guided aspirations
86	Sclerotherapy etc.	

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COVID CLAIM PROCEDURE

Please refer following steps for COVID19 treatments.

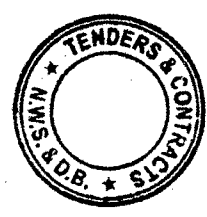
Cashless Basis settlement (Applicable for cashless applicable hospitals only) Attached.

1. Employee to forward the COVID- Positive report and NIC copy to HR Department indicating the chosen hospital for admission
2. HR will forward the COVID –Positive Report & NIC copy to CILL indicating the chosen hospital
3. Continental Insurance will update details and confirm the same in return email.
4. Once the Insurance confirmation received to HR, Member should call the hotline and intimate claim.
5. Insurance Co will contact the relevant hospital and negotiate the payment process and facilitate the admission
6. End of the treatment process, Member Should inform the hotline when the discharge is confirmed by the hospital/treatment center

Further Please note following for reimbursement basis claims,

- 1) Bills should be in the name of insured patient issued by the registered hospitals .
- 2) The treatment Facility should be managed by a Registered hospital/ Gov health authorities.
- 3) Diagnosis card is compulsory and should be issued by the hospital presented with admission date and discharge and tested positive date.
- 4) Duly filled claim form, diagnosis card, original bill and original paid receipt required to make the claim.
- 5) Admissions are highly subject to medical necessity and admissions for pure quarantine purpose is not covered.

0108



250

CASHLESS CLAIMS PROCEDURE

medical cashless and claims possessing instructions as follows;

BENEFITS THAT MEMBERS DERIVE FROM RELATIONSHIP WITH CONTINENTAL

- Single Window Service for all Information
- Call Centre
- Cashless facility
- Speedy Claim Settlement With strict TAT
- Referral Services
- Devoted Hot – line for customer enquiries
- Guiding Customers in every step of the way
- CIL Customer Care Executive will visit the patient at the Empanelled Hospital.

THE TYPES OF SERVICES RENDERED THROUGH THE CALL CENTER:

- Medical Advice – This can be provided with regards to complicated cases referring the case to our panel of doctors
- Hospital referrals
- Hospital admissions Procedure
- Policy information / verification of policy and claim details.
- Answer to Frequently Asked Questions.
- Guidance with respect to Enrolment Protocol, Claim Documentation etc.
- Claim Status enquiry for reimbursement claims.

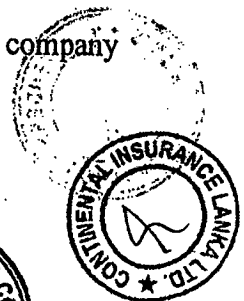
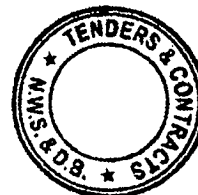
CLAIM ADMINISTRATION

1. Inpatient
 - a. Cashless facility
 - i. Planned Hospitalization
 - ii. Emergency Hospitalization
 - b. Reimbursement (Non- Empanelled Hospital)

Required documents

- ✓ Duly completed and signed claim form by consulting doctors and claimant and company
 - ✓ Copy of the diagnosis card
 - ✓ Original bills and paid receipt
 - ✓ Any other documents, if required
2. Outdoor treatment
 - a. Reimbursement basis only

0104

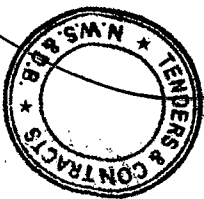


Required documents

- ✓ Duly completed and signed claim form by claimant and company
- ✓ Original prescription
- ✓ Original bills and paid receipt
- ✓ Any other documents, if required

PLANNED HOSPITALIZATION

- Kindly provide the following information by calling CIL Customer Care Number before getting admitted to the Hospital. Our Hotline Number : 011 5 200 700
 - CIL Membership card number
 - Patient Name
 - Hospital
 - Contact Details
 - Ailment
- After you are admitted to the hospital inform the room number to CIL Customer Relationship Coordinator (CRC).
- CIL CRC will meet you at the Hospital.
- Submit the hospitalization claim form duly completed to CIL CRC.
- Please ensure required information is filled by the Doctor in claim form before submitting it to the CIL Customer Relationship Coordinator.
- Please note that Hospitalization Intimation claim forms are available at the Hospital / HR Department and with CIL CRC.



0105

EMERGENCY
Hospital

EMERGENCY HOSPITALISATION

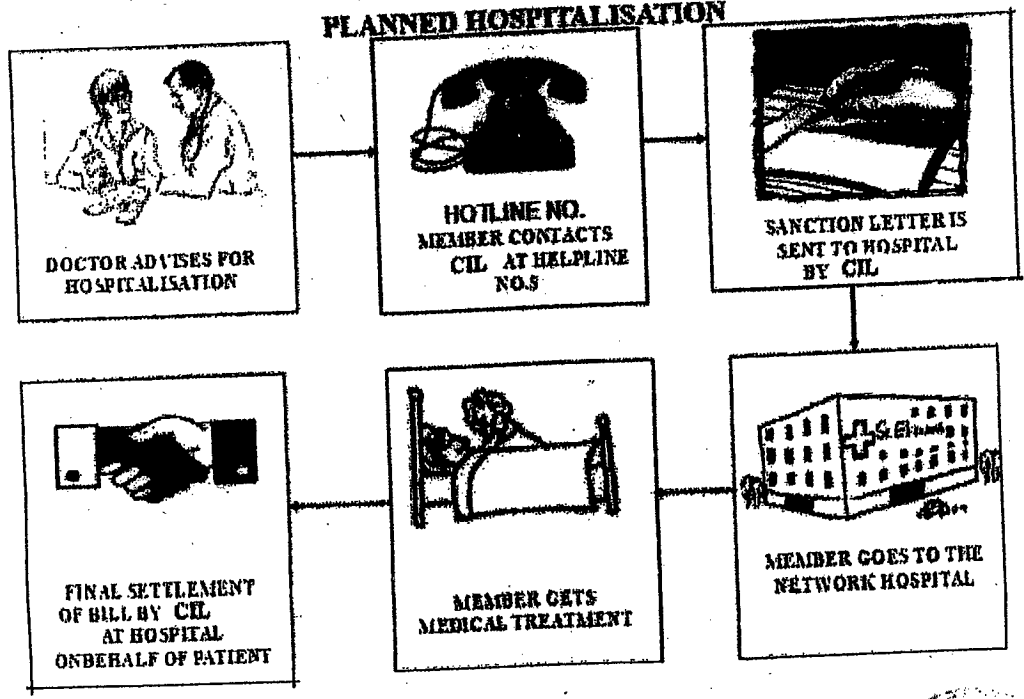
Hospitalization required for an injury/ailment or sickness which poses an immediate risk to life or health. In such instances please follow the under mentioned procedures.

- Use your CIL Membership Card to get admission.
- Inform CIL within 24 hours, after admitting to the hospital by providing the following details
 - CIL Membership card number
 - Patient Name
 - Hospital
 - Contact Details
 - Ailment

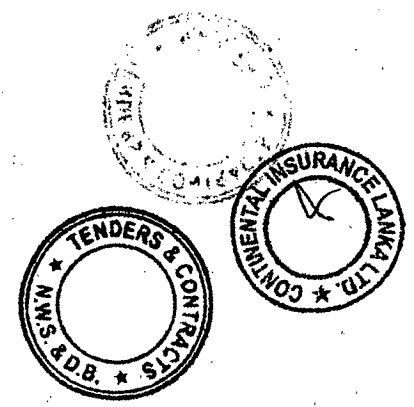
DISCHARGE FROM AN EMPANELLED HOSPITAL

- Inform CIL one hour prior to your discharge.
- Please settle the cost of inadmissible items NOT covered under the policy such as bed linen, extra meals, television, telephone, newspaper charges.
- Sign the claim form.
- Counter sign the Hospital bills and individual bills of the treating doctor/specialist regardless whether their charges are included in the hospital bill or not.

