



Non-Motor Claims Procedure

Version 1.0

Orient Insurance Ltd

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1. Introduction

1.1. Purpose

This procedure sets out the documented step-by-step process followed by Orient Insurance Limited to handle claims arising under all non-motor classes of business.

The objective of this document is to standardize claims handling practices across all non-motor classes, promote consistency in customer communication, and provide a single point of reference for staff, loss adjusters, brokers and policyholders on the claims journey from intimation to final settlement.

1.2. Regulatory Framework

The Company's Non-Motor Claims Procedure has been developed in accordance with the Regulation of Insurance Industry Act, No. 43 of 2000 (RII Act), which legally requires insurers to settle valid claims, subject to the necessary proof and verification. The procedure also incorporates the directions and circulars issued by the Insurance Regulatory Commission of Sri Lanka (IRCSL) from time to time.

1.3. Claim Intimation Channels

Claims may be intimated to the Company through any of the following channels, and the Company shall accept intimation through whichever channel is most convenient to the claimant:

- Company hotline / call centre
- Branch office or Customer Service Centre, in person
- Registered insurance broker or agent
- Company website / online claim intimation portal (where available)
- Email to the designated Non-Motor Claims Department mailbox

At the point of intimation, the claimant shall be requested to provide, at minimum: policy number, date of loss (DOL), cause of loss, and photographs of the damage, where applicable.

2. Claims Process

The non-motor claims process comprises several principal stages, illustrated in the process flow below. Please note that the process may vary depending on the nature of the item, severity, and quantum of the claim; not all claims will require an inspection.

