

Insurance Product Information Document (IPID)

Allianz Local Healthcare Insurance

To view the full policy document, please click [here](#) or visit www.allianz.lk.

1. Type of Insurance Cover

Allianz Local Healthcare offers comprehensive medical insurance with coverage up to LKR 1 million annually. Designed to support every stage of care, it includes pre-hospital consultations, hospital treatments, and day surgeries, ensuring access to quality healthcare within the country.

You may refer to the policy document pg. no: 01 for further information

2. Summary of Insurance Cover

	What is Covered
Hospital	<p>All necessary medical, surgical treatments and services include:</p> <ul style="list-style-type: none"> • Hospital accommodation - Standard private class single bed, air-conditioned room. • Meal charges, General nursing services, Diagnostics, Laboratory or other medically necessary facilities and services. • Operation theatre, drugs and medicines, laboratory tests, blood and oxygen charges • Physician's / Surgeon's / Anesthetist's or Physiotherapist's fees, operating theatre charges. • Intensive care unit charges. • Specialist consultation or visits and all drug, dressings or medications prescribed by the treating physician for in-hospital use.
Day Surgery	The cover provided under “ Hospital treatment and services ” is extended to include day surgeries.
Local Ambulance Services	Coverage includes local transportation by taxi or other suitable modes between airports, home, and hospitals for the purpose of receiving treatment (covered illnesses only).
Pre-Hospital “Specialist and Diagnostic Services”	Coverage for specialist and diagnostic procedures (e.g., lab tests, X-rays) recommended by a physician within 5 days, provided it is in direct correlation to the hospital admission for a covered medical condition.

Government Hospitalization Cover	Daily hospital cash grant
Maternity Benefit (Optional)	We will pay for the medical expenses up to sub limit stated in the schedule, provided that the insured person being covered under the plan for a minimum period of 12 months before incurring medical expenses.

Please refer to page no. 01 of the policy document for more details on all benefits under this Policy and other benefits.

3. Key Features, Exclusions, and Terms & Conditions

Key features are as below,

- Pre-hospitalization covers maximum of 05 days
- Day surgeries are fully covered.
- Cashless Settlements across the country

What does the policy exclude?

- Outpatient Services
- Pre-existing conditions
- Cosmetic or plastic surgery, routine check-ups, and dental treatments.
- Hotel or non-hospital accommodations cost
- Treatment for epidemic or pandemic diseases.
- Tests or treatments related to infertility, contraception, impotence, birth defects and sexual dysfunction are excluded.

Please refer to page no.01- 03 of the policy document for more details about terms, conditions and exclusions.

Terms and Conditions

- The age at first enrolment must be below 60 years.
- Newborn children 15 days or older following, discharge from the hospital where the birth took place.
- Subject of medical report for members over 50 years.
- A 12-month waiting period is applicable for maternity cover
- If the policy needs to be canceled, a 30-day notice must be given before termination.

Please refer to page no.03 -05 of the policy documents for more details about terms and conditions.

4. Mode of payment

The insurance premium for the cover is determined by two factors: the age of the insured and any claims made under the cover. The premium is subject to an annual increase based on age-related technical pricing and recurring claims by the insured (claim loading).

Please note that payment must be made in advance before your policy can be issued.

5. Obligation to Disclose Material Facts

Policyholders must disclose all material facts truthfully and completely in the proposal form (medical conditions /pre-existing conditions, claims history etc.) at the time of purchasing the policy and during the term of the insurance. A material fact refers to any information that could influence Allianz's decision to accept the risk and determine the terms of coverage.

Importance of disclosure:

- Ensures accurate underwriting and appropriate coverage
- Helps avoid disputes or complications during claims

Failure to disclose material facts may result in:

- **Cancellation** of the policy from inception
- **Denial of claims**, even if unrelated to the undisclosed information
- **Legal action** for false declaration under applicable insurance regulations

6. Obligation of the Policyholder When Making a Claim

Policyholders must inform Allianz immediately in case of hospitalization. To process a claim, all required supporting documents, such as completed claim forms, original medical bills, break up of bulk items, doctor's reports and a letter or email from insurance company confirming primary policy limit exhausted, must be submitted.

Failure to notify Allianz in a timely manner may result in delays in claims processing or potential denial of the claim, especially if timely assessment or verification of medical treatment is compromised due to late notification.

7. Steps to follow in an event of a claim

In case of a claim, notify Allianz immediately by calling +94 11 2 303 300 or email globalmedical@allianz.lk. Submit the required documents, including the completed claim form (Sections A & B), original receipts, and medical reports.

Claims will be processed within **60 days** after approval.

8. Complaint & Grievance Handling Procedure

- **Dispute resolution method at company level (internal process)**

If a customer is dissatisfied with the service received at any customer touchpoint or if a product does not meet expectations, there are several ways to file a complaint. Complaints can be submitted by visiting or writing to the Customer Experience Management Unit at Allianz Insurance Corporate Office, any branch office, or the Customer Care Centre at No 323, Union Place, Colombo 2.

Complaints can also be made by calling the Customer Experience/Complaints Management Unit at 0114 788 796 or 0114 788 814, or through the 24-hour hotline for General Insurance at 0112 303 300. Customers can send an email to info@allianz.lk or complete the feedback form on the website at www.allianz.lk.

- **Dispute resolution by the Insurance Ombudsman**

If the customer is not satisfied with the resolution, the complaint may be referred to the Insurance Ombudsman.

Office of Insurance Ombudsman
No 143A, Vajira Road,
Colombo 5.
Telephone – +94 11 250 5542 / +94 11 250 5041
Email – info@insuranceombudsman.lk
Website – <https://insuranceombudsman.lk/>

- **Dispute resolution by the IRCSL**

Insurance Regulatory Commission of Sri Lanka (IRCSL).

Director Investigations
Insurance Regulatory Commission of Sri Lanka
Level 11 East Tower, World Trade Center,
Colombo 01.

Telephone – 0112396184-9 / 0112335167
Email – investigation@ircsl.gov.lk / info@ircsl.gov.lk

9. Contact Information

For assistance, the following contact options are available:

- 24/7 Customer Care (Sri Lanka): +94 11 230 3300
- 24/7 Allianz Lanka Assist (Overseas): +44 203 808 0090
- Email: info@allianz.lk
- Website: www.allianz.lk

Head Office:



Levels 26-27, One Galle Face Tower,
No. 1A, Centre Road, Galle Face, Colombo 02.

10. Importance notice

The IPID is intended to provide a summary of the main cover and additional covers, if applicable and key features of the policy and is not personalized to your specific individual needs. Complete pre-contractual and contractual terms on the full and personalized information, and exclusions of the product are provided in your policy document. The IPID shall not form a part of the policy/ contract. Therefore, in case of any conflict, the terms and conditions mentioned in the policy document shall prevail.