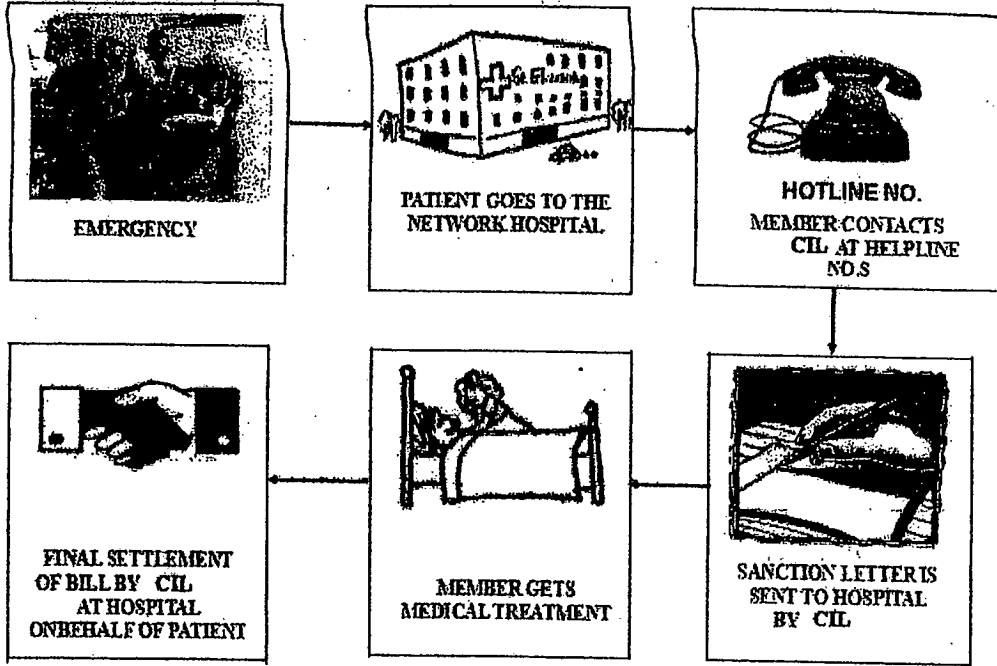
CASHLESS FACILITY PLANNED HOSPITALISATION



0106



**CASHLESS FACILITY
EMERGENCY HOSPITALISATION**



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0107



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GROUP HEALTH INSURANCE

THE POLICY SCHEDULE ATTACHING TO AND FORMING PART OF THE POLICY

Policy Number : HSHG230101000773
Name of Insured : M/S. National Water Supply and Drainage Board
Postal Address : Galle Road, Rathmalana, Sri Lanka
Client ID : 5010006748
Period of Insurance : From 01/04/2023 To 31/03/2024
Scope of Cover : As per the standard CILL "Surgical and Hospital Expenses Insurance"
Policy Wordings
Currency Type : LKR
Branch : 10
Agent : DIRECT
Sales Code : 920

PREMIUM

Basic Premium	158,943,750.00
Admin Tax	4,087,720.03
Admin Fee & Policy Fee	477,331.25
VAT (15%)	24,526,320.19
Total Payable	188,035,121.47

SECTION 01 - GROUP HEALTH INSURANCE

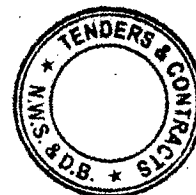
POLICY BENEFITS

Inpatient Benefits - Scheme 01

Maximum Room Charges including ICU Room Charges (per day) up to 10 days	10,000.00
Hospital and Nursing home maintenance charges including Admission fees, Surgeon's and Anesthetist's fees Consultant's and Specialist fees, Specialist services including deep therapy treatment, Radiology examination and treatment (X-ray, CT, MRI etc.) Electrical treatment, Physiotherapy and all other Medical and Surgical expenses incurred following a hospitalization including Operating theater charges.	250,000.00
Hospitalization in a non paying ward of Gov. Hospital or Gov. ayurvedic hospital (Per day) up to a maximum of 14 days (per event) payable under inpatient benefit limit	5,000.00
Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital (if such is not available in hospital and payable under inpatient benefit limit)	250,000.00
Emergency Travelling Per Event (Ambulance Charges only)	5,000.00
Birth of Twins	10,000.00
Maximum limit per event / year per Individual	250,000.00
Maximum limit per event / year per Family	250,000.00

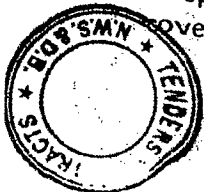
MEMBER LIST: To be advised (Total employee count 8650)

0079



POLICY EXTENSIONS :

- 1 Expenses incurred for Ayurvedic treatment obtained from
 - a. Government Ayurvedic Hospitals
 - b. Siddhalepa Hospital
 - c. Pilapitiya Ayurvedic Hospital
 - d. Gampaha Wickramarachchi - Siddhayurveda Hospital
 - e. Sugatha Rasayanagaraya Horana
- 2 Day surgeries done by general surgeon are covered within the inpatient benefit limit .Claims will be settled on reimbursement basis (List of surgeries covered as per the attached Annexure).
- 3 Cataract operations are covered within the inpatient benefit limit and maximum amount paid in respect of lense purchased is limited LKR. 50,000/- (In connection with both eyes)
- 4 Child birth is covered within the inpatient benefit limit subject to below, (Applicable for family unit (I) only)
 - Normal Delivery - 75%
 - Caesarean section - 75%
 - Forceps/vacuum delivery - 75%
- 5 Hospitalization for Dental surgeries will be entertained for surgeries under general / local anesthesia within the inpatient benefit limit up to maximum of LKR. 30,000/-
- 6 Cover for Pre & Post Hospitalization expenses incurred during the policy period - continuation of treatment Before and Following a Hospitalization related to particular ailment will be accommodated up to 30 days.
- 7 New Born babies are covered from birth, Subject to submission of Name & DOB within 03 months from birth
- 8 Expenses incurred in respect of below mentioned tests, without being admitted to the hospital recommended by a consultant are reimbursed under the inpatient benefit limit.
 - a. MRI scan
 - b. Endoscopy
 - c. Colonoscopy
 - d. Bronchoscopy
 - e. Sigmoidoscopy
 - f. CT Scan
 - g. Cystoacopy
 - h. Laparoscopy
 - i. All the investigations done with insertion of camera to the body
- 9 **Epidemic and Pandemic Cover**
 Hospitalization expenses incurred due to Epidemic and Pandemic Diseases including COVID 19 are covered within the inpatient benefit limit
 - a) Bills should be in the name of registered hospitals. and Covid 19 should be mentioned as the illness in Diagnosis card
 - b) Should be prescribed by a registered MBBS doctor. Voluntary admissions are not covered.
 - c) Expenses incurred under Hospitals, converted hospitals & MOH approved Intermediate Care Centers are covered
 - d) Expenses incurred for Self / Pure Quarantine in Hotels, non approved quarantine centers and any other similar establishments are not covered
 - e) PCR Test, Covid antigen test prescribed by a doctor following a hospitalization are covered within the inpatient limit.
- 10 Hearing aid instruments are covered under the policy up to LKR. 100,000.00 per employee and LKR.50,000.00 per dependent, Due to accident or illness subject to prescribed by a specialist/consultant
- 11 Hospitalization for eye lens transplant surgeries other than cataract surgeries (Excluding cosmetic related) are covered within the inpatient limit up to LKR. 50,000.00 per employee and LKR.20,000.00 per dependent



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(1)

Pregnancy related ailments and complications which necessitate hospitalization are covered within the inpatient benefit limit including infertility and sub-fertility treatments. (Excluding IUI, IVF & Embryo transplantation)

13 Claims will be settle inclusive of VAT amount charged, within the respective benefit limit

CRITICAL ILLNESS COVER

Surgical & Hospitalization expenses incurred in respect of Critical illnesses listed below are reimbursed under this policy on "first come, first served basis" and the cover will be active after utilization of the respective inpatient benefit limits.

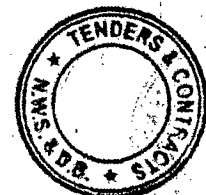
Limit of Liability - EMPLOYEE	LKR
Maximum Limit per employee / per event	1,000,000.00

Limit of Liability - DEPENDANT	LKR
Maximum Limit per dependant / per event	200,000.00

Critical illness : As per the attached Critical illnesses list and definitions

TERMS AND CONDITIONS

- 1 Geographical Limit - Sri Lanka
- 2 Age Limit
 - a. Employee - 18 to 60 years
 - b. Spouse - No age limit
 - c. Children 00 year to 21 years (Subject to Unmarried & Unemployed)
 - d. Parents - Up to 75 years
- 3 Family unit I - Consists of Insured, Spouse and Children (Maximum 04 members only)
Family unit II - Parents cover applicable only for Individual (Unmarried) staff members only
- 4 Emergency Travelling – Subject to submission of bills from a licensed ambulance service.
- 5 All claims should be lodged with the company immediately after incurring the expenses but in no event later than 60 working days. At the end of the policy period all outstanding claims including re-submissions should be submitted within 30 days
- 6 Limits cannot be upgraded in between the policy period unless due to promotion.
- 7 Should be treated for more than 04 Hours as an inward patient to claim under inpatient benefits, except for Day/OPD surgeries. Submission of Diagnosis card/Bed card is compulsory



0081

SECTION 02 - PERSONAL ACCIDENT INSURANCE

POLICY BENEFITS

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Limit of Liability - EMPLOYEE	LKR
Maximum Per Person Limit	2,000,000.00

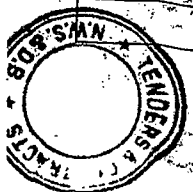
Capital Benefit - PA Cover

- 1 Accidental Death - 100%
- 2 Permanent Total Disablement - As per continental scale provided below

Extensions - PA Cover

- 1 Motorcycling
- 2 24-Hour cover & World wide Cover

TABLE OF PERMANENT DISABLEMENT	
Schedule of Permanent Disability Benefits	
(as a percentage of the Sum Insured)	
Description of Disablement	Percentage of Benefit
Loss of sight of both eyes, loss of two limbs or Loss of sight of one eye and loss of one limb	100%
Loss of sight of one eye or loss of one limb	50%
Loss of thumb	
- both phalanges	25%
- one phalanx	10%
Loss of forefinger	
- three phalanges	15%
- two phalanges	10%
- one phalanx	5%
Loss of any other finger	
- three phalanges	10%
- two phalanges	7%
- one phalanx	5%
Loss of toes	
- all	15%
- great	5%
- other than great	2%
Loss of hearing	
- both ears	75%
- one ear	15%
Not mentioned above: Compensation assessed in proportion to the degree of disability (without reference to the profession or occupation of the person insured)	
The aggregate of all percentages should not exceed 100%	



0082

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Service, redefined.



Surgical & Hospital Expenses Insurance Claim Form

Policy No :Card/membership number.....EPF/Employee No :

LIFE INSURED

- Name (in full) :
Age : Mobile/Tel No :
- Occupation (describe fully) :

DEPENDANT (in respect of whom claim is made)

- Name (in full) :
Age :

INJURY - Please State :

- Date and Place of Accident :
- Precisely how the Accident Occurred:
- Nature and Extent of Injuries :

ILLNESS - Please State

- Nature or Description of illness :
- Date of Commencement of illness :

PERIOD OF DISABILITY -

- From engaging or attending to your usual business as a result of the injury/illness From : To:
or
- Confined to house as a result of the injury /illness From : To:

GENERAL INFORMATION

1. Give the name and address of the Medical Practitioner who is, or has been attending on you for this illness or injury.	
2. Is he your usual Medical Attendant ?	
3. Has he or any other Practitioner attended on you for any illness or injury ? If so, give particulars.	
4. Have you ever had the same illness before ? If so, give particulars.	
5. Have you, during the past five years, had any illness or accident necessitating Medical attention ? If so, give particulars	
6. Have you previously suffered from sickness or accidental injury which has given rise to a claim on this Company or any other Insurer or upon any Benefit ; Society or Fund ? If so, give full particulars.	
7. Are any claims pending or are you entitled to claim upon any other Insurer, Society or Fund in respect of any illness or injury suffered by you.	

CONTINENTAL INSURANCE LANKA LIMITED
 Company Reg. No. PB 3784
 No.79, Dr. C.W.W. Kannangara Mawatha, Colombo 07. Sri Lanka.
 Tel : +94 11 5200 300 Fax : +94 11 5200 350 E-Mail : info@cilanka.com

Revision No. : 01
 Revision Date : 21/09/2020
 Customer Copy
 FO / NM / 69

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- 8. If you are undergoing treatment for the injury or illness to which this claim relates, please state :
 - (a) Nature of illness
 - (b) Nature of treatment
 - (c) Name of Hospital concerned, If any
 - (d) Names of any Consulting Specialists whose recommended treatment you are or have been receiving, giving details of the treatment concerned and other Specialist services received.

I HEREBY DECLARE that I have received the injuries above described/am suffering from illness as above described and I claim reimbursement under the above Policy in respect thereof. I hereby warrant that the above statements and facts are true and that I have not withheld from the company any material information connected with this claim.

Date
 Please do not forget to enclose all receipted bills

SIGNATURE OF CLAIMANT :

SIGNATURE OF INSURED :
 (over the Rubber Stamp if a company)

TO BE COMPLETED BY THE PATIENT'S GENERAL PRACTITIONER/PHYSICIAN/SURGEON*

- (a) Name of Patient (in full) :
- (b) Condition that necessitated investigation or treatment :
- (c) General Practitioner by whom referred :
- (d) Diagnosis of disease / ailment (USE BLOCK LETTER) :
- (e) Details of treatment or surgery and prognosis :
- (f) Please state briefly the history of injury or ailment :
- (g) Period unable to attend to usual business / occupation and / or confined to house :
 from to
- (h) State approximately when, in your opinion the ailment could have BEGAN or been CONTRACTED by the patient ?

I certify that I am the General Practitioner/Surgeon of the patient referred to above and that I approved the services for which this claim is made.

Date :
 Signature of the practitioner/physician/Surgeon
 (over the Rubber Stamp)

Name of Practitioner/Surgeon :

Qualification :

Address :

Telephone No :

* To be completed by Surgeon in all cases of surgical treatment.

2020-08

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Service redefined



PERSONAL ACCIDENT - CLAIM FORM

This statement should be completed by or on behalf of the Policy holder and the form then passed to the Medical Attendant Practitioner for completion of the Certificate over leaf before being returned to the Company.

NOTE : The issue of this form is not be taken as admission of liability

POLICY NO

1. Details of the insured

(a) Name (in full) : (c) Tel No.

(b) Address (in full) :

2. Details of Injured person

(a) Name (Mr/Ms).

(b) Relationship to insured : Self Employee others.....

(c) Occupation (describe full) Age

(d) EPF/Employee No :

3. Details of Accident

(a) Time and date of accident :

(b) Place of accident :

(c) How it occurred :

(d) Witnesses :

(e) Nature of injuries :

(f) Was the accident reported to the police (yes /no)

(g) If 'yes', Police station date.....

4. Details of Injury

(a) Name of the Doctor who attended on you immediately after the accident :

(b) How long has been the injured person disabled from engaging attending to his/her usual employment or occupation or been confined to his/her home as a result of the injury ?

Totally from to partially from to

(c) Please let us know the date on which the injured reported to work after the incident:

(d) if light duties given : (yes /no) from to Normal duties started:.....

5. Details of Other Insurance

(a) Are there any other insurance(s) covering this incident.....(yes/No)

(b) If so, state name of insurer(s)

I hereby warrant that the above statements and facts are true and I have not withheld from the insurers any material information connected with this claim.

Date :20..... Signature :

NOTE (1) PLEASE REQUEST YOUR DOCTOR TO COMPLETE THE APPROPRIATE CERTIFICATE ON THE BACK OF THIS FORM
(2) PLEASE COMPLETE ANNEXURE "A" (WHICH COULD BE OBTAINED FROM THE COUNTER) IF THIS CLAIM IS IN RESPECT OF ILLNESS

CONTINENTAL INSURANCE LANKA LIMITED

Company Reg. No. PB 3794

No.79, Dr. C.W.W. Kannangara Mawatha, Colombo 07. Tel: 011-5200-300 Fax :011-5200-211 Web : www.cilanka.com

Revisión No: 01

FOI/NM/66

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TO BE COMPLETED BY THE MEDICAL PRACTITIONER

MEDICAL CERTIFICATE

(to be furnished at the expense of the policy holder)

- 1. Name of Patient :
- 2. What injuries has the patient sustained ?
- 3. Are they consistent with accident ?
- 4. When were you first consulted ?
- 5. How long has injured person been totally or partially disabled form engaging in or attending to his/her usual business as the result of the injuries?
 - a) Totally from to
 - b) Partially fromto
- 7. Has the patient any other diseases or physical defect ?(yes/no)
 - If 'yes' (a) what is the nature.....
 - (b) To what extent may recovery be affected thereby?

Signature

(over the Rubber Stamp)

Qualification :

Address :

Phone No :

Date :



CLAIMANT'S STATEMENT FOR TOTAL PERMANENT DISABILITY

Policy Number:

1. THE ASSURED:

- (a) Full Name :
- (b) Address :
- (c) Tel. No. :

2. THE LIFE ASSURED:

- (a) Full Name :
- (b) Address :
- (c) Tel. No. :

3. DETAILS OF DISABILITY (Please tick '☐' where appropriate)

(a) The disability suffered was/is due to: Illness Accident

4. DETAILS OF ACCIDENT (If the disability is due to an accident)

- (a) Date :
- (b) Place :
- (c) Was it reported to the Police?.....

If so, please attach to this application a certified copy of the relevant entry obtained from the officer -in-charge of the police station. If the accident was not reported to the Police, please state reason

(e) Brief description of the accident:

(f) Injuries sustained (The nature of Injuries must be given in full):
.....
.....

5. DETAILS OF ILLNESS (If the disability is due to illness)

(a) Brief description of illness:

(b) Have you undergone any tests/investigations to confirm this diagnosis?
If so, please give illness:

(c) When did the symptoms first commence?.....

(d) Have you suffered from the same or any similar condition previously? If so, please provide details of physician/s consulted or hospital/s admitted to.
(Please forward any available copies of medical reports)

Name	Address	Consultation/Admission Date
.....
.....
.....

(e) Details of your regular physician/s or any other attendant/s consulted for any other disorders in the past three years.

Name	Address	Reason for Consultation
.....
.....
.....

6. DETAILS REGARDING HOSPITALISATION (For Present Disability)

- (a) Were you hospitalised? If so, where?.....
- (b) Are you still hospitalised?
- (c) If not, when were you discharged?
- (d) Were you discharged at your request?.....
- (e) If so, what was the reason for the request?.....

(Please attach hereto a photocopy of the diagnosis ticket issued by the hospital/s at which you received treatment for the injury/illness. The original ticket must be produced for inspection if the company makes such a request.)

7. GIVE DETAILS OF THE DISABILITY AND/OR DEFORMITIES THAT YOU HAVE SUSTAINED AS A RESULT OF THIS

accident or illness:

8. EMPLOYMENT/FINANCIAL DETAILS

- (a) Do you anticipate returning to work? If so, from when?.....
- (b) What aspect of your disability prevents you from following your occupation?
.....
- (c) Do you intend to seek alternative employment?.....
- (d) Please provide details of any other insurance policies under which you may receive payment for the condition?
.....

I/We the Assured/Life Assured named herein declare that the statements and answers given above are true and complete to the best of my/our knowledge and belief, and that I/we have not made any false or fraudulent statements, nor any suppression or concealment of facts.

I/We consent to the company seeking information from any medical practitioner, surgeon, hospital or clinic or from any insurance company or organisation and I/we authorise the furnishing of such information.

.....
Signature of Witness

.....
Signature of the Assured/Life Assured

Name : Date:

Address :

Attachment List

- * Diagnosis Ticket
- * Doctor's Report
- * Medical Reports
- * Laboratory Reports

2020-10-11

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LIFE ASSURANCE CLAIMANT'S STATEMENT

Death Claim No :

(To be completed in by the closest relative of the deceased and the assignee of the policy/ies)

In connection with claim under Policy No for Rs.....

On the life of Mr/Mrs/Miss

.....

(Insert full name of the deceased)

(To be completed by the closest relative)

1. Details of death

Date of death	Place of death	Age of death
.....

Cause of death

.....

Name of Hospital/ Nursing Home/ Dispensary where the deceased was treated

.....

Date of admission / dates of treatment, if not admitted to a hospital

.....

2. Has the deceased complained of any illness prior to the terminal illness. If so, please furnish us with the information called for below.

a) Names and addresses of the doctors who attended the illness/ es

.....

.....

b) Nature of complaint/s

c) Period/s of treatment

3. Details of other life insurance policies (if any) held by deceased

<u>Policy no</u>	<u>Name of insurer/Office</u>	<u>Sum Assured</u>	<u>Date of Policy</u>
.....

4. Last place of work of the life assured

a) Name of employer

b) Place of work

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5. Other particulars

- a) Was the deceased married?
- b) How many children has he/she left?
- c) Are there any minor children?
- If so, how many?.....
- d) Has/he left a will?
- e) Was the policy assigned?.....

DECLARATION

I,

(Full name of the claimant)

Aged years residing at

do hereby declare that the answers to the above questions are completed and true in each and every respect.

I hereby authorize the Continental Insurance Life Lanka Limited to obtain any information or report that may be required from the previous employer's of the deceased and from any hospital/s and attendants who have treated the deceased.

Dated atthis day of 20

Declare before me after the contents were duly read over and explained by me.

Witness

Signature
Name	Signature or left thumb
Designation	impression of the closest relative
Address	Contact no

N.B. This statement must be witnessed by a responsible person (if thumb impression is placed it must be certified by J.P., Attorney-at-Law or magistrate)

Required documents

- Diagnosis Ticket
- Last Medical Attendant Reports
- Inquest Report
- Post Mortem Report
- Medical and labs reports
- Biopsy or any other medical reports

APPROVED Empanelled Hospital List for Cashless Settlement by Continental Insurance Lanka Limited			
No	HOSPITAL NAME	LOCATION	
1	Arogya Health Care Service (Pvt) Ltd (Hospital) Tangalla	Beach Road Tangalle, Sri Lanka	Tangalle
2	Arogya Hospitals	250,Colombo Road,Gampaha	Gampaha
3	Arya Hospital Rathnapura	189 Colombo Rd, Ratnapura	Rathnapura
4	Asiri Central Hospital	114, Norris Canal Road,Maradana	Colombo
5	Asiri Hospital Galle	10,Wackwella Road,Galle	Galle
6	Asiri Hospital Kandy	907, Peradeniya Rd, Kandy	Kandy
7	Asiri Hospital Matara	191,Anagarika Dharmapala Mawatha,Matara	Matara
8	Asiri Hospital Matara (Medi House Branch)	26,Esplanade Road,Uyanwatte,Matara	Matara
9	Asiri Medical	181,Kirula Road,Narahenpita	Colombo
10	Asiri Surgical Hospital	21,Kirimandala Mawatha,Narahenpita	Colombo
11	Ave Maria Hospital	01,Ave Maria Road,Negombo	Negombo
12	Badulla Central Hospital	No,12 Ward Street Badulla, Sri Lanka	Badulla
13	Balasoorya Hospital - Chillow	No. 118a, Kurunegala Road, Puttalam	Puttalam
14	Candela Hospital (Pvt) Ltd.	No 297/1, Colombo Road, Kegalle	Kegalle
15	Dhanvanthri Hospital -Trincomalee	No. 3 Kandy Road Trincomalee, Kandy Rd, Trincomalee	Trincomalee
16	Dr Jameel Memorial Hospital	Cassim Road, Kalmunai 32300	Kalmunai
17	Dr Neville Fernando Teaching Hospital, Malabe	Millenium Drive,Off Chandrika Kumaratunga Mawatha,Malabe	Malabe
18	Durdans Medical & Surgical Hospital	3,Alferd Place, Colpetty	Colombo
19	Family Care Hospital	Hospital Junction,Nagoda, Kalutara	Kalutara
20	G V Hospital-Batticaloa	No. 35-35/2, New Road, Batticaloa	Batticaloa
21	Galle Co Operative Hospital	65,H W Amarasooriya Mawatha,Galle	Galle
22	Gampaha -Co-Operative Hospital	43,Queen Mary's Road, Gampaha	Gampaha
23	General Sir John Kotelawala Defence University Hospital	Kandawala Road, Dehiwala	Dehiwala
24	Golden Key Hospitals	511/3,Cotta Road,Rajagiriya	Colombo
25	Gomez Hospital Pvt Ltd-Avissawella	63 Avissawella Rd, Avissawella 10700	Avissawella
26	Hemas Capital Hospital Thalawathugoda	647,Pannipitiya Road,Thalawathugoda	Colombo
27	Hemas Hospitals Wattala	389,Negombo Road,Wattala	Wattala
28	Hymavathie Hospital	No 254 Kandy Road , Trincomalee (Anuradhapura Junction	Trincomalee
29	Jeewaka Private Hospital	No. 37 Horana Road, Padukka	Padukka
30	Joseph Fraser Memorial Hospital	23,Joseph Fraser Road, Colombo	Colombo
31	Kandy Nursing Homes	Anagarika Dharmapala Mawatha,Kandy	Kandy
32	Kanola Hospital	36/3 Town Hall Pl, Anuradhapura	Anuradhapura
33	Kelani Valley Hospital	2/78,Colombo Road,Avissawella	Avissawella