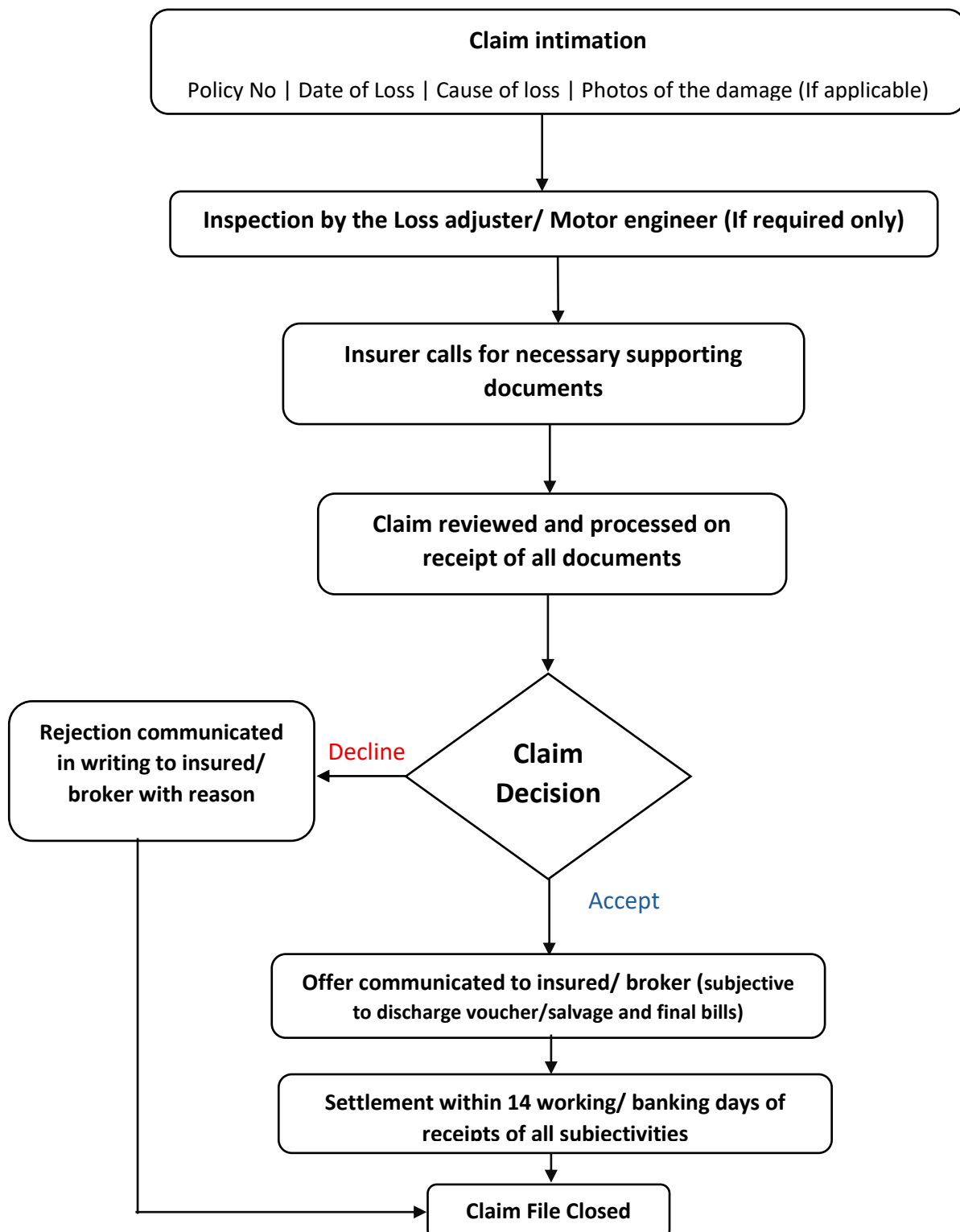


Figure 1: Non-motor Claim Procedure

2.1. Claim Intimation and Inspection

The claimant intimates the claim immediately upon discovery of the loss, providing the policy number, date of loss, cause of loss and photographs of the damage (if applicable). Where the nature, severity or quantum of the claim requires, the Company shall arrange for an inspection by a registered Loss Adjuster or, in the case of technical claims, a suitably qualified engineer/surveyor. Where a Loss Adjuster is engaged, the Company shall inform the claimant in writing of the identity of the Loss Adjuster and the scope of their engagement.

2.2. Calling for Documents

The Company shall promptly inform the claimant of the documents required to process the claim and shall issue reminder notices where documents remain outstanding.

2.3. Claim Processing

The decision on the claim shall be communicated to the Insured/Broker as follows:

- Where the claim is rejected, in whole or in part, the rejection and the reasons for it shall be communicated in writing within the stipulated timeframe.
- Where an offer is made, it shall be communicated to the Insured/Broker together with the applicable terms and conditions, subject to receipt of the discharge voucher, salvage (where applicable) and final bills. The claimant shall be allowed a reasonable period to accept or reject the offer.

2.4. Settlement

Upon receipt of all outstanding subjectivities (signed discharge voucher, salvage, final bills), the Company shall settle the agreed claim amount within fourteen (14) working/ banking days.

3. Service Standard Timelines

Activity	Service Standard
Acknowledgement of claim intimation	Immediately upon receipt / within 1 working day
Appointment & written notification of Loss Adjuster (where required)	Promptly upon determining the need for an inspection
Request for supporting documentation (incl. reminder notices, if required)	Immediately upon intimation / upon completion of inspection
Assessment and processing of the claim	Upon submission of all completed documentation
Communication of decisions (approval, part-settlement, or rejection with reasons, in writing)	Promptly upon completion of assessment
Provision of claim status updates on request	Within a reasonable time of the claimant's request
Settlement of claim upon receipt of all subjectivities (discharge voucher, salvage, final bills)	Within 14 working / banking days

4. Documentation Requirements

The table below sets out the standard documentation typically required to process a claim under each class of non-motor business. This list is indicative; the Non-Motor Claims Department shall advise the claimant, in writing, of any additional documents required based on the specific nature and circumstances of the loss.

