Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: GE Plaza, Airport Road, Yerwada, Pune

Transcript of Proposal for Commercial Vehicle - Package Policy

Dear OLA FLEET TECHNOLOGIES PVT LTD

We wish to inform you that the contract under policy number 'OG-19-1701-1803-00039114' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

A. Proposer details

1. Proposer Name	: OLA FLEET TECHNOLOGIES PVT LTD
2. Proposer Address	: 86, PHASE1, UDYOG VIHAR, GURGAON, EAST, , PALAM ROAD,, GURGAON - 122015
3. Proposer Mobile Number	: 0-8999999999
4. Proposer Residential Number	: NA
5. Proposer e-mail id	: OLACABS@OLA.COM
6. Proposer Profession	: NA

B.Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	CC	Year Of Manufacturing	Vehicle Seating Capacity	Vehicle/Trailer Chassis Number	Vehicle Engine Number
NEW	KINETIC	LITHIUM E RICKSHAW (4+1)	SAFAR	0	2018	4	M2TST2E12J1M00436	STMJM000436

Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	Trailer	Trailer Registration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum Insured
195531	9723	0			0	205254

C. Coverage opted

1. Period of Insurance	: From 24-Jan-2019 10:00(Hrs) To 23-Jan-2020 Midnight
2. Is your vehicle fitted with external LPG/CNG kit	: No.
3. Electrical Accessories cover Opted (If Applicable)	: Yes.
4. Non - Electrical Accessories cover Opted (If Applicable):	: No.
5. Is Voluntary Excess opted Amount of voluntary excess opted	: No. : Rs.NA.
6. Whether PA cover is opted for owner-driver PA cover is exempted for owner-driver with Reason	: No. :Already having Standalone Compulsory Personal Accident Cover for Owner-Driver
7. Is any additional compulsory deductible imposed and agreed upon Amount of additional compulsory deductible imposed	: No. : NA.
8. Whether geographical area extension is opted Details of Countries to which geographical area extension cover is given	: No. : NA.
9. Is LL to person for Paid driver/Operation/Maintenance opted	: Yes.
10. Whether PA cover is opted for paid driver other than owner driver	: No.
Number Of Paid Driver(s) :	: NA
Sum Insured Per Paid Driver :	: Rs.NA.
11. Whether PA cover is opted for passengers	: No.
Number Of Passengers :	: NA
Sum Insured per Passenger	: Rs.NA
12. Is TPPD restricted to statutory limit of Rs.6000?	: No.
13. Pre Existing damages in the vehicle	: NA.
14. Premium for Liability coverage, quoted and agreed upon is	: Rs.4959.
15. Premium for OD coverage, quoted and agreed upon is	: Rs.3444.

16. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :Rs.8403

17. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy :NA.

18. About the last insurance company

(i) Insurance Provider : NA

(ii) Previous Policy No : NA

(iii) Previous Policy Expiry Date : NA

19. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us:
HYPOTHECATED WITH : YES BANK

20. Add on Cover(s) opted : Yes. Plan Name: Depreciation Shield_T11 Plan Description: Depreciation Shield T11

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number	: 1800-22-5858,1800-102-5858,1800-209-5858
Email address	: Bagichelp@bajajallianz.co.in
Website	: www.bajajallianz.com

Contact our policy servicing branch at: Golden Heights,4th Floor,, No.1/2,59th C Cross, 4th M Block,Rajajinagar, , BANGALORE-560010 Phone No :080-67195000.

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Relationship Beyond Insurance

105332119

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-19-1701-1803-00039114**	**Product**	Commercial Vehicle - Package Policy
Vehicle Type	E Rickshaw - Passenger Carrying - 3 Wheel & Carrying Capacity <= 6		
Period Of Insurance	**From: 24-Jan-2019 10:00**	**Policy issued on**	25-Jan-2019 -
	To: 23-Jan-2020 Midnight	**Cover Note No**	/
Application No		**Scrutiny No**	105332119
Insured Name	**OLA FLEET TECHNOLOGIES PVT LTD**	**Zone**	A
Insured Address	86, PHASE1, UDYOG VIHAR, GURGAON, EAST, , PALAM ROAD,, GURGAON - 122015		
Customer ID	135556333	**Premium Payer ID**	120995619
		Transaction Id	
HYPOTHECATED WITH : YES BANK		**Policy Status**	ISSUED
GSTIN / UIN	06AAKCA2311H1Z4	**STATE CODE / NAME**	06 - Haryana
Invoice No.	110620800/1		

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
NEW	KINETIC	LITHIUM E RICKSHAW (4+1)	SAFAR	0	2018	4	M2TST2E12J1M00436	STMJM000436