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APPROVED Empanelled Hospital List for Cashless Settlement by Continental Insurance Lanka Limited			
No.	Hospital Name	Address	Location
34	Kings Hospital	18/A, Muhandiram E D Dabare Mawatha, Narahenpita	Colombo
35	Kumudu Hospital (Pvt) Ltd - Matale	48, Kandy-Jaffna Highway, Matale, Sri Lanka	Matale
36	Kurunegala Central Hospital	U B Wanninayake Mawatha, Kurunegala	Kurunegala
37	Kurunegala Co Operative Hospital	303, Colombo Road, Kurunegala	Kurunegala
38	Lakeside Adventist Hospital	40, Sangaraja Mawatha, Kandy	Kandy
39	Leesons Hospital	33, Tewatta Road, Ragama	Ragama
40	Lifecare Hospitals	199, Colombo Road, Wennappuwa	Wennappuwa
41	Matara Coop Hospital	No. 195a2, Matara	Matara
42	Medihelp Hospital	172/3, Panadura Road, Horana	Horana
43	Mediland Private Hospital	Kalmunai Kudi 166 A/1, 10 Cassim Rd, Kalmunai	Kalmunai
44	Melsta Hospital Ragama	43, Mahabage Road, Ragama	Ragama
45	Miracle Health Hospital (Pvt) Ltd	223, Dambulla Road, Kurunegala	Kurunegala
46	Mobile Medicare Hospital (Pvt) Ltd	No. 665a Peradeniya Road, Kandy	Kandy
47	Nawaloka Medicare	169, Colombo Road, Negombo	Negombo
48	Nawinna Medicare Hospitals Maragama	416, High Level Road, Nawinna, Maharagama	Maharagama
49	New Delmon Hospital	258, Galle Road, Wellawatte	Wellawatte
50	New Nawaloka Hospitals	23, Deshamanya H K Dharmadasa Mawatha, Slave Island	Colombo
51	New Philip Hospitals	225, Galle Road, Kalutara	Kalutara
52	New Pioneer Hospital Pvt	91 Pioneer Rd Batticaloa	Batticaloa
53	New Suwasevana Hospital Anuradhapura	No. 396/3 Court Site, Kada 12, Anuradhapura	Anuradhapura
54	Ninewells Care Mother & Baby Hospital	55/1, Kirimandala Mawatha, Narahenpita	Colombo
55	Northern Central Hospitals	342, Palaly Road, Thirunelveli, Jaffna	Jaffna
56	Osro Hospitals, Kegalle	269, New Kandy Road, Bandaranaike Mawatha	Kegalle
57	Osro Hospitals, Mawanella	Kandy Road, Mawanella	Kegalle
58	Pannipitiya Medical Services	334/4, Hokandara Road, Moraketiya, Pannipitiya	Pannipitiya
59	Poly Clinic Private Hospital	New Town Road, Embilipitiya	Embilipitiya
60	Prabodha Hospitals Pvt Ltd	Pandukabaya Mawatha, Ampara	Ampara
61	Queensbury Hospital	91 Hirimbura Cross Rd, Galle	Galle
62	Royal Hospital	62, W A Silva Mawatha, Wellawatta	Wellawatte
63	Ruhunu Hospital	Karapitiya, Galle	Galle
64	Ruhunu Medi Hospital Hambantota (Pvt) Ltd	No. 23 Barack Street, Hambantota	Hambantota
65	Sachithra Hospital - Panadura	No. 76 Horana Road, Panadura	Panadura
66	Santa Dora Hospital	173, Pannipitiya Road, Battaramulla	Battaramulla
67	Sethma Hospitals	36, Queen Mary's Road, Gampaha	Gampaha
68	Sethsevana Hospital	226, Colombo Road, Kurunegala	Kurunegala

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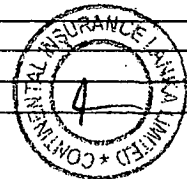
APPROVED Empanelled Hospital List for Cashless Settlement by Continental Insurance Lanka Limited

No.	HOSPITAL NAME	ADDRESS	LOCATION
69	Siddhalepa Ayurveda Hospital (Pvt) Ltd	No. 106 A , Templers Road, Dehiwala , Mount Lavinia	Mount Lavinia
70	Singhe Hospitals	362,Colombo Road,Ratnapura	Rathnapura
71	Siyasi Hospitals	132/3,Hettipola Road,Kuliyapitiya	Kuliyapitiya
72	Southern Lanka Hospitals (Pvt) Ltd	No. 144 ,Beliatta Road,Tangalle	Tangalle
73	Sri Jayewardenepura General Hospital	Tbalapathpitiya, Nugegoda	Colombo
74	Suwa Shanthi Hospital (Pvt) Ltd	No. 11 Maithripala Senanayake Main Street, Anuradhapura	Anuradhapura
75	Suwasevana Hospitals	532,Peradeniya Road, Kandy	Kandy
76	The Lanka Hospitals Corporation	578,Elvitigala Mawatha,Narahenpita	Colombo
77	Venus Nursing Home	28th Mile Post,Kaduruwela,Polonnaruwa	Polonnaruwa
78	Winlanka Hospital (Pvt) Ltd.	No.55,49 Ananda Rajakaruna Mawatha,Colombo 01	Colombo
79	Winsetha Hospitals (Pvt) Ltd.	No. 129 S De S Jayasinghe Mawatha, Kohuwala	Nugegoda
80	Nuwaraeliya Co Operative Hospital	01,Kena Road,Nuwara Eliya	Nuwara Eliya



APPROVED HOSPITAL LIST
(Hospitals approved for Reimbursement basis on Indoor Treatment)

No	HOSPITAL NAME	ADDRESS
1	Arogya Health Care Service (Pvt) Ltd (Hospital) Tangalla	BEACH ROAD TANGALLE, SRI LANKA
2	AROGYA HOSPITALS	250, COLOMBO ROAD, GAMPAHA
3	ASIRI MEDICAL	181, KIRULA ROAD, NARAHENPITA
4	ASIRI HOSPITAL MATARA	191, ANAGARIKA DHARMAPALA MAWATHA, MATARA
5	ASIRI HOSPITAL MATARA (MEDI HOUSE BRANCH)	26, ESPLANADE ROAD, UYANWATTE, MATARA
6	ASIRI SURGICAL HOSPITAL	21, KIRIMANDALA MAWATHA, NARAHENPITA
7	AVE MARIA HOSPITAL	01, AVE MARIA ROAD, NEGOMBO
8	ASIRI HOSPITAL GALLE	10, WACKWELLA ROAD, GALLE
9	ASIRI HOSPITAL KANDY	907, PERADENIYA RD, KANDY
10	BADULLA CENTRAL HOSPITAL	NO, 12 WARD STREET BADULLA, SRI LANKA
11	MELSTA HOSPITAL RAGAMA	43, MAHABAGE ROAD, RAGAMA
12	CENTRAL HOSPITAL	114, NORRIS CANAL ROAD, MARADANA
13	DR NEVILLE FERNANDO TEACHING HOSPITAL, MALABE	MILLENIUM DRIVE, OFF CHANDRIKA KUMARATUNGA MAWATHA, MALABE
14	DURDANS MEDICAL & SURGICAL HOSPITAL	3, ALFERD PLACE, COLPETTY
15	FAMILY CARE HOSPITAL	HOSPITAL JUNCTION, NAGODA, KALUTARA
16	GALLE CO OPERATIVE HOSPITAL	65, H W AMARASOORIYA MAWATHA, GALLE
17	Gampaha -Co-operative Hospital	43, QUEEN MARY'S ROAD, GAMPAHA
18	GOLDEN KEY HOSPITALS	511/3, COTTA ROAD, RAJAGIRIYA
19	Gomez Hospital Pvt Ltd -Avissawella	63 AVISSAWELLA RD, AVISSAWELLA 10700
20	HEMAS CAPITAL HOSPITAL THALAWATHUGODA	647, PANNIPITIYA ROAD, THALAWATHUGODA
21	HEMAS HOSPITALS WATTALA	389, NEGOMBO ROAD, WATTALA
22	JOSEPH FRASER MEMORIAL HOSPITAL	23, JOSEPH FRASER ROAD, COLOMBO
23	KANDY NURSING HOMES	ANAGARIKA DHARMAPALA MAWATHA, KANDY
24	KELANI VALLEY HOSPITAL	2/78, COLOMBO ROAD, AVISSAWELLA
25	KUMUDU HOSPITAL (PVT) LTD - Matale	48, KANDY-JAFFNA HIGHWAY, MATALE, SRI LANKA
26	KURUNEGALA CO OPERATIVE HOSPITAL	303, COLOMBO ROAD, KURUNEGALA
27	LAKESIDE ADVENTIST HOSPITAL	40, SANGARAJA MAWATHA, KANDY
28	LEESONS HOSPITAL	33, TEWATTA ROAD, RAGAMA
29	LIFECARE HOSPITALS	199, COLOMBO ROAD, WENNAPUWA
30	MEDIHELP HOSPITAL	172/3, PANADURA ROAD, HORANA
31	MIRACLE HEALTH	223, DAMBULLA ROAD, KURUNEGALA
32	NAWALOKA MEDICARE	169, COLOMBO ROAD, NEGOMBO
33	NAWINNA MEDICARE HOSPITALS MARAGAMA	416, HIGH LEVEL ROAD, NAWINNA, MAHARAGAMA
34	NEW DELMON HOSPITAL	258, GALLE ROAD, WELLAWATTE
35	NEW NAWALOKA HOSPITALS	23, DESHAMANYA H K DHARMADASA MAWATHA, SLAVE ISLAND
36	NEW PHILIP HOSPITALS	225, GALLE ROAD, KALUTARA
37	NINEWELLS CARE MOTHER & BABY HOSPITAL	55/1, KIRIMANDALA MAWATHA, NARAHENPITA
38	NORTHERN CENTRAL HOSPITALS	342, PALALY ROAD, THIRUNELVELI, JAFFNA
39	NUWARAELIYA CO OPERATIVE HOSPITAL	01, KENA ROAD, NUWARA ELIYA
40	OASIS HOSPITAL	18/A, MUHANDIRAM E D DABARE MAWATHA, NARAHENPITA
41	OSRO HOSPITALS, KEGALLE	269, NEW KANDY ROAD, BANDARANAIKE MAWATHA
42	OSRO HOSPITALS, MAWANELLA	KANDY ROAD, MAWANELLA
43	PANNIPITIYA MEDICAL SERVICES	334/4, HOKANDARA ROAD, MORAKETIYA, PANNIPITIYA
44	POLY CLINIC PRIVATE HOSPITAL	NEW TOWN ROAD, EMBILIPITIYA
45	PRABODHA HOSPITALS PVT LTD	PANDUKABAYA MAWATHA, AMPARA
46	ROYAL HOSPITAL	62, W A SILVA MAWATHA, WELLAWATTA
47	RUHUNU HOSPITAL	KARAPITIYA, GALLE
48	SANTA DORA HOSPITAL	173, PANNIPITIYA ROAD, BATTARAMULLA
49	SETHMA HOSPITALS	36, QUEEN MARY'S ROAD, GAMPAHA
50	SETHSEVANA HOSPITAL	226, COLOMBO ROAD, KURUNEGALA
51	SINGHE HOSPITALS	362, COLOMBO ROAD, RATNAPURA
52	SIYASI HOSPITALS	132/3, HETTIPOLA ROAD, KULIYAPITIYA
53	SRI JAYE WARDENEPURA GENERAL HOSPITAL	THALAPATHPITIYA, NUGEGODA
54	SUWASEVANA HOSPITALS	532, PERADENIYA ROAD, KANDY
55	THE LANKA HOSPITALS CORPORATION	578, ELVITIGALA MAWATHA, NARAHENPITA
56	VENUS NURSING HOME	28TH MILE POST, KADURUWELA, POLONNARUWA
57	SIDDHALEPA	No. 106 A, TEMPLERS ROAD, DEHIWALA, MOUNT LAVINIA
58	NEW SUWASEVANA HOSPITAL ANURADHAPURA	No. 396/3 Court Site, Kada 12, Anuradhapura
59	Aloka Private Hospital	Ratnapura
60	Abisha Private Hospital	1st Lane, Kandy Road, Vauniya
61	Central Dispensary & Nursing Home Ltd	Anagarika Dharmapala Mawatha, Matara
62	Central Hospital	# 70, Kaluwella, Galle



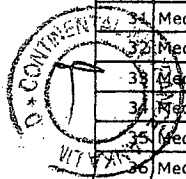
63	Central Hospital	Colombo Road, Vehera, Kurunegala
64	Central Hospital	Cocowatta Road, Badulla
65	Central Hospital & Maternity Home (Pvt) Ltd	# 12, Vidyalam Road, Trincomalee
66	Central Nursing Home	# 16, Fernando Avenue, Negambo
7	Celinco Healthcare Centre	# 60, Park Street, Colombo 02. Tel 0115 374374
68	Central Nursing Home	Pallai Road, Tirumalweli, Jaffna
69	Cinnamon Gardens Hospital	# 67, Gregory's Road, Colombo 07
70	Co - operative Hospital	# 223, Kumarathunga Mawatha, Matara
71	Co - operative Hospital	Colombo Road, Kadurugashandiya, Kurunegala
72	Co - operative Hospital	Wakwella Road, Galle
73	Co - operative Hospital (People)	# 378, Georage R De Silva Mawatha, Colombo 13
74	Co - operative Hospital Society Ltd.	# 43, Queens Marry's, Galle
75	Danawanthari Hospital	Kandy Road, Trincomalee
76	Dehiwala Medical center	Anagarika Dharmapala Mawatha, Dehiwala
77	Dissanayake Hospital (Pvt) Ltd.	# 298, Colombo Road, Negambo
78	Gamage Hospital	# 121D, Pelegoda Road, Medirigama, Mawanella
79	Gampaha Co - operative Hospital	# 43 Marybisso Mawatha, Gampaha
80	Golden Key Eye and ENT Hospital	# 511/3, Cotta Road, Rajagiriya
81	Gomez Hospital (Pvt) Ltd	# 63, Colombo Road, Awissawella
82	Gunaratne Hospital	Main Street, Kuliypitiya
83	G.V.Hospital	# 35, 35/2, New Road, Batticaloa
84	Holy cross Health Centre	New Road, Koiyathotam, Jaffna
85	Ideal Hospital	Park Road, Nuwara Eliya
86	Jaffna (Pvt) Hospital	Nawala Road, Jaffna
87	Jeewaka Nursing Home	M.D.H.Jayawardena Mawatha, Padukka
8	Kadawatha Clinic	# 338/2, Kandy Road, Kadawatha
89	Kaleels Maradana Nursing Home Ltd.	# 193, 1st Division Colombo 01
90	Kegalle (Pvt) Hospital	Main Street, Kegalle
91	Kuwait Hospitals	# 138, Nedunkulam, Puttalam
92	M.K.Hospitals (Pvt) Ltd.	# 147, Kandy Road, Gampola
93	Matara Nursing Home	# 76, Kumarathunga Mawatha, Matara
94	Medicare Hospital (Pvt) Ltd	# 55, Ananda Rajakaruna Mawatha, Colombo 10
95	Mediwest Private Hospital Ltd.	Dambulla Road, Ibbagamuwa
96	Modarawila Medical Services (Pvt) Ltd	# 708/1, Galle Road, Nalluruwa, Panadura
97	Mohotti Hospital (Pvt) Ltd	# 10, Spencer Road, Matara
98	Moneragala Nursing Home	Pothuwill Road, Moneragala
99	Nawalapitiya Nursing Home	# 88, Theatre Road, Nawalapitiya
100	Nawinna Hospital	Circular Road, Kurunegala
101	Neptune Nursing Home	# 186, Park Road, Colombo 5
102	New Lanka Hospital (Pvt) Ltd	# 9, Bambalapitiya Drive, Colombo 4
103	Nursing Home & Diulapitiya Health Care	Diulapitiya
104	Osro Hospital (Pvt) Ltd	Kandy Road, Mawanella
105	Panadura Hospital (Pvt) Ltd	# 615, Galle Road, Panadura
106	Panadura Nursing Home (Pvt) Ltd	# 532, Galle Road, Panadura
107	Pannipitiya Nursing Home	Moraketiya Junction, Pannipitiya (Same : 334/4, Hokandara Rd, Pannipitiya)
108	Park Hospitals (Pvt) Ltd	# 186, Park Road, Colombo 5
109	Path Lab (Pvt) Ltd	Gajaba Mawatha, Gampaha
110	People Hospital	Mahabage
111	Private Hospital (Mohotti)	Uyanwatta, Gampaha
112	Ratnam (Pvt) Hospital	# 227, Union Place, Colombo 2
113	Royal Hospital	Kada Dolaha, High Courts, Anuradhapura
114	Seth Suwa Sewaya	# 9, Hakmana Road, Matara
115	Sethma Hospitals (Pvt) Ltd.	# 36, Queen Mary's, Gampaha
116	Shanthy Clinic	Vauniyawa
117	Siddhalepa Hospital	# 106 A, Templers Road, Mt.Javinia
118	Silava Hospital	Matara
119	Sirisanda Samupa Suwasevana Hospital	Negambo Road, Nittambuwa
120	St.Anne's Nursing Home	# 10, De Krester Place, Colombo 4
121	St.Anne's Nursing Home	Church Road, Marawila, Tel No - 032-2254299
122	St.Mary's Nursing Home & Dispensary	# 43 Fort Street, Chilaw
123	St.Michael's Nursing Home	# 4, Alfred House Gardens, Colombo 3
24	Sugatha Rasayanagaraya	Anguruwatota, Horana
125	Sugatha Rohala	# 138/6, Anguruwatota, Horana
126	Suwa Medura Hospital	Godage Mawatha, Anuradhapura
127	Suwa Sewana (Pvt) Hospital.	Wewala, Horana