Class of Business	Standard Supporting Documents Required
Fire / Property Damage	Claim form, repair estimate, technical/inspection report, service or maintenance records, purchase invoice of the damaged item
Burglary / Theft	Claim form, estimate, purchase invoice of the damaged/stolen item, Police report
Marine Cargo	Claim bill, packing list / CUSDEC forms, commercial invoice, bill of lading, tally sheets, pre-shipment inspection report(s)/photographs
Workmen's Compensation Insurance (WCI)	Claim form, Q Form (Notice of Accident), DT Card, leave confirmation, salary confirmation, medical certificate
Personal Accident (PA)	Claim form, DT Card, leave confirmation, salary confirmation, medical certificate
Liability	Claim form, letter of demand, proof of loss, Police report
Travel	Claim form, copy of the air ticket, copy of passport with entry and exit stamps, proof of loss / original bills incurred
Medical	Claim form, original bills, medical prescription
Fidelity Guarantee	Claim form, Police report, audit report, appointment and termination letters of the employee concerned, internal investigation report, proof of loss, recovery details
Money	Claim form, Police report, audit report, internal investigation report, cashbook records

Note: These are standard documents only. The actual documents required will depend on the nature of the loss, the nature of the damaged item, and the quantum of the loss. Any additional requirement shall be communicated to the claimant promptly, in writing.

5. Engagement of Loss Adjusters and Investigators

Where the Company engages a registered Loss Adjuster to assist in the assessment of a claim, the claimant shall be informed in writing of the identity of the Loss Adjuster and the scope of their work. Loss Adjusters engaged by the Company are expected to be fair and impartial in their assessment, and to provide sufficient detail and rationale for their findings so that both the Company and the claimant may be assured of fair treatment.

Where a claim requires further investigation (e.g., suspected fraud, Fidelity Guarantee or Money claims), such investigation shall be conducted professionally and with due regard to the claimant's fundamental right to be presumed innocent until proven otherwise, in line with the Company's internal investigation guidelines.

6. Salvage Handling Procedure

All salvage arising from a loss is required to be kept intact by the claimant until the claim has been finalized. The Insured has the option to make a buy-back offer on the salvage; however, the final decision on the disposal or retention of salvage rests with the company.

- Salvage shall not be disposed of, altered, or removed by the claimant without the Company's prior written consent.

- Where the claimant wishes to retain the salvage, the buy-back value shall be assessed by the Loss Adjuster/relevant technical officer and deducted from the settlement amount.

7. Claim Status Updates and Customer Communication

The Company shall provide the claimant with information regarding the status of their claim in a timely manner upon receiving a request from the claimant. All written communication relating to a claim decision, offer of settlement, or policy terms/conditions affecting a claim shall be issued in plain, simple language and, where required, in the language preferred by the policyholder (Sinhala, Tamil or English).

8. Complaint Escalation and Dispute Resolution

Complaints may be submitted in Sinhala, Tamil, or English. Responses will be communicated in the same language in which the complaint is made.

We provide multiple convenient channels for policyholders to submit complaints regarding any dissatisfaction with our products or services. Our dedicated Policyholder Complaints Management Team can be contacted through any of the communication methods listed below:

Mode of Communication	Contact Number/ Address/ E-mail Address
Verbally	
I. Telephone	+94 11 2030 300/311
II. Visiting	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10 In addition, you can lodge your complaint by reaching out to any of our branches.
Writing	
I. Email	tellus@orientinsurance.lk
II. Post	Orient Insurance Ltd, 10th Floor, JFI Tower 03, 75 Piyadasa Sirisena Mawatha, Colombo 10
III. Online	https://orientinsurance.lk/ https://orientinsurance.lk/customer-complaints/

If you need further information regarding the company's claims handling procedure, you may refer to the company's Complaints Handling Procedure using this link. <https://orientinsurance.lk/customer-complaints/>

9. Document Control and Review

This procedure shall be reviewed at least annually, or immediately upon any change in applicable law, IRCSL guidelines/directions, or the Company's internal risk appetite and operational structure, whichever is earlier. Any amendment to this procedure shall be approved by board of directors and communicated to all relevant staff, brokers and agents.