ORDER TO PRODUCE DOCUMENT OR ARTICLE

(SECTION 91 CR.P.C.)

Name of Office P.S Pr Vihar Rohini Se. 9 Delhi. u/s 279/338 IPC

F.I.R. No. 64/19 Year 2019

To,

OLA Fleet Technologies PVT LTD
Plote no 86 ~~[illegible]~~. Udhyog Nagar PH I (Gurugram)

Whereas it has been made to appear to me that the production of the document / the article (mentioned below) is necessary or desirable for the purpose of the investigation now being made into the above mentioned offence, you are hereby directed to produce the same before me. Day of 8 15 / 2019 at time 10 AM at (place P.S Prashant Vihar Se. 9 Rohini

Description of Document /Article :-

1. HR 55 A 9 0449 and original RC
2. Agreement and copy
3. Bank statment copy
4. I photo Authorised person
5. Afadavet

ASI Satbir Sh

Signature and Designation of t
Investigation Officer
9582307961

1	Name of the officer	Asi Satbir Singh
2	Officer mobile number	9582307961
3	Station name and telephone number	P.S Prashant Vihar-Sec-9-Rohini
4	Case No	F.I.R.No.64/19, 279/338 IPC
5	Case filed under which sections	Asi Satbir Singh
6	Accused name	
7	Why the OLA's information required	
8	What information we have shared (office use)	
9	For more information kindly write at	litigation@olacabs.com

Name of the officer.
Signature

Case FIR No.64/19 Dt.10/03/19 U/s 279/337 IPC PS Prashant Vihar, Delhi.

To,

Subject:-Vehicle No.HR55AD-0449 Insurance Verified.

Hon'ble Sir,

निवेदन इस प्रकार है,की दिनाक 10/03/19 को मुकदमा हजा के शिकायतकरता Neelam Thakur W/o Tarun Thakur R/o H.No.22, Vasundhra Appt Sec-9 Rohini, Delhi की शिकायत पर थाना हजा मे उपरोकत मुकदमा दर्ज रजिस्टर किया गया था| जो vehicle No.HR55AD-0449 Xcent Car मुकदमा हजा मे offending vehicle है| जिसके Insurance Bajaj Allianz General Company Ltd. को Verified किया जाए व उपरोकत vehicle के insurance की certified कॉपी पेश करे|

Report Submitted Please

ASI Satbir Singh No.182/RD
PS Prashant Vihar, Delhi.

Bajaj Allianz
Relationship Beyond Insurance

Bajaj Allianz General Insurance Company Ltd.

GE Plaza, Airport Road, Yerwada, Pune - 411006(India)

CERTIFICATE CUM POLICY SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; Golden Heights,4th Floor,, No.1 / 2, 59th C Cross,, 4th M Block,Rajajinagar, , BANGALORE-560010 Phone No :080-67195000

Policy Number	OG-19-1701-1803-00013153	Product	Commercial Vehicle - Package Policy
Vehicle Type	Passenger Carrying - 4 Wheel & Carrying Capacity <= 6		
Period Of Insurance	From: 28-Jun-2018	Policy Issued on	28-Jun-2018 -
	To: 27-Jun-2019 Midnight	Cover Note No	/
Insured Name	OLA FLEET TECHNOLOGIES PVT LTD	Zone	B
Insured Address	PLOT NO 86 UDYOG VIHAR,-PH-1 GUR-GAON, ,, - 122001		
Customer ID	122115468	Premium Payer ID	82566793
		Transaction Id	
HYPOTHECATED WITH : Yes Bank		Policy Status	ISSUED
GSTIN / UIN	06AAKCA2311H1Z4	STATE CODE / NAME	06 - Haryana

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
NEW	HYUNDAI	1.2L KAPPA DUAL VTVT 5-SPEED MANUAL PRIME T CNG (4+1)	XCENT	1197	2018	4	MALA741CLJM325132	G4LAJM925305

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
520442	0	0			0	520442

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	6043	Basic Third Party Liability	10667
		CNG / LPG Unit (IMT.25)	60
		LL For Operation/Maintenance For 1 Person	50
		PA cover for 1 Paid Driver(s) of Rs.200000 each	120
		Total Liability Premium:	10897
Total premium	16940		
Special Discount	0		
Net Premium	22245		
Integrated GST (18%)	4004		
Final Premium Rs.	26249	***All premium Figures are in Rupees	

Geographical Area : INDIA **No Claim Bonus : 0%** **Voluntary Excess : Nil**

Compulsory Deductible : Rs.500 **Additional Compulsory Deductible :** Rs.0

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership,Voluntary Excess,Anti-Theft,Handicap Person,Driver Tution,Fibre Glass,Cng/Lpg Unit,Geographical Extn,Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act,1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.750000/-

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing,Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.

DRIVER : : Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

Subject To IMT Endorsement Nos : 22, 7, 26, 17, 25 & Policy wordings attached herewith

Plan Name: Dep Cap Eng Prot 24x7 Convey Consumables Key Plan Description: Depreciation Shield CONSUMABLE EXPENSES ,Engine Protector. ,Revenue Loss Protection Cover,Key and Lock Replacement, Cover Sum Insured 0 ,Towing cover with maximum SI Rs.2500, subject to maximum per Kilometer cost Rs 25 and maximum 100KMs limit.

Broker Code 10004020 | **Channel Name : BR**

Broker Name : Global Insurance Brokers Private Ltd

Contact No : 0/0

Email -

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] 1701-01682887 / 89997613 / Rs. 26249 .

*** If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Damage Details Annexure : - NA

Remarks PDA MODULE

In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'customercare@bajajallianz.co.in'.

89997613/-/10004020/40201000/-

This is a one page Policy Document (without enclosing the Terms and Conditions (T&C) of the Policy) issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.com) that enables access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.

Kindly contact our nearest / local office(s) for No Claim Bonus Confirmations.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Stamp Duty Rs. 0.5

1	Name of the officer	ASI Satbir Singh.
2	Officer mobile number	9582307961
3	Station name and telephone number	PS Prashant Vihar, Delhi
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