128	Suwa Sewana Hospitals (Pvt) Ltd.	# 532, Peradeniya Road, Kandy
129	Suwabawana Hospital	Gampola
130	Suwa Shanthi Hospital (Pvt) Ltd.	# 11, Main Street, Anuradhapura
131	The Gardens Maternity & Nursing Home	# 34,35, Grandpass Road, Colombo 14
132	Ward Place Private Hospital	# 2, Sulchasthan Gardens, Colombo 7
133	Washington Tissera Nursing Home	Puttalam Road, Chilaw
134	Wattala Private Hospital Ltd.	# 279, Negambo Road, Wattala
135	Western Infirmary (Pvt) Ltd.	# 218, Cotta Road, Colombo 8
136	Wimalasooriya Hospital (Pvt) Ltd.	Negambo Road, Nittambuwa
137	Yarl Hospital	Jaffna
138	Health Links (Pvt) Ltd	No 334/4 Hokandara Road, Moraketiya, Pannipitiya
139	Suwamedura (Pvt) Ltd	No 35, Jayathilaka Mawatha, Panadura / # 36, Susantha Mawatha, Panadura
140	Lifecare Hospital (Pvt) Ltd	No : 199, Colombo Road, Wennappuwa
141	AND ALL OTHER GOVERNMENT REGISTERED HOSPITALS	



UNAPPROVED HOSPITALS / NURSING HOMES / MEDICAL CENTRES

NO	Name of Hospital	Address & Telephone No.	Consultants
1	Anvis Medical Centre Clinic Diagnostic & Laboratory	Kolonnawa Road, Colombo 09	
2	Asian Channeling Home	No 58, Stace Road, Grandpass, Colombo 14	
3	Ayurveda Beheth Shalawa	Thudugala Road, Dodangoda	
4	Ayurveda Beheth Shalawa	Hanhamunuwa, Maspotha	
5	Ayurveda Dispensary	Gaspaha Junction, Colombo 12	Dr. S D Surabiyal reg no 2073
6	Ayurvedic Dispensary	P13, Lesley Ranagala Mawatha, Borella	Dr. S A D R Dissanayake
7	Bandaranayake Hospital (Pvt) Ltd.,	128 A, Maimbulla Road, wathupitiwala	
8	Beheth Shalawa	Batagama North, Ja-Ela	
9	Borella Private Hospital	75, Cotta Road, Colombo 08	Dr. V. Kanapathipillai
10	Carlton Clinic	8A, Andris Silva Mawatha, Rawathawatta, Moratuwa	DR. (MAJOR) PRIYAN SENEVIRATNE SLMC REG NO. 1215
11	Central Clinic, Central Pharmacy & Grocery	No 21 1/1, High Level Road, Maharagama	
12	Central Dispensary & Surgery	No 106, Sri Somananda Road, Horana	DR, RANJITH BARANAGE CMC REG. NO.4592
13	Central Nursing Home	145, Sea Street, Negombo tel:031 - 2221705	
14	Chinthaka Pharmacy & Grocery	No 113, Hambantota Road, Tissamaharamaya	
15	Disala Suwa Sewa	MENIKGODA, NAUTHTHUDUWA, MATUGAMA	DR. D R DISSANAYAKE SLMC NO. 16441
16	Dispensary & Surgery	Horana Rd, Neboda	Dr. Dhanasiri Malliyawadu (REG No.8419)
17	Dolawatte Private Hospital & Co.	Incorrect address provided.	
18	Dr Dhammika Jayasuriya		
19	Dr Dhammika Jayasuriya	No 74, Ambagamuwa Road, Gampola	
20	Grandpass Medical Centre	Colombo 14, Residence; No 475/6, Elvitigala Mw.narahenpita, col	DR. W G DISSANAYAKE REG. NO.6822
21	Health Care Medical	No 07, Sri Gunananda Mawatha, Colombo 13	DR. M S F MOHAMED REGISTERED MEDICAL OFFICER SLMC REG. NO.800
22	Horana Medi Clinic And Laboratory	98C, Somananda Road, Horana	DR. L D ATTYGALLE CMC REG. NO.7224 DR. M D M A ATTYGALLE CMC REG. NO.7273
23	Horana Private Hospital	132/24, Anguruwatota Road , Horana	Dr Vajira Perera
24	K F Medical Centre	No 86, Colombo Road, Malwana	DR. KIYAMUDEEN A SAMAD REG.NO.16610
25	Kolonnawa Nursing Home	595, Kolonnawa Rd., Kolonnawa 25721234	Dr Nalin Kumudu Arshobodha
26	Madanayake Pharmacy	Hambantota Road, Tissamaharamaya	
27	MAHARAGAMA NURSING HOME	Maharagama	
28	Makola Clinic (Dispensary & Surgery)	No 278, Delgoda Road, Makola & Sapugaskanda Road, Makola Sc	DR. H P G G DE ALWIS MBBS, DAMS, RAMP, MACF
29	Manthiri Nursing Home	98, Chilaw Road, Negombo , 031- 22131	Dr.W A Fernando
30	Mattakkuliya Hospital (Pvt) Ltd	152/A, Centre Road, Colombo 15	
31	Medi Care	Main Street, Bandarawela	DR. GAYANTHA WADUGE SLMC. NO.17609
32	Medi Clinic	102-171, Maththegoda Watte, maththegoda	Dr.harsha Aluthge
33	Medi Clinic	175, Kumaradola Road Monaragala	Dr.harsha Aluthge
34	Medi Trust Hospital (Pvt) Ltd	769/A, Tewatta Road, Ragama	Dr. D Y Saranatilaka
35	Medical Centre	No. 98, Haputale Road, Wellawaya	Dr. S Ketheswarenpillai
36	Medical Centre	Domabagoda, Horana Kethhena Junction, Kethhena, Horana	DR. K D ROSHAN JAYAWARDENE REG. NO.17524
37	Medical Centre	No 24 1/1, Main Street, Ratnapura	DR. J H SOMAWEERA REG. NO. 7988 DR. C I JAYASEKERA REG. NO.9994



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38	Medical Centre	Wahugahapitiya, Pussellawa	DR. A POONKUNTRANAR REG. NO.1640
39	Medical Centre	No 1168/4A, Dalupitiya Road, Hunupitiya, Wattala	DR. S L M JAVAHIR REG. NO.8258
40	Medical Centre	Raja Mawatha, Ekala	DR. K L U SHANTHA (S LOKUGE) REG. NO. 10630
41	Medical Centre	Narthupana Junction, Thebuwana	DR. MRS. N. AMARATHUNGA SLMC REG. NO.2911
42	Medical Centre & Aluthgama Medi Lab	No 358, Galle Road, Aluthgama	
43	Millenium Nursing Home	Erawalapitiya Junction, Hendala Road, wattala, 2947570 / 294757	Dr s Wijayarajan
44	MOH WELLAWAYA		DR.CHANDRATHILAKE YAPA REG. NO.10536
45	NAVINNA MEDICARE HOSPITAL	416, High Level Road ,Nawinna, Maharagama	DR. SARATH RATNAYAKE
46	Neth Roo Opticians	S35, Lake Road, Boralesgamuwa	(PA EDDIE PERERA) REG NO. W J 87
47	New Medicare Hospital	Katunayake	
48	Nugegoda Nursing Home	Nugegoda	
49	Nugegoda Nursing Home & Medl Lab - Nugegoda	182, High Level Road, Nugegoda	
50	Pearl Hospital Ltd & Pearl Medics	562-A & 568, Aluth Mawatha Road, Colombo 15	
51	Pearl Medical Services (New pearl medics)	94,92,Church Street,Colombo 02	DR. S. KIRUBALASUNDARAM REG. NO. 5727
52	Peoples Dispensary	Salgas Junction Warakagoda Neboda	Dr. G D J Subasinghe & DR D L Gamage
53	Peoples Dispensary	Polegoda, Mahagama	Dr. K D Karunasena
54	Peoples Medical Centre Medical Centre & Surgery	Mile Post, High Level Road Wijerama Nugegoda	Dr. Sarath Ratnayake
55	Rajagiriya Nursing Home (Pvt) Ltd	11/3, Park Lane, Welikada, Rajagiriya Tel: 2864501	Dr. R. Jayasinghe
56	S A Vision Opticals	27/132, Nahena Hunupitiya, Wattala	
57	Sahan Private Hospital and Laboratory	663/2, Kandy Road, Kelaniya	
58	SETHSAHANA PRIVATE NURSING HOME	Horana	
59	Singhe Pharmacy	No 56, M R Thasim Mawatha, Hambantota	
60	Sinhala Beheth Awushadalaya	No 210, Ihala Karagahamuna Kadawatha	
61	Sri Jeewananda Beheth Shalawa	Maddawatte, Katana	
62	Sri Medical Dispensary & Surgery	No 65/B, St. Joseph's Street, Colombo 14	DR. S PATHMANATHAN REG. NO.1389
63	Sunil Athukorala Opticals	Borella United Plaza Baseline Road Borella	
64	Suwa Medura Hospital		
65	Suwa Medura Medical Centre	Hospital Road, Wettewa, Matugama	
66	Suwa Sahana Medical Centre	Base Hospital, Tissamaharamaya	
67	Suwa Sevana Medical Centre	Kaduruwela	DR. S B NIRIELLA MEDICAL OFFICER S L M C REG NO.16641)
68	Suwa Shanthi Hospital	Anuradhapura	
69	Suwabawana Hospital	Gampola	
70	Suwana Private Hospital	16, Kurunegala Road, Chilaw Tel: 032-2220500/501	Dr. Imtiaz Ismail, Consult Surgeon, Gen Hospital Chilaw
71	Suwasetha Medical Centre	7/5, Nakkala Junction Monaragala	Dr. Harsha Aluthge
72	Suwasevana Dispensary	No 29, Sri Sudarshana Mawatha, Matugama	
73	Suwasevana Medical Clinic	MOH, Madurawala	Dr. Wasantha Perera Reg .No.15838
74	Suwavimana Hospital (Pvt) Ltd	No. 11, Negombo Road, Katuneriya	Dr. D Thennakoon
75	Uda Lahu Opticians	361/A, New kandy Road Delgoda	
76	Uva Private Hospital	98, Haputale Road Monaragala	Dr. Ketheswaram Pillai
77	Walauwatta Dispensary	Malwana	Dr.D A Jayatilake (RMP NO.5304)
78	Warakagoda Medical Centre	Horana Mathugama Road, Warakagoda	DR. M H ILLIYAS REG. NO. ZAP-005-1299 DR. M H M HILUAB