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
195531	9723	0			0	205254

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	3444	Basic Third Party Liability	4909
		LL For Operation/Maintenance For 1 Person	50
		Total Liability Premium:	4959
Total premium	8403		
Special Discount			
Net Premium	9491		
Integrated GST (18%)	1708		
Final Premium Rs.	**11199**	***All premium Figures are in Rupees	

Geographical Area : **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 (Automoble 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 Subsection 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 : 7, 23, 24, 28, 43, & Policy wordings attached herewith

Plan Name: Depreciation Shield_T11 Plan Description: Depreciation Shield T11

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] 1701-01784052 / 105332119 / Rs. 11199 ,

*** 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.

It is hereby understood and agreed that for the purpose of application of Endorsement IMT-21 attached to and forming part of the above policy, the towing vehicle and trailer(s) while attached thereto shall be treated as a single unit.

Damage Details Annexure : Battery 1 : 18L14006. Battery 2 : 18L14003. Theft By Driver Partner (IMT 43) is Covered, Deductible on partial Theft Rs 2500/-. **NA**

Remarks

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 'Bagichelp@bajajallianz.co.in'.

105332119/-/10004020/40201000/-

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

Stamp Duty Rs. 0.5

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105332119

Authorized Signatory

Printed , Signed and Executed at Pune

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH007483221201819M Defaced No. 0004477940201819 Order No. CSD/224/2018/4914/18 order dated 15-Nov-2018 defaced date dated 12-NOV-18 timing 19:55:13 of General Stamp Office,Mumbai,India.

Generated by mohan kumarv

Commercial Vehicle - Package Policy: ADD ON COVERS : POLICY WORDINGS

T3 - DEPRECIATION SHIELD

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle** .

In the event **You** and **Us** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every **Partial Loss** claim.

B. Conditions

(a) Claims made by **You** against **Us** under 'Depreciation Shield' are subject to the terms and conditions set forth under the **Motor Insurance Policy. (b)** In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Depreciation Shield' shall expire; **(c)** The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the **Policy Period**

C. Exclusions

In addition to the exclusions mentioned under **Motor Insurance Policy, We** will not be liable to indemnify **You** for the following events:

(1) Where the Own Damage Claim made by **You** against **Us** under the **Motor Insurance Policy** is not payable; **(2)** Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by **Us** under **Motor Insurance Policy. (3)** Loss or damage to tyres and/or battery of the **Insured Vehicle** . **(4)** Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. **(5)** Where a loss is covered under **Motor Insurance Policy** or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time.

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1)Insured Vehicle: The vehicle insured by **Us** Us under the **Motor Insurance Policy** Policy and as shown on the **Schedule** .**(2)Own Damage Claim:** The claims raised by **You** against **Us** for loss or damage to the **Insured Vehicle** due to the perils mentioned under Section 1 of **Motor Insurance Policy; (3)Partial Loss:** Any loss falling into a category other than (a) the loss mentioned under Sr. No. 7 below and (b) theft of the **Insured Vehicle; (4)Policy/ Motor Insurance Policy:** Commercial Vehicle Package Policy issued by **Us** to which this cover is extended; **(5)Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule; (6)Schedule:** The Schedule and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force; **7)Total Loss/ Constructive Total Loss:** A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/or repair of the **Insured Vehicle** , subject to terms and conditions of the **Policy**, exceeds 75% of the **IDV** of the **Insured Vehicle; (8)We, Our, Us:** Bajaj Allianz General Insurance Company Limited;**(9)You, Your, Yourself:** The person or persons **We** insure as set out in the **Schedule.**

Bajaj Allianz General Insurance Company Ltd.

Golden Heights, 4th Floor, No.1/2, 59th C Cross, 4th M Block, Rajajinagar, BANGALORE - 560010
Contact No:Contact No: 080-67195000,67195001/67195002

RECEIPT

Receipt Number **1701-01784052**

Receipt Date **18/01/2019**

Business Channel **DI**

Received with thanks from OLA FLEET TECHNOLOGIES PVT LTD

(Customer ID : 120995619) a total sum of Rupees Fifty One Lakh Twenty Four Thousand Two Hundred Ninety Seven Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	6205018LAQ73	18/01/2019	Bank Of America_Direct Credits	Mumbai	5,124,297

Total Amount **Rs. 5,124,297.00**

Note : /REF-6205018LAQ73 /ENTRY-18 JAN POSTED=11:35 TRSF BOOK TRANSFER CREDIT SND=NOREF ORG=OLA FLEET TECHNOLOGIES PVT LTD MUMBAI OBI=1701C120995619 1000030259 BANK ADVICE Loader

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory