

**Reliance Private Car Package Policy****Add on Covers****Hospital Cash Cover (Private Car)**

( UIN IRDAN103RP0010V02100001/A0029V01201920 )

In consideration of the payment of an additional premium as mentioned in the policy schedule and realization thereof by the Company, it is hereby understood & agreed that the Company agrees to pay the Sum Insured mentioned in the policy schedule for *You & Your Family* for per day hospitalization caused due to *bodily injury* caused by accidental, external, violent and visible means while travelling in, embarking or disembarking from the insured vehicle during the Period of Insurance as mentioned in the schedule for which a valid claim under the policy is admissible. Provided duration of any such hospitalization shall be minimum of 24 consecutive hours.

We shall also pay the amount mentioned in the policy schedule for convalescence benefit which shall be payable post 7 days of hospitalization. .

This cover is also applicable for Unnamed Passengers travelling in the insured vehicle not exceeding licensed seating capacity of the insured Vehicle.

**What is not covered**

1. Any claim related to a sickness, disease or medical disorder not directly consequential to the accident.
2. Any claim towards psychosomatic disorders of any kind, whether caused or accentuated by the accident or otherwise.
3. If the claim is not supported by an original and valid bill/ receipt and related prescription of attending the Medical Practitioner/ Hospital/ Nursing Home.
4. Any claim arising or resulting from or traceable to intentional self injury, suicide or attempted suicide physical defect or infirmity.
5. Any claim arising or resulting from or traceable to an accident happening whilst You or any other person driving the insured vehicle are under the influence of intoxicating liquor or drugs.

Deductible of 2 days (48 hours) shall be applicable to this cover for each and every claim..

Subject otherwise to terms, conditions, limitations and exceptions of the policy.