ALL Branch Network (District Wise)

District	Branch	Address	Contact No
COLOMBO	AVISSAWELLA	No: 79A/1/2, Rathnapura Road, Avissawella	0367609600
	CENTRAL PROCESSING CENTRE	No: 96 A, Dutugemumu Mawatha, Kohuwala	0115200600
	CITY OFFICE	No: 79, Dr. C W W Kannangara Mawatha, Colombo 07	0115200300
	CORPORATE OFFICE	No: 79, Dr. C W W Kannangara Mawatha, Colombo 07	0115200300
	PILIYANDALA	No: 78/1, High Level Road, Homagama	0766481508
	HOMAGAMA	No: 78/1, High Level Road, Homagama	0117930998
KALUTARA	COLOMBO SOUTH	No.96 A, Dutugemumu Mawatha, Kohuwala	0115232155
	ALUTHGAMA	No: 48, Elpitiya Road, Ambalangoda	0915630846
	KALUTARA	No.309, Ground Floor, Galle Road, Kalutara South	0347650012
	PANADURA	No: 509, Galle Road, Panadura	0385674114
	MATHUGAMA	No.309, Ground Floor, Galle Road, Kalutara South	0347650012
GAMPAHA	HORANA	No: 509, Galle Road, Panadura	0345624225
	GAMPAHA	No: 163, Ja-Ela Road, Gampaha	0337857800
	KIRIBATHGODA	No:102, Second Floor, Kandy Road, Kiribathgoda	0115232057
	NEGOMBO	No: 393/12, Negombo Plaza Shopping Complex, Main Street, Negombo	0315676653
AMPARA	WATTALA	No: 678 B, 1st Floor, Negombo Road, Mabola, Wattala	0115288240
	JA-ELA	No: 678 B, 1st Floor, Negombo Road, Mabola, Wattala	0765593098
ANURADHAPURA	KALMUNAI	No:23, Amman Kovil Road, Kalmunai	0677501177
	ANURADHAPURA	No: 521/1, Maithripala Senanayake Mawatha, New Bus Stand, Anuradhapura	0257596600
	MADAWACHCHIYA	No: 521/1, Maithripala Senanayake Mawatha, New Bus Stand, Anuradhapura	0257596600
	NOCHCHIYAGAMA	No: 521/1, Maithripala Senanayake Mawatha, New Bus Stand, Anuradhapura	0762054336
BADULLA	THAMBUTHHEGAMA	No: 521/1, Maithripala Senanayake Mawatha, New Bus Stand, Anuradhapura	0255623888
	BADULLA	No: 20, R H Gunawardena Mawatha, Badulla	0555632556
	BANDARAWELA	No. 258, Nandanas, 2nd Floor, Badulla Road, Bandarawela	0577267200
BATTICALOA	MAHIYANGANAYA	No:2/18,Padiyathalawa Road,Mahiyanganaya	0557389002
	BATTICALOA	No: 22, Station Road, Batticaloa	0655700701
GALLE	AMBALANGODA	No: 48, Elpitiya Road, Ambalangoda	0915630846
	GALLE	No: 372, Matara Road, Galle	0917596677
	ELPITIYA	No 48, Elpitiya Road, Ambalangoda	0915630846
HAMBANTOTA	AMBALANTOTA	No: 57, 1st Floor, Main Street, Ambalantota	0477807800
	TANGALLE	No: 18, Lanka Bell Building, Beliatta Road, Tangalle	0477807877
	THISSAMAHARAMAYA	No: 57, 1st Floor, Main Street, Ambalantota	0475006100
JAFFNA	JAFFNA	No:149A, KKS Road, Jaffna	0215675533
KANDY	KANDY	No:140/1, D S Senanayaka Street, Kandy	0817611700
	GAMPOLA	No: 190, Kandy Road, Gampola	0817760700
KEGALLE	KEGALLE	No: 440 B, Kandy Rd, Kegalle	0357609600
	WARAKAPOLA	No : 02, Meerigama Road, Warakapola	0357267277
KURUNEGALA	KURUNEGALA	No: 87, First Floor, Colombo Road, Kurunegala	0375646475
	KULIYAPITIYA	No: 115/1, Kurunegala Road, Kuliypitiya	0375556575
	NIKAWERATIYA	No : 193/B, Puttalam Road, Nikawaratiya	0375552250
	NARAMMALA	No: 115/1, Kurunegala Road, Kuliypitiya	0375556575
MATALE	DAMBULLA	No : 447, Kurunegala Junction, Dambulla	0665100400
	MATALE	No : 19, Main Street, Matale	0665679236
MATARA	MATARA	No: 211/2/1, Anagarika Darmapala Mawatha, Nupe, Matara	0417760700
MONARAGALA	MONARAGALA	No: 27/1, Pothuvil Road, Monaragala	0555636222
NUWARA-ELIYA	NUWARA ELIYA	No: 86, Kandy Road, Nuwaraeliya	0527609600
	HATTON	No: 131, Dimbulla Road, Hatton	0517609600
POLONNARUWA	POLONNARUWA	No: 419, C/1, 1st Floor, Main Street, Kaduruwela	0275676730
	HIGURAKGODA	No: 12, Govi Mawatha, Hingraskoda	0275678584
PUTTALAM	CHILAW	No: 66, Kurunegala Road, Chilaw	0327472200
	PUTTLAM	No: B/102, Kurunegala Rd, Puttlam	0327609600
	WENNAPPUWA	No. 66, Kurunegala Road, Chilaw	0325743000
RATNAPURA	EMBILIPITIYA	No: 49, Main Street, Embilipitiya	0477807899
	RATNAPURA	No: 49/1/1, 1st Floor, Senanayake Mawatha, Ratnapura	0457596600
	BALANGODA	No: 49, 1st Floor, Senanayake Mawatha, Ratnapura	0767961614
TRINCOMALEE	TRINCOMALEE	No. 233, Main Street, Trincomalee	0265675750
VAVUNIYA	VAVUNIYA	No: 50 A, 2nd Cross Street, Vavuniya	0245678678



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with effect from 01/04/2023 00.01 am for further period of one year.

Coverage : As per the attached Surgical & Hospital Expenses and Personal accident Insurance policy and Life Insurance po

Please share our hotline number for claim intimation or any other inquiry with all Employees.

Hotline number - 011 5 200 700

If you require further assistance on claims related matters ,you may contact below personals.

- ✓ 1. Medical - 0115 200 610 (Thilanka Perera), Email : mediclaims@cilanka.com
- ✓ 2. Personal Accident - 0115 200 637 (Dilhan Fernando) ,Email : nmc2@cilanka.com
- ✓ 3. Life - 0115 200 230, Email: claim@cilankalife.com

For underwriting matters,please direct all your emails to following email ID.

- ✓ Email : medicaluw@cilanka.com
- ✓ Contact Person : Janinda Rambukpotha
- ✓ Contact Number : 011 5 200 700 (Ext.704)

Also kindly send us the duly completed proposal forms (as attached) and below documents to proceed further.

- 1. Complete member list together with the bank account details(as per the attached format)
- 2. Business registration or similar number
- 3. VAT / SVAT registration copy [if any]

Further Kindly share with us your Branch List as discussed at the meeting.

We will send you the all other supporting documents including claim forms ,Hospital Lists & Claim procedures through a ser