

National Insurance Trust Fund

Assistant Manager
97, Maradana Road,
Colombo 10.

Claim No. :-

National Identity Card No. :-

Date :

Reimbursement of Agrahara Insurance Benefits

With reference to the claim application sent by you.

Please submit the following documents within thirty (30) days from the date of receipt of this letter enabling us to take necessary steps regarding your claim. When you send us the above information please state in every annex, your National Identity Card Number and claim number mentioned above or annex this letter.

The delay in paying your claim can be avoided by the submission of accurate documents.

Telephone No. : 0114 – 873900-5

Email : mail@nitf.lk

Fax: 0112-333893

Website : www.nitf.lk

National Insurance Trust Fund

Assistant Manager
97, Maradana Road,
Colombo 10.

Claim No. :-

National Identity Card No. :-

Date :

Reimbursement of Agrahara Insurance benefits

With reference to the claim application dated sent by you.

We are sorry to inform you that the application submitted by you to obtain Agrahara benefits was rejected due to following reasons.

For Assistant Manager (Agrahara)
National Insurance Trust Fund

Telephone No. : 0114 – 873900-5

Email : mail@nitf.lk

Fax: 0112-333893

Website: www.nitf.lk



National Insurance Trust Fund



Form: AIE

Medical and Personal Accident Insurance Scheme Claim Form

Your Claim relates to -
(tick (✓) the relevant cage)
Hospitalization:

Child Birth	Spectacles	Heart Surgery	Cancer/ Other ailments	Govt. Hospital	Private Hospital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office Use:
Claim No.:

Inform Via
SMS OR
Post
(Please tick the medium)

(Please read the instructions attached before filling-up the Application Form)

1. Particulars of the Applicant:-

1.1. Name in Full (Rev/Mr/Mrs/Miss)

1.2. National Identity Card No:--
(Certified Photo copy of the NIC should be attached)

1.3. Private Address (In Block Letters):

1.4. The address to which the application should be sent:-

1.5 Telephone No.:- Official: Private:

1.6 E-mail address :-

2. Particulars of the Occupation:-

2.1 Designation:-

2.2 Name and Address of the Institution:

2.3 If a service transfer has been ordered this year, state the Name and Address of the Previous place of work:-

3. If spouse is a recipient of Agrahara benefits:-

3.1 Name:-

3.2 National Identity Card No:-

3.3 Name and Address of work place:-

3.4 Designation:-

4. Insurance benefits are claimed for –

(tick (√) the relevant cage)

4.1 You Spouse Children Father Mother

4.2 If not for you, particulars of the relevant members:

4.2.1 His/Her name:-

4.2.2 His/Her date of birth:- Age:-

4.2.3 Occupation:-

5. Particulars of Medical Treatment:-

5.1 Sickness or Surgery

5.2 Expected claim amount

6. Particulars of Bank Account:-

(Must be a Bank Account in the National Savings Bank, Peoples’ Bank, Bank of Ceylon, Sampath Bank, Commercial Bank, Seylan Bank, Hottton National Bank, Nations’ Trust Bank, National Development Bank, Pan Asia Bank, Hong Kong and Shangai Bank or Standard Chartered Bank)

6.1 Your name given the Bank Account:

6.2 Account No.

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6.3 Name of the Bank Branch

7. Has the amount of this claim reimbursed by or applied from any other institution -

If so,

7.1 Name and Address of such institution

7.2 Amount Paid

7.3 Claim / Reference No.....

8. Details of benefits you have obtained under the Agrahara Insurance Scheme-

Type of Claim	Date	Amount received
Spectacle
Child birth
Any other sickness/Surgery

9. Declaration of Applicant:

I declare that the particulars given above are true and correct and I have not as per Para 07 above made Application to any other Insurance institution of scheme.

I also declare my spouse has not made a claim or applied for any benefit in this regard. I am aware that any Officer found guilty of tendering bogus documents as per Section III of the PA Circular No. 12/2005.

He/ She is liable to face action against him/ her under provisions of Chapter XLVIII of Volume II of the Establishment Code and the Provisions of the Criminal Procedure Code.

I request that the amount for the claim be credited to the Bank Account stated under Section No. 06 above.

