

## QUOTATION

<b>Participant</b>	: Dr. /Mr. /Mrs. /Ms.
<b>Takaful Certificate</b>	: Surgical and Hospitalisation Plan.
<b>Period of Certificate</b>	: One year.
<b>Geographical Limits</b>	: Within Sri Lanka only.
<b>Waiting Period</b>	: Due to illness / sickness - 30 days Due to accident - NIL
<b>Coverage</b>	: Reimbursement of Hospital bills incurred, treatment of an ailment as an indoor patient in hospital, where the treatment require hospitalization

Details	Scheme 01	Scheme 02	Scheme 03	Scheme 04	Scheme 05
Annual Sum Insured	100,000	200,000	300,000	500,000	1,000,000
Pre-existing Limit per annum (Covered from 2 <sup>nd</sup> year onwards)	100,000	200,000	300,000	350,000	400,000
Entry Age Limit	73	73	73	73	73
Minimum Age	55	55	55	55	55
Maximum Room Limit - per day for 21 days annually	5,000	6,000	7,000	9,000	12,000
Ambulance Charges per event	2,000	2,500	3,000	5,000	7,500
Non Paying Ward - per day for 21 days annually	2,000	2,500	3,000	3,500	4,000
Outside drugs/tests whilst in Non Paying Ward	2,000	3,000	4,000	10,000	15,000
Home Nursing allowance per day for 10 days annually	1,250	1,500	1,750	2,500	3,500
Special Wheel Chair grant – life time limit	10,000	10,000	10,000	15,000	
Cataract and related ailments - Sub-Limit (covered from 2 <sup>nd</sup> year)	30,000 life time limit			50,000 life time limit	
Deductible on each claim	10%	10%	10%	10%	10%
Annual Premium (Option 01)	15,000	30,000	45,000	70,000	125,000
Deductible on each claim	20%	20%	20%	20%	20%
Annual Premium (Option 02)	12,000	24,000	36,000	55,000	100,000

**The above Contributions are inclusive of all Taxes.**

**No change of schemes/slabs during cover or renewal time.**

## CLAIM PROCEDURE

Claim form should be duly completed by the claimant and should be submitted to Amana Takaful along with the documents listed below. Within 21 days from the date of discharge from hospital

- ◆ Diagnosis card
- ◆ Original Bills - Detailed bill for Medication & Drugs / Detailed bill for Investigations & Lab charges are a requirement for payment of the claim.
- ◆ Claim form completed by the Client and the Doctor.

## SUMMARY OF EXCLUSIONS

Benefits will not be paid for the following.

1. If treatment has not been obtained from a Registered Medical Practitioner (MBBS / MD) at a Hospital and if treatment is not in keeping with the Diagnosis for which hospitalization was required.
2. Treatment obtained outside the geographical limits of Sri Lanka.
3. Outpatient treatment, procurement or use of special braces.
4. Ayurvedic treatment.
5. Injuries or sickness arising directly or indirectly from War (whether declared or not), Riot, Strike and Civil commotion or while on active duty in any military naval or air force direct participation.
6. For injuries due to insanity or self-infliction and suicide or attempt thereat.
7. Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC).
8. Admission to hospital for investigations, preventive care including routine or other physical examinations or tests.
9. Dental examinations, filling, extractions including removal impacted tooth and general dental care except dental operation resulting from an accidental injury.
10. For determining the refractive errors of the eye and their correction by glasses, contact lens or surgeries. (Treatment for Cataract will be accommodated after the first renewal with a limit of Rs.30, 000/- for one or two events.)
11. Acquisition of prosthetics such as artificial limbs, hearing aids, and replacement cost of artificial devices such as knee joints, hip joints, knee caps and others.
12. Pre-existing conditions, during the first year of the policy.
13. Treatment obtained for alcoholism, drug or substance abuse and injuries caused whilst under the influence of alcohol and / or drugs.
14. Treatment to improve psychological, mental or emotional well-being
15. Physiotherapy Treatment.
16. Treatment for obesity, weight reduction or weight improvement.
17. Anti ageing treatments, Cosmetic surgery for purpose of beautification or plastic surgery
18. Discharge drugs (drugs which are prescribed for purchase at the time of discharge from the hospital), non medical personal services such as extra meals, telephone, television charges and the like.
19. Treatment for recuperative purpose as a result of mental fatigue, rest care or sanatoria care, drug addiction or alcoholism, communicable diseases requiring isolation by law or quarantine in the event of an epidemic.

*Terms provided hereon are subject to receipt of a satisfactory duly completed proposal. Acceptance of risk and confirmation of cover is subject to Underwriters discretion.*

**I / We hereby accept the above quotation and agree to abide by the terms and conditions laid down by the company.**

Signature

Date