AIA

Claims Handling Procedure for Policyholders

AIA Insurance Lanka Limited

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> This guide is intended to help policyholders, claimants and beneficiaries understand the claims process. In the event of any inconsistency, the terms and conditions of the relevant policy will prevail.

Purpose of this Procedure

At AIA Insurance Lanka Limited ("AIA"), we are committed to handling claims fairly, transparently and as quickly as reasonably possible. This procedure explains how policyholders, claimants and beneficiaries can notify a claim, what documents are required, indicative processing timelines, and how we communicate the outcome.

How to Intimate a Claim

- **AIA+ mobile app:** Submit and track claims digitally.
- **Hotline:** 011 7 400 600 (Cashless claims) / 0112 310 310 (all other claims).
- **Email:** lk.info@aia.com
- **Branch network:** Visit any AIA branch or the Head Office Life Link Desk.
- **Through your AIA Wealth Planner / Financial Planning Executive:** They can guide you on how to intimate your claim.
- **Useful links:** AIA+ app / app store/play store/web link

Information You Should Provide When Making a Claim

- Policy number and policyholder name
- Name of claimant / beneficiary and relationship to the life assured, where applicable
- NIC / passport number and current contact details
- A clear description of the event, including relevant dates
- Completed claim form and any declarations required by AIA
- Bank account details of the person entitled to receive the payment
- Supporting medical, hospital, police or legal documents relevant to the claim

Step-by-Step Claims Process

1. **Step 1 – Notify AIA:** Inform us of the claim as soon as reasonably possible after the insured event occurs.
2. **Step 2 – Complete the claim form:** Use the relevant AIA claim form and complete all sections accurately. Certain benefits may require a medical practitioner to complete part of the form.
3. **Step 3 – Submit supporting documents:** Provide all documents required for the specific benefit being claimed. Incomplete submissions may delay assessment.

4. **Step 4 – Acknowledgement and initial review:** We will review the submission and let you know if any additional documents or clarifications are needed.
5. **Step 5 – Claim assessment:** Our claims team will assess the claim against the policy terms and may contact hospitals, doctors or other relevant parties where permitted and required.
6. **Step 6 – Decision and communication:** We will inform you whether the claim is approved, pending further information, or declined. If we decline a claim in whole or in part, we will communicate the reasons for our decision.
7. **Step 7 – Payment:** If the claim is approved, payment will be made to the entitled payee/hospital through the bank account details provided, subject to any assignment, nomination or legal requirements.

Documents Required

Death Claims

- Completed death claim form (to be completed by the claimant)
- Death certificate
- NIC / passport of the beneficiary(ies); if the beneficiary is a minor, the birth certificate and details of the legal guardian may be required
- Inquest report and/or post-mortem report (where applicable)
- Medical reports (where applicable)
- Deed of assignment (where applicable)
- Additional supporting documents may be requested where necessary, such as a government analyst report, court proceedings report or police report

Hospitalization, Surgeries, Disability, Critical Illness and Other Living Benefit Claims

- Claim Form Part I (to be completed by the policy owner)
- Claim Form Part II (to be completed by the last treating medical officer, where applicable)
- Relevant medical reports (for example: diagnosis card, laboratory test results, scan reports and specialist reports)
- Hospital bills, original invoices or paid receipts for reimbursement claims, together with prescriptions (where applicable)

Claim Assessment and Additional Requirements

Each claim is assessed on its own merits and in accordance with the policy terms and conditions. Where necessary, AIA may request additional information, medical evidence, clarification, investigation reports or legal documents before a final decision can be made.

Service Standards and Indicative Timelines

Our service standards begin once all required documents have been received.

Claim Type	Service Standard	Indicative Timeline
Cashless Claims	Acknowledgement of the claim and raising claim requirements	Within 2 hours
Cashless Claims	Settlement of the claim without investigation	Within 2 hours
Cashless Claims	Notification of rejection / repudiation with reasons	Within 2 hours
Minor Claims	Acknowledgement of the claim and raising claim requirements	Within 3 working days

Minor Claims	Settlement of the claim without investigation	Within 3 working days
Minor Claims	Notification of rejection / repudiation with reasons	Within 3 working days
Minor Claims	Settlement of the claim with investigation	Within 14 working days
Major Claims	Acknowledgement of the claim and raising claim requirements	Within 3 working days
Major Claims	Settlement of the claim without investigation	Within 5 working days
Major Claims	Notification of rejection / repudiation with reasons	Within 5 working days
Major Claims	Settlement of the claim with investigation	Within 14 working days

Minor Claims : Hospitalization Benefit (Per Day) and Hospitalization Expense Cover (Bill Cover)
Major Claims : All other claim types

Required Forms

- Required forms for death claims (individual life): Death claim form; Hospital Treatment Certificate
- Required forms for other benefits (individual and group life): Claim form
- Required forms for group life death claims: Death claim form; Hospital Treatment Certificate

How AIA Pays Approved Claims

- Death claim payments will be made to the policy owner, beneficiary, assignee, nominee or other legally entitled payee, as applicable to the policy benefit and legal status of the policy.
- For reimbursement or living benefit claims, payment is usually made based on the bank account details provided in the claim form or other payment instruction records accepted by AIA.
- In addition to the above, AIA may ask the entitled payee to complete a payment discharge for funds release.

Important Legal and Policy Notes

- This procedure is a general guide and does not change, replace or override any policy term, exclusion, limitation, waiting period or condition.
- AIA reserves the right to ask for additional documents or information where reasonably necessary to assess a claim.
- Any false, misleading or incomplete information may affect the assessment of the claim and could result in delayed processing, reduced benefits or claim rejection, subject to applicable law and policy terms.
- Where there is any inconsistency between this guide and the policy contract, the policy contract and applicable law will prevail.