Date:
Signature of Applicant

10. Certification of the Head of the Institution –

My No:-

I hereby recommend and forward the Insurance Claim of Mr/Mrs
Whose particulars are given above for necessary action. I certify that the particular give above are correct as supported by the information available in his/her Personal File. The contribution for month of
which being the month before the month he left Hospital after treatment, gad been charged and credited to the National Insurance Trust Fund Account No. 033-2-001-2-2467951 of the Queens Branch of the Peoples’ Bank by Cheque No..... of Branch Bank of the Bank, the amount of send cheque having also incorporated into the said contribution of his/her for the month previous to the month he/she left Hospital after treatment.

Signature:.....
Name:
Designation:
(Affixing official seal is essential)

Date:

11. Should be filled by the Medical Officer/Surgeon of the patient.

11.1 Name of the Patient :.....

11.2 Diagnosis of disease:.....

11.3 Period unable to attend to usual business/works:

From:- To:-

11.4 If admitted to the hospital, Date of admission.....

Date of discharge.....

I hereby certify that I am Medical Officer/Surgeon of the above named patient and approve submission with regard to this claim.

Date:-
Signature of Medical Officer/Surgeon

Instructions for filling-up Application form:

Form No. A I. Hospitalization and Surgery undergone:

Heart Operation, Child birth, Spectacles, treatment for ailments such as for Kidney trouble, cancer only.

1. The Application to the National Insurance Trust Fund should be submitted within 90 days of Leaving Hospital.
2. In all correspondence you have with us, it is necessary that the NIC No. should be stated legibly and correctly.
3. When copies of documents are sent they should be certified by the Head of the Institution.

4. If both Husband and Wife are insured,

- (a). The claim should be submitted by the patient with Insurance Cover.
- (b). As regards children of member claim to be made only by one Parent.

5. When claiming for dependants –

Certified copies of Photostat of following documents should be sent:

- (a). For Spouse – Photostat of Marriage Certificate.
- (b). For Children – Photostats of Birth Certificates.
(The child should be unmarried and less than 21 years of Age)

If the Insured Person is an unmarried person –

For Mother/Father of Insured person – should be less than 70 years.

- Certified Photostat of birth certificate of the Insured person.
- A Photostats of birth certificate or NIC of Mother/Father.
- A letter from Head of Institution certifying the unmarried state.
- A certificate from Grama Sewa Niladari counter signed by the Divisional Secretary to the effect that Mother/Father depend on the Insured person and he/she has no means of income.

6. If for the reason Insurance benefit is sought, Insurance benefit has been received from some other Institution, along with a letter stating such amount received should be sent Photostats of all Invoices/Bills/Receipts received.

7. Following documents should be forwarded together with the duly perfected Application:

(a). In connection with any instance of hospitalization or performance of surgery, Heart Operation/Treatment for ailment such as cancer.

- The original Diagnosis Card or a certified copy of it. (If should contain the name of patient, date of admission and date of discharge, the signature of the doctor who treated with the Official Stamps)
- In case of private hospital, the Deposit Receipts, final bill of payment (Amount receipt), Detailed Bill (Final Bill) originals of other receipts and Invoices (Originals with alteration of name, date etc., will not be accepted.)
- Where treatment is obtained from private hospitals all expenses should be stated in detail. Payments to specialist Doctors and other doctors should be given separately.
- Where treatment is obtained from private hospitals, certificate of the Doctor relating to question no. (II) is essential.
- In case of a heart operation, the letter of recommendation of Doctor for such operation.

(b). For child birth (Payment will be made only for two occasions)

- In addition to the above given documents a certified Photostat of the Birth certificate of the child or a certified copy of the birth detail card.
- If in a government hospital the Diagnostic Card is not made available, a certified copy of the pregnancy notes report. (Dates of admission and Discharge should be given)

(c). For Spectacle: (Should produce originals) answering question No. 3, 4, 7, 11 not necessary.

- If a private doctor has done the eye test the receipt of payment for channeling and prescription. (Should contain signature of the official stamp of the doctor)
- If eye test was done in a government hospital, the prescription. (Should contain the signature of the medical officer and the official stamp.)
- The receipt of payment for provision of spectacles should have the marking "Paid" and the official stamp of the Establishment. (Only the Insured Person will be paid once in 3 years)

Please note that by providing all required documents at once with the duly perfected entitlement application, speedy benefits could be obtained under the Arahara Benefit Re-imbusement Scheme.

National Insurance Trust Fund

Form No.42

My number }

Your number }

Date}

.....
.....
.....
.....
.....

Sir/Madam,

**Insurance cover relating to personal accidents and natural deaths
of public servants -2010**

Mr/Mrs (deceased) File No.

***When answering, it is essential to quote the above file number**

With reference to the above claim;

Your claim application was considered and was rejected for the reason indicated below by the mark (√), as per the Public Administration Circular No. 12/2005.

01. The claim application was not submitted to us within the required time (within 90 days).
02. The application cannot be proceeded with, without the National Identity Card Number of the insured.
03. The deceased was not covered by the Agrahara Scheme (was not an insured).
04. The cause of death has not been covered by the P.A. Circular No. 12/2005.
05. The date of death of the insured is not applicable to the period for which National Insurance Trust Fund makes payments.
06. On retirement of a public servant, the insurance cover lapses.
07. In terms of the Circular No. 12/2005, compensation in respect of deceased insured is paid only for the dependants of the deceased and, according to the information in your file there are no dependants.

For the Manager,
Officer in-charge of the subject,
National Insurance Trust Fund.

National Insurance Trust Fund

My number}

Your number}

Date}

.....
.....
.....
.....
.....

Sir/Madam,

Insurance cover for claims on Personal Accidents and natural deaths of public servants – 2010

Mr/Mrs. (deceased)

File No. :

In all the correspondence it is essential to state the aforementioned file number

The requirements to be fulfilled by you in terms of Public Ad. Circular No. 12/2005 are indicated by the sign (√).

1. the statement of confirmation relating to the right to receive the claim in the relevant application.
2. absence of a certified photocopy of the certificate of birth of the officer.
3. absence of a certified photocopy of the certificate of birth of the applicant.
4. absence of a certified photocopy of the certificate of the death.
5. absence of a certified photocopy of the certificate of marriage.
6. absence of a certificate issued by the Head of the Institution confirming the unmarried status.
7. absence of the certified photocopy of the certificates of birth of the children.
8. absence of the salary particulars certified by the Head of the Institution, of the month immediately preceding the death.
9. absence of the Accountant's certificate certifying the payment of installments on the insurance policy from the year 2008. (the particulars of the cheque have to be provided accurately for computer checking).
10. details of the place of work where the insured worked since 2008, certified by the Head of the Institution.

11. police 'B' report (the report by which the Police submitted facts to the Court).
12. the detailed report of the coroner, with evidence.
13. the post-mortem report (with information specified in Health General – 42)
14. the photocopies of the National Identity Cards of the applicant and his children over 18 years of age.
15. the photocopy of the driving licence of the deceased insured.
16. the photocopies of the children's savings Accounts with the National Savings Bank (NSB), of children under 18 years of age and photocopies of any other bank account of the applicant and of children over 18 years of age.
(NSB children's accounts shall not be the accounts opened with the post office branches and, other accounts shall not be joint accounts)
17. others
-

For the Assistant Manager
National Insurance Trust Fund

National Insurance Trust Fund

My Ref.}

Your Ref.}

Date :}

.....
.....
.....
.....

Sir/Madam,

**Insurance Cover for Personal Accidents/Natural Deaths –
Mr/Mrs**

As noticed by you, with reference to the claim pertaining to the accident/natural death of the above named, the relevant application is sent herewith.

Please take steps to get this application filled accurately by the lawful dependants of the deceased and send to our Institution with relevant documents within 90 days from the date of death of the insured. Please state your telephone number (if any) enabling us to contact you.

Please take notice that applications sent after 90 days will be rejected.

Assistant Manager (Claims)
National Insurance Trust Fund

Medical Certificate

In respect of the Accident pertaining to
I hereby certify that I have examined the above named who was injured in the Accident
described overleaf and that the injuries were as follows.

1. Regions Injured?
.....
.....
(If limb state whether right or left)

2. Nature and extent of injuries?
.....
.....

3. (a) State as fully as possible the cause of the accident?
.....
.....
(b) Is the appearance of the injury consistent there with ?.....
.....
.....

4. Is there any connection between the present disablement and any disease or
previous disability, If so what ?
.....

5. Is surgical interference necessary or likely to become so?
.....

6. (a) Is the patient now or was he at the time of the accident, subject to or suffering
from any illness or disease irrespective of the injury?
.....
.....
(b) If so state the nature thereof ?
(c) The probable duration thereof and the extent to which it has affected the
patient's recovery?
.....

7. Will the injury in your opinion, result in permanent disablement?
.....
.....

8. (a) Are the injuries such that will totally disable the patient from engaging in or
giving attention to his/her profession or occupation?
.....
(b) Are the injuries such that will partially disable the patient from engaging in or
giving attention to his/her profession or occupation?
.....

9. Upon what date did you first see and examine the insured after the accident described herein?

N:B:- Temporary Total Disablement (Medical Leave)

(Arises when the claimant is rendered completely incapable of attending to any part of his ordinary profession, business or occupation)

I further certify that he/she has been totally disabled by the above injuries received due to the accident from the day of to the day of and that he/she is likely to be disabled for

Temporary partial disablement (Light Duty)

9.1 I further certify that he/she is partially disabled by the above injuries received due to the accident from the day of and is unable to perform his/her normal duties as specified in the form perfected by the employer and submitted by the claimant and that he/she is likely to be so disabled for from

Designation

Signed

Address

.....

Date :

Instructions to fill the application

1. Only the insured is covered by the Accident Insurance cover.
2. The claim application shall be forwarded to the National Insurance Trust Fund within one month from the date of report to service after leave.
3. Your National Identity Card number shall be written clearly and accurately in every correspondence referred to us by you.
4. All photocopies of the documents when submitted shall be certified by the Head of the Institution.
5. The Medical Certificate sent along with the application shall be filled by the physician (doctor) who treated you.
6. Following documents shall be submitted with the duly filled application:-
 - the salary particulars certified by the Accountant, of the month preceding the accident.
 - A certificate issued by the Accountant certifying the continuous payment of all the installments due on the policy.

National Insurance Trust Fund

My Ref.}

Your Ref.}

Date :}

Medical and Personal Accident Insurance Scheme **Application form for the making of a claim in connection with an Accident**

Notice No. Date: Claim No. NITF/
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Please read the instructions annexed hereto before filling this application.

1. Details of the Insured :

1.1 Name in Full (in Sinhala) : Rev/Mr/Mrs/Miss

.....

(in English) : Rev./Mr./Mrs./Miss

1.2 National Identity Card No. :

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(annex a certified photocopy of the National Identity Card)

1.3 Private Address: (in Sinhala)

.....

(in English)

1.4 Date of Birth :

1.5 Telephone No. : Private : Official :

1.6 E-mail Address :

2. Details of the Occupation

2.1 Designation :

2.2 Name and Address of the Institution :

3. Details of the Accident

3.1 Date of the Accident :

3.2 Place : Time :

3.3 The manner in which the accident occurred :

3.4 The Police Station to which is was reported :

4. If hospitalized as a result of the accident, such details

4.1 Hospital from where treatment was received :

4.2 Period of hospitalization :

4.3 The period of leave recommended by the Doctor/Physician:

4.4 The damage suffered by you as a result of the accident :

5. Details of the bank accounts.

(Your personal bank account shall be at the National Savings Bank, People's Bank, Sampath Bank, Commercial Bank, Seylan Bank, Hatton National Bank, Nations Trust Bank, National Development Bank, Pan Asia Bank, Hong Kong and Shanghai Bank or the Standard Chartered Bank.

5.1 Your name and address in the Bank Account :

5.2 Account No. :

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5.3 Name of the Bank : Branch :

6. The details of the benefits you have received from the Agrahara Scheme.

Category Date Amount received

Hospitalizations/surgeries

.....

I hereby declare that the information given by me above regarding the aforementioned claim is true and correct and that I have not concealed any material particulars regarding the said claim from the National Insurance Trust Fund.

I hereby request to credit the payment made regarding the claim, to the Bank Account stated under 05 above.

Date :

.....

Signature of the Applicant

7. Certificate of the Head of the Department.

I hereby recommend and forward the Insurance claim of the aforementioned Mr/Mrs..... for necessary action.

I certify that above particulars are true and correct as per his/her personal file.

The contributions for the month immediately prior to the accident were recovered and were credited to the People's Bank Queen's Street Branch Account No.033-2-001-2-2467951 and added to the total amount, by the Cheque bearing No. issued by the Branch of theBank and –

(a) the officer has informed of the accident to this office on

(b) the date on which the officer has reported for work is

(c) the doctor/physician has recommended leave fromto

Signature :

Name :

Designation :

(official seal essential)

Date: