In the Court of Hon'ble H.A.Ali, Member MACT-1, Nagpur.
(Notice to Show Cause)

Room No. 220
Fixed For : 25/04/2019
Process No. 2980

C.P. No. 1117/18

Petitioners : Shubham
-Vs-
Respondents : Bajaj

To,

OLA Fleet Technologies Pvt ltd
P No 46, Shastri layout, Subhash nagar, MIDC Hingna road, Nagpur

Whereas the above named applicant has made application to this Court that, copy of application U/s 166 & 140 of M .V. Act along with document attached here with.

You are hereby warned to appear in this Court in person or by a pleader duly instructed on the **25 day of April 2019** at 11 'O' clock in the forenoon, to show cause against the application, failing wherein, the said application will be heard and determined ex-part.

Also take notice that in default of your filing an address for service on or before the date mentioned you are liable to have your defence struck out.

Given under my hand and the seal of the Court, this 26th day of March 2019.

Registrar (Judl.)
M.A.C.T., Nagpur

Through [illegible]
Block No.603,6th floor, Shriramshyam Tower,NIT complex,Kingsway Sadar, Nagpur.

2. OLA FLEET TECHNOLOGIES PVT.LTD.
R/o, 101, Sakar Meridean,Plot No.46, Shastri Layout,Subhash Nagar,MIDC Hingna road,Nagpur-440022.

APPLICATION FOR GRANT OF COMPENSATION UNDER SECTION 166OF THE MOTOR VEHICLE ACT (AS AMENDED ACT).

[illegible] submit as under and thus claim of

BEFORE THE CHAIRMAN OF THE MOTOR ACCIDENT CLAIM TRIBUNAL, NAGPUR.

Claim Petition No 1117 /2018

PETITIONER:

Shubham S/o Ramkrushna Thool
Aged- 22yrs., Occ- School Bus Driver
Through power of attorney holder
Vandana Wd/o Ramkrushna Thool
Aged about 48yrs ,Occ- Housewife

R/o, Plot No.73, Near, Kamble Kirana Stores Shramjivi Nagar,Parvati Nagar, Nagpur.

Mob No:- 9545740699, 9881612439.

:-VERSES:-

RESPONDENTS: -

1. **The Bajaj Allianz Gen.Ins. Co. Ltd.**
   Through its Legal Manager
   Block No.603,6th floor, Shriramshyam Tower,NIT complex,Kingsway Sadar, Nagpur.

2. **OLA FLEET TECHNOLOGIES PVT.LTD.**
   R/o, 101, Sakar Meridean,Plot No.46, Shastri Layout,Subhash Nagar,MIDC Hingna road,Nagpur-440022.

APPLICATION FOR GRANT OF COMPENSATION UNDER SECTION 166OF THE MOTOR VEHICLE ACT (AS AMENDED ACT).

The petitioners most respectfully submit as under and thus claim of compensation on account of injury sustained to **Shubham S/o Ramkrushna Thool** who has sustained injury in vehicular accident on Dt. **02.11.18 at 11:00** hours. The necessary particulars in respect of the person injured, the vehicle etc, are given below:-

1. Name and father's name of the person injure :- Shubham S/o Ramkrushna Thool

2. Full address of the person injured :- As Above

3. Age of the person injured :- 22 years

4. Occupation of the person injured		
5. Name and address of the Employer of the injured, if any.	:-	-
6. Monthly income of the person injured.	:-	**12,000/-PM**
7. Does the person in respect of whom compensation is claimed, pay income-tax? (to be supported by documentary evidence)	:-	**No**
8. Place, date and time of accident	:-	**In front of SBI Bank near Medical Chowk, Immamwada,Nagpur. on Date 02/11/2018 at 11:00hrs**
9. Name and address of Police Station in whose jurisdiction the accident took place or was registered.	:-	**Police Station, Immamwada, Nagpur.**
10. Was the person in respect of whom Compensation is claimed, traveling by vehicle Proceeding by involve in the accident? if so, give the names of places of starting journey and destination?	:-	**The petitioner was riding the Activa No-MH-49-BA-5638.**
11. Nature if injuries sustained and continuing Effect if any, of the injury.	:-	**Grievous injury**
12. Name and address of the Medical Officer/ Practitioner, if any who attended on the dead.	:-	**G.M.C.Hospital, Nagpur.**
13. Period of treatment and expenditure if any Incurred thereon (to be supported by docum--entry evidence).	:-	**Still Continue.**
14. Registration number and type of the vehicle Involved in accident	:-	**Hyundai Car No-MH-31-FC-1631.**
15. Name and address of the owner of the vehicle.	:-	**The respondent No.2**

16. Name, policy number, insurance particulars address of the insurer of vehicle. : - **The Bajaj Allianz Gen. Ins. Co. Ltd. Policy No.OG-18-1701-1803-0002-7307. Period of Policy :- From 26/02/2018 to 25/02/2019.**

17. Has any claim been lodged with the owner/ insurance? It so with what result. :- No.

18. Name and address of the applicant :- As above.

19. Relationship with injured. :- Self

20. Amount of the compensation claimed :- Rs. 1,00,000/-

21. That, the petitioners have not filed the petition in any court of India except the present petition.

22. That, the accident took place **on Date 02/11/2018 at 11:00 hrs.** The said accident occurred at **In front of SBI Bank near Medical Chowk Immamwada, Nagpur.**The respondent no. 2 is the registered owner of the offending **Hyundai Car no. MH-31-FC-1631.**The Driver of the Car was holding valid and effective driving licence at the time of accident. The said Hyundai Car is insured with respondent no.1.

23. That, on Dt. 02/11/2018, the petitioner was riding the **Activa No-MH-49-BA-5638** along with his friend Sagar Rajendra Bhosle from petrol pump towards Medical Chowk when the petitioner reached at **In front of SBI Bank near Medical Chowk Immamwada, Nagpur**, but at the relevant time the driver of the said **Hyundai Car No. MH-31-FC-1631** was coming in high speed with rash and negligent manner, from Opposite direction therefore the driver of said Hyundai Car had lost control over his vehicle and gave forcible dashed to **Activa No. MH-49-BA-5638**, resulting to which the petitioner had sustainer grievous injuries i.e. **A/H/O RTA with # RT prox, 3rd shaft femur without DNVD**. After the said accident, the petitioner was admitted into **"G.M.C. Hospital" Nagpur.** But the above said injury could not be cured and therefore, the petitioner has suffered from permanent disability. The petitioner has spent the expenses near about of Rs.1,00,000/- towards his medical treatment and still the treatment is continued.

24. That, the said accident is occurred due to rash and negligent of the driver of the **Hyundai Car No. MH-31-FC-1631**Therefore, P Station- **Immamwada, Nagpur** has registered and offence U/S. **279, 3 of IPC; vide Crime No. 98/2018** against the driver of **Hyundai Car.**

A) **Pecuniary Damages**:- That, at the time of accident, the petitioner was aged about 22years and was doing the work as a School Bus Driver and he was earning the income of Rs. 12,000/- per month. But due to said accident, the Petitioner was unable to concentrate on his work as well as unable to do his daily routine work properly. Due to the said accident, the petitioner has affected his working capacity and therefore, the petitioner is entitled for future loss of earning

The petitioner has spent of **Rs. 1,00,000/-** on the medical expenses and treatment is going on and petitioner is required to spend the amount on future treatment. The petitioner also spent the expenses on auto charges, attendance charges and special diet.

Therefore, the petitioner is entitled for the compensation under the head of pecuniary damages as under:-

B) **Non Pecuniary Damages**:- That due to the sudden accident the life of the petitioner has been affected and he is not in a position to do his daily routine work properly. The petitioner has grievously injured in an accident. The said injury couldn't be cured and the petitioner will suffer from the said accidental injury till his death and the petitioner has affected on his body, also mental and monetary losses. The petitioner has affected his longevity and has great impact on health of the petitioner. The future life of the petitioner has been affected.

The petitioner has given his power of attorney to his Mother for filing the present claim petition and attending the Court proceedings on behalf of him

Therefore, the petitioner is entitled for the damages under the head of non pecuniary damages. Therefore, the claim of compensation is calculated as under:-

A. Pecuniary Damages:-	
i) Medical Expenses till today and future	:- **Rs. 1,00,000/-**
ii) Loss of earning & future earning	:- **Rs.10,00,000/-**
iii) Damages towards traveling expenses, Maid servant, Special diet etc.	:- **Rs. 50,000/-**
B. Non-Pecuniary Damages:-	
i) Damages for mental and physical Shock, Pain and suffering	:- **Rs. 1,00,000**
ii) Damages for Loss of amenities of life	:- **Rs.1,00,000/-**
iii) Damages for loss of expectation of life i.e., (On account of injury the normal longevity of the person is shortened)	:- **Rs. 1,00,000/-**
iv) Damages for inconvenience, hardship, Discomfort, disappointment, frustration and Mental stress.	:- **Rs. 1,00,000/-**
Total Claim of compensation	:- **Rs. 15,50,000/-**

Thus the claim of compensation is derived of **Rs. 15,50,000/-** /- But the petitioner restricted her claim till Rs. 1,00,000/- due to incapable of court fees stamp at this stage.

26. That, the petitioner shall enhance their claim of 166 of M.V.Act after getting the compensation u/s 140 of M.V.Act. The petitioners have not position to pay the court fees stamp at this stage.

27. That, the petitioner has filed the petition in prescribed form and the Petitioner has file the documents as per list and reserved right to file the more, as when required and also reserved right to make an amendment in petition after filing the Written-Statement.

PRAYER:- It is therefore, prayed that this Hon'ble court be pleased to grant the relief as under:-

1. The respondents are liable to pay the compensation of Rs. 1,00,000/- with interest at the rate of Rs. 12%p.a. from the date of accident till its realization the amount.

2. The cost of this petition saddle upon the respondents.

3. Any other relief, which deem fit under any circumstance be also granted to the petitioner.

Nagpur.

Dated: - 28/11/2018 **C. F. Petitioner** **Petitioner.**

VERIFICATION

Verified and signed at Nagpur on this 28th day of November, 2018 that the contents of the above para are true to my personal knowledge and belief. That the petitioner has not filed the petition in any court of India except the present petition.

Petitioner.

BEFORE THE CHAIRMAN OF THE MOTOR ACCIDENT CLAIM TRIBUNAL, NAGPUR.

Claim Petition No_____/2018

PETITIONER:

Shubham S/o Ramkrushna Thool
Aged- 22yrs., Occ- School Bus Driver
Through power of attorney holder
Vandana Wd/o Ramkrushna Thool
Aged about 48yrs ,Occ- Housewife

R/o, Plot No.73, Near, Kamble Kirana Stores Shramjivi Nagar,Parvati Nagar, Nagpur.

Mob No:- 9545740699, 9881612439.

:-VERSES:-

RESPONDENTS: -

1. **The Bajaj Allianz Gen.Ins. Co. Ltd.**
Through its Legal Manager
Block No.603,6th floor, Shriramshyam Tower,NIT complex,Kingsway Sadar, Nagpur.

2. **OLA FLEET TECHNOLOGIES PVT.LTD.**
R/o, 101, Sakar Meridean,Plot No.46, Shastri Layout,Subhash Nagar,MIDC Hingna road,Nagpur-440022.

APPLICATION FOR GRANT OF COMPENSATION UNDER SECTION 140OF THE MOTOR VEHICLE ACT (AS AMENDED ACT).

The petitioners most respectfully submit as under and thus claim of compensation on account of injury sustained to **Shubham S/o Ramkrushna Thool** who has sustained injury in vehicular accident on Dt. **02.11.18 at 11:00** hours. The necessary particulars in respect of the person injured, the vehicle etc, are given below:-

1. Name and father's name of the person injure :- **Shubham S/o Ramkrushna Thool**

2. Full address of the person injured :- **As Above**

3. Age of the person injured :- **22 years**

4. Occupation of the person injured	:-	**School Bus Driver**
5. Name and address of the Employer of the injured, if any.	:-	-
6. Monthly income of the person injured.	:-	**12,000/-PM**
7. Does the person in respect of whom compensation is claimed, pay income-tax? (to be supported by documentary evidence)	:-	**No**
8. Place, date and time of accident	:-	**In front of SBI Bank near Medical Chowk, Immamwada,Nagpur. on Date 02/11/2018 at 11:00hrs**
9. Name and address of Police Station in whose jurisdiction the accident took place or was registered.	:-	**Police Station, Immamwada, Nagpur.**
10. Was the person in respect of whom Compensation is claimed, traveling by vehicle Proceeding by involve in the accident? if so, give the names of places of starting journey and destination?	:-	**The petitioner was riding the Activa No-MH-49-BA-5638.**
11. Nature if injuries sustained and continuing Effect if any, of the injury.	:-	**Grievous injury**
12. Name and address of the Medical Officer/ Practitioner, if any who attended on the dead.	:-	**G.M.C.Hospital, Nagpur.**
13. Period of treatment and expenditure if any Incurred thereon (to be supported by docum--entry evidence).	:-	**Still Continue.**
14. Registration number and type of the vehicle Involved in accident	:-	**Hyundai Car No-MH-31-FC-1631.**
15. Name and address of the owner of the vehicle.	:-	**The respondent No.2**

16. Name, policy number, insurance particulars address of the insurer of vehicle. : - The Bajaj Allianz Gen. Ins. Co. Ltd. Policy No.OG-18-1701-1803-0002-7307. Period of Policy :- From 26/02/2018 to 25/02/2019.

17. Has any claim been lodged with the owner/ Insurance? It so with what result. :- No

18. Name and address of the applicant :- As above.

19. Relationship with injured. :- Self

20. Amount of the compensation claimed :- Rs. 25,000/-

21. That, the petitioners have not filed the petition in any court of India except the present petition.

PRAYER:- It is, therefore, prayed that this Hon'ble court be pleased to grant the compensation of Rs. 25,000/- with interest at the rate of 12% p.a. from the date of an accident till its realization the amount.

Nagpur.

Dated:- 28/11/2018 C. F. Petitioner Petitioner.

Solemn Affirmation

I, Vandana W/o Ramkrushna Thool Aged about 48yrs, Occ- Housewife R/o, Plot No.73, Near, Kamble Kirana Stores Shramjivi Nagar, Parvati Nagar, Nagpur, do hereby state and takes an oath and solemnly declared the Contents of the above paras has been drafted by my counsel as per my instruction and he has explained to me in my vernacular and is found to be true and correct to my personal knowledge and belief.

Hence verified and signed at Nagpur on 28th day of November 2018.

I know the Deponent personally.

Deponent.

(P. S. Mirache Advocate)

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फॉर्म कॉम्प ''ए ए''

नियम 253(सी) 254(५) (iii) (8) 255(7) (iv)

मोटार वाहन अपघात बाबतचा अहवाल

	पोलीस स्टेशन नाव	इमामवाडा नागपुर शहर
२	अपराध क्र. कलम	५४/18 कलम - 279, 338 भादंवि. R/w 184, 185 MV Act
३	अपघाताची ता. वेळ व विभाग .	2/11/18 रोजीचे 11:00 वा दरम्यान.
४	जखमी / ~~मृतांचे~~ नाव	1) ~~शुभम रामकृष्ण थूल - वय~~ - 22 रा. पार्वतीनगर | 2) सागर राऊत वय 27 रा. [illegible] पो.स्टे. अजनी नागपूर शहर
५	त्याला / ~~त्यांना~~ ज्यां दवाखान्यात नेण्यात आले त्या दवाखान्याचे नाव	मेडिकल हॉस्पिटल नागपूर शहर
६	वाहनाचा क्रमांक व प्रकार	1) MH 49 BA 5638 - इटलियन (किमी दोन्ही गाडी) 2) MH-31 FC 1631 - फोर व्हीलर कार (प्रायव्हेट कार)
७	वाहन चालकाचे नाव व पत्ता चालविणा--या वाहनाचा तपशिल वाहन चालविण्याचा परवाना देणा--या कार्यालयाचा पत्ता	रोशन शेवक मून वय 31 रा. इमामवाडा पाचपावली चौक पो.स्टे. इमामवाडा (Ola Fleet car)
८	अपघात झालेल्या तारखेस असलेल्या वाहन मालकाचे नाव व पत्ता	Ola fleet Hundai
९	अपघात आलेल्या तारखेस वाहनाचा ज्या कंपनीचा विमा असेल त्या कंपनीचे नाव व पत्ता	Bajaj Allianz General Insurance com. Ltd.
१०	विमा पॉलीसी क्रमांक / विमा प्रमाणपत्र क्रमांक कवर नोट क्र व विमा पॉलीसीची वैद्यता मुदत •	OG-18-1701-1803-00027307
११	केलेली कार्यवाही	अप.क्र. ५४/18 पो.स्टे. इमामवाडा येथे दाखल.

दि. 19 / 11 / 2018

सहपत्र :--एए फार्म :-- २

[signature]

तपासी अधिकारी

(पी. आर. पाटककर)

पो.स्टे. इमामवाडा नागपुर शहर

[signature]

ड्युटी ऑफीसर

पो. स्टे. इमामवाडा

नागपूर शहर

TC

[signature]

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N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत जाँच फार्म -I)

FIRST INFORMATION REPORT
(Under Section 154 Cr.P.C.)
प्रथम खबर अहवाल
(कलम १५४ फौजदारी प्रक्रिया संहिता)

1. District (जिल्हा): नागपुर शहर P.S.(ठाणे): इमामवाडा Year (वर्ष): 2018

FIR No.(प्रथम खबर 0337 Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 03/11/2018 02:58 वजे

2.

S.No. (अ.क्र.)	Acts (अधिनियम)	Sections (कलम)
1	भारतीय दंड संहिता १८६०	279
2	भारतीय दंड संहिता १८६०	338
3	मोटरयान अधिनियम, १९८८	184
4	मोटरयान अधिनियम, १९८८	185

3. (a) Occurrence of offence (गुन्हाची घटना):
1. Day शुक्रवार Date From (दिनांक 02/11/2018 Date To (दिनांक पर्यंत):02/11/2018
Time Period (कालावधी): पहर 8 Time From 23:15 वजे Time To (वेळेपर्यंत): 23:20 वजे
(b) Information received at P.S. (माहिती मिळालेले Date (दिनांक): 02/11/2018 Time (वेळ): 23:45 वजे
(c) General Diary Reference (रोजनामचा Entry No. (नोंद क्र.): 012 Date & Time (दिनांक आणि वेळ)03/11/2018 02:43 वजे

4. Type of Information (माहितीचा प्रकार): Oral

5. Place of Occurrence (घटनास्थळ):
1. (a) Direction and distance from P.S.(पोलीस ठाण्यापासून दिशादूर, 2 किमी Beat No. (बिट क्र.):
(b) Address (पत्ता):टीडीकल चौक,SBI बैंक समोर ,पो रटे इमामवाडा नागपूर शहर
(c) In case, outside the limit of this Police Station, then (या पोलीस ठाण्याच्या हद्दीबाहेर
Name of P.S.(पोलीस ठाण्याचे District(State) (जिल्हा

6. Complainant / Informant (तक्रारदार/माहिती देणारा):
(a) Name (नाव): सागर राजेंद्र भोसले
(b) Father's/Husband's Name(वडील / पती का नाव) :
(c) Date/Year of Birth (जन्म तारीख/वर्ष): 1991 (d) Nationality (राष्ट्रीयत्व): भारत
(e) UID No. (यु.आय.डी. Date of Issue (जारी केल्याची
(f) Passport No.(पारपत्र क्र.):
Place of Issue (जारी केल्याची ठिकाण):
(g) Id details (Ration Card,Voter ID Card,Passport,UID No.,Driving

S.No.(अ.क्र.)	Id Type (ओळखपत्राचा प्रकार)	Id Number (ओळखपत्राचा क्रमांक)
1		

(h) Address (पत्ता):

S.No.(अ.क्र.)	Address Type (पत्त्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पता	वसंतनगर जूना बाबूळखेडा,न्यू राम मंदिर जवळ,पो रटे अजनी नागपूर शहर,अजनी ,नागपुर शहर,महाराष्ट्र,भारत
2	स्थायी पता	वसंतनगर जूना बाबूळखेडा,न्यू राम मंदिर जवळ,पो रटे अजनी नागपूर शहर,अजनी ,नागपुर शहर,महाराष्ट्र,भारत

(i) Occupation (व्यवसाय):
(j) Phone number (फोन नं.): Mobile (मोबाइल नं.):

7. Details of known/suspected/unknown accused with full particulars (माहीत असलेल्या /संशयीत/अनोळखी आरोपीचा संपूर्ण पत्ता):

S.No.(अ.	Name (नाव)	Alias (उर्फनाव)	Relative's Name (नातेवाईकाचे	Present Address (वर्तमान पता)
1	रोशन सेल्फ मुन फॉर व्हीलर हुंडई गाडी क्रमांक MH-31 FC-1631चालक			1. इमामवाडा पाचपनल चौक,पो रटे इमामवाडा नागपूर शहर,इमामवाडा,नागपुर शहर,महाराष्ट्र,भारत

ड्युटी ऑफीसर
पो.रटे.इमामवाडा
नागपूर शहर

IC Imamwada

8. Reasons for delay in reporting by the complainant/informant (तक्रारदार/माहिती देणा-याकडून तक्रार करण्यातील विलंबाची कारणे):

9. Particulars of properties of interest (संबंधीत मालमत्तेचा तपशील):

S.No. (क्र.	Property Category (संपत्ति श्रेणी)	Property Type (सम्पत्ति का	Description (विवरण)	Value(In Rs/-) (मूल्य (रु

10. Total value of property (In Rs/-)-सम्पत्ति का कुल मूल्य(रु में):

11. Inquest Report / U.D. case No., if any (मृत्यु समीक्षा रिपोर्ट / यू॰डी॰प्रकरण सं., यदि कोई हो):

S.No. (क्र.सं.) UIDB Number (यू॰डी॰प्रकरण सं.)

12. First Information contents (प्रथम सूचना तथ्य):

विवरण--- विवरण येणे प्रमाणे आहे नमूद घटना तारीख वेळी व ठिकाणी फिर्यादी हे दि 02.11.2018 रात्रीचे 11.15 वा दरम्यान फिर्यादी व त्याचा मीत्र शुभम थुल हा ऑक्टीव्हा गाडी क्रमांक MH-49 BA-5638 गाडीमध्ये पेट्रोल भरण्यासाठी मेडीकल चौक हल्दीरामचे बाजूला गेलो असता पेट्रोल पंप बंद असल्याने आम्ही तेथून रंग साईडने गेडीकल चौकाकडे जात असतांना फोर व्हिलर गाडी क्रमांक MH-31 FC-1631 चा चालक याने भरधाव वेगाने व निष्काळजीपणे गाडी चालवून फिर्यादीचा अपघात केला फिर्यादीच्या रिपोर्ट वरुन कलम अप. क्र. 98/18 कलम 279,338भादवि सहकलम 184,185 मोवाका गुन्हा दाखल केला

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2. or
(केलेली कारवाई: वाय क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहयालावरुन अपराध घडल्याचे.)

(1) Registered the case and took up the investigation: (प्रकरण नोंदविले आणि तपासाचे काम

(2) Directed (Name of I.O.) (तपास अधिका-याचे नाव): Navnath Ashok Patwadkar Rank (पद): SI (Sub-Inspector)
No.(क्र.): 15101000402NAPM860 to take up the Investigation (ला तपास करण्याचे अधिकार दिले) or (किंवा)

(3) Refused investigation due to (ज्या

or (ज्या कारणामुळे तपास करण्यास

(4) Transferred to P.S.(गुन्हा District (जिल्हा):

on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant,admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (प्रथम खबर तक्रारदाराला/खबरीला वाचून दाखविली, बरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत दिली.)

R.O.A.C.(आर. ओ .ए .सी.)

14. Signature/Thumb impression of the complainant / informant.
(तक्रारदाराची/खबर देणा-याची सही/अंगठा):

15. Date and time of dispatch to the court (न्यायालयात पाठवल्याची तारीख व वेळ):

Signature of Officer in charge, Police Station
(ठाणे प्रभारी अधिका-याची स्वाक्षरी)

Name (नाम): ramakant sambhaji
Rank(पद): I (Inspector)
No.(सं.): POBN60438

TC Thakur

Attachment to item 7 of First Information Report (प्रथम खबरीतील मुद्दा क्र. ७ ला जोडपत्र):

Physical features, deformities and other details of the suspect/accused: (If known / seen)

(संशयीत/आरोपीचे (माहित असलेल्या/पाहिलेल्या) शारीरिक वैशिष्ट्ये, व्यंग आणि इतर तपशील))

S.No.(अ.क्र.)	Sex (लिंग)	Date/Year of Birth (जन्म तारीक/	Build (बांधा)	Height(cms.) (उंची(से.मी.))	Complexion (रंग)	Identification Mark(s) (ओळखीच्या खुणा)
1	2	3	4	5	6	7
1	पुरुष					चेचक के दाग: NO

Deformities/ Peculiarities (व्यंग/वैशिष्ट्ये)	Teeth (दात)	Hair (केस)	Eyes (डोळे)	Habit(s) (सवयी)	Dress Habit(s) (पोषाखाच्या सवयी)
8	9	10	11	12	13

Language /Dialect (भाषा/बोलीभाषा)	Place Of (का स्थान)					Others (इतर)
	Burn Mark (भाजल्याच्या खुणा)	Leucoderma (कोड)	Mole (तिळ)	Scar (व्रण)	Tattoo (गोदण)	
14	15	16	17	18	19	20

These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.
(जर तक्रारदार/माहिती देणा-याने संशयीत/आरोपीविषयी एक किंवा त्यापेक्षा अधिक तपशील दिल्यास फक्त यातील रकान्यांची नोंद घेतली जाईल.)

T C Ahirrao

Form : 2-A

Doc-3

CRIME DETAILS FORM
गुन्ह्याच्या तपशीलाचा नमुना

नागपूर जिल्हा *P.S. इमामवाडा पोलीस ठाणे *Year 2018 वर्ष FIR No. 98/18 पहिली खबर क्र. Date 03/11/2018 तारीख

Acts and Sections : कलम- 279, 338 भादवी. सहकलम- 184, 185 मो. वि. का.
अधिनियम व कलमे :

The Place of Occurrence shown by :
घटनेचे ठिकाण दाखविणाऱ्याचे :

Name : सागर राजेंद्र भोसले Father's/Husband's Name : राजेंद्र भोसले
नाव : पित्याचे / पतीचे नाव :

Address : रोसल नगर, जुना बाबुळखेडा, नवीन राम मंदीराजवळ
पत्ता : पो. स्टे. अजनी नागपूर

4. TYPE OF CRIME (All including M. O. Crime) :
गुन्ह्याचा प्रकार (गुन्ह्याच्या सर्व पद्धतीसह) :

(i) *Major Head : आपल्या ताब्यातील वाहन हयगयीने चालवुन अपघात घडविणे. (ii) *Minor Head :
प्रधान शीर्ष : गौण शीर्ष :

(iii) *Method (s) :
पद्धती :

1 निष्काळजीपणाने वाहन चालवुन अपघात घडविणे.

2

3

(iv) *Conveyances used : MH-31 FC-16311 हुंदाई ग्रँड i-10 grand prime
वापरलेली वाहने :

(v) *Character assumed :
केलेले वेषांतर / केलेली बतावणी :

(vi) *Language / Slang used :
वापरलेली भाषा / बोली भाषा :

(vii) *Special Feature-1 :
विशेष वैशिष्ट्य-१ :

*Special Feature-2 :
विशेष वैशिष्ट्य-२ :

*Special Feature-3 :
विशेष वैशिष्ट्य-३ :

(viii) *Type of Place of Occurrence :
घटनेच्या ठिकाणाचा प्रकार :

(ix) *Type of Property Involved (4 Types) :
अंतर्भूत मालमत्तेचे प्रकार :

(1) MH-31 FC-1631 हुंदाई (2)

(3) i-10 ग्रँड प्राईम (4)

TC

5. Particulars of the victims (Attach separate sheet, if required) :
बळींचा तपशील (आवश्यक असल्यास स्वतंत्र कागद जोडावा) :

Sr. No. अ. क्र. (1)	Name नाव (2)	Father's/ Husband's Name पित्याचे/ पतीचे नाव (3)	Date/ Year of Birth जन्मतारीख/ वर्ष (*4)	Sex लिंग (*5)	Nationality राष्ट्रीयत्व (*6)	Religion धर्म (*7)	Whether SC/ ST जाती/ जमाती (*8)	Occupation व्यवसाय (*9)	Address पत्ता (10)	Injury Grievous/ Simple दुखापत गंभीर/साधी (11)	हत्या (12)
1)	सागर भोसले	राजेंद्र भोसले	26	पु	भारतीय	हिंदू (मराठा)	मराठा	ऑटो चालक	पंचशील नगर ...		
2)	शुभम रामकृष्णराव चुडे वय - 25 वर्ष		26								

6. Motive of Crime : आपल्या ताब्यातील वाहन निष्काळजीपणे चालवुन अपघात घडविला.
गुन्ह्याचा हेतू :

Description of physical evidence from the scene of crime for the property recovered/seized for the purpose of investigation :
तपासकामी प्रत्यक्ष पुरावा म्हणून गुन्ह्याच्या जागेवरुन मिळविलेल्या/जप्त केलेल्या मालमत्तेचे वर्णन :

1. Witness साक्षीदार
Name नांव : अनुराग किशोर लाभडे वय- 28 वर्षे
Address पत्ता : रा. ग्राम ... घराजवळ, रामटेक.
Mob. No. 9921114825.

2. Witness साक्षीदार
Name नांव : आकाश अशोक मोते वय - 28
Address पत्ता : रा. अशोक बौद्ध विहार इमामवाडा नागपूर
Mob. No. 7561353673.

7. Details of properties Stolen/Involved [Use appropriate prescribed form (s) and attach] :
चोरीचा / अंतर्भूत मालमत्तेचा तपशील (योग्य नमुना वापरावा व सोबत जोडावा) :

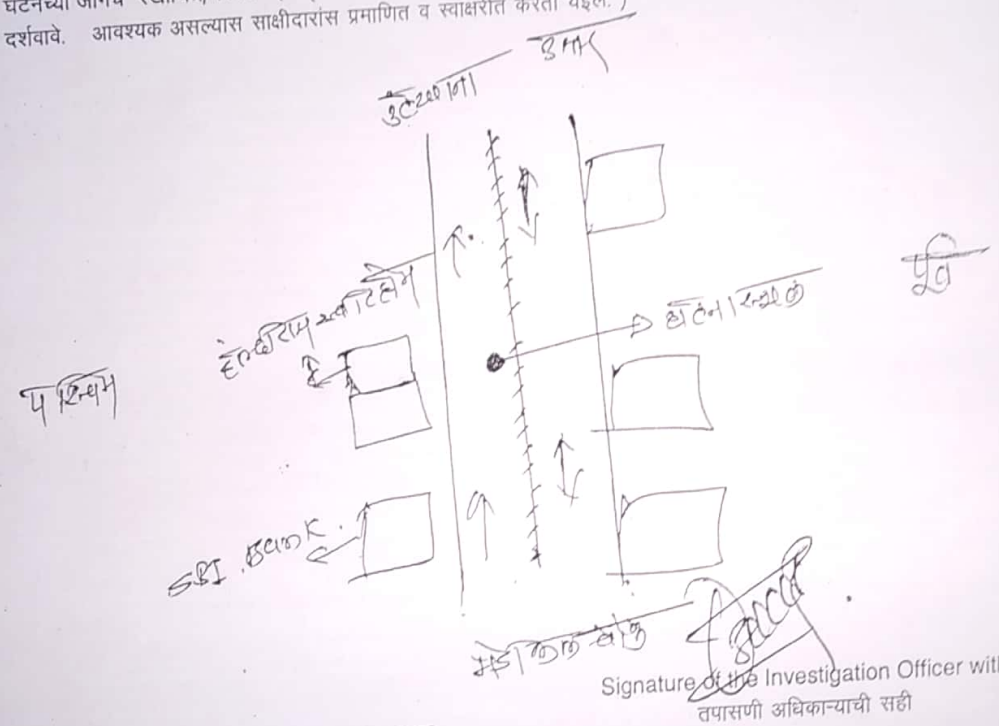
Form : 2-C

...isit to the place of occurrence : Date ....02/11/2018.... Time ....11:15 am..
...दिल्याची तारीख व वेळ : तारीख वेळ

...of the place of occurrence : [illegible]
...ागेचे वर्णन :

पुर्वेस :- [illegible]
(2) - पश्चिमेस :- [illegible]
(3) - उत्तरेस :- [illegible]
(4) - दक्षिणेस :- [illegible]

0. Sketch/Map of the place of occurrence (Attach Sketch/map with legends separately, if needed. If to scale, indicate so. May be certified and signed by witnesses, if required :
घटनेच्या जागेचे रेखाचित्र/नकाशा (गरज भासल्यास माहितीसह रेखाचित्र/नकाशा स्वतंत्रपणे जोडावा. प्रमाणानुसार असेल तर तसे दर्शवावे. आवश्यक असल्यास साक्षीदारांस प्रमाणित व स्वाक्षरीत करता येईल.)



Signature of the Investigation Officer with
तपासणी अधिकाऱ्याची सही

Name : एस. ए. घाटबांधे
नांव :

Rank : पो. उपनि. Date :
पदनाम : तारीख :

Place : नागपुर
ठेकाण :

TC Khanekar

...मुना-के-७६; के-८४, के-८६-५-०८—पीएम.

पोलीस ऑफीसर
पो.स्टे. इमामवाडा
नागपूर शहर

Relationship Beyond Insurance

Doc-4

Bajaj Allianz General Insurance Company Ltd.

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

CERTIFICATE CUM POLICY SCHEDULE

Policy Servicing Off:	Golden Heights,4th Floor,, No.1 / 2, 59th C Cross,, 4th M Block,Rajajinagar, , BANGALORE-560010 Phone No :080-67195000		
Policy Number	OG-18-1701-1803-00027307	Product	Commercial Vehicle - Package Policy
Vehicle Type	Passenger Carrying - 4 Wheel & Carrying Capacity <= 6		
Period Of Insurance	From: 26-Feb-2018	Policy Issued on	26-Feb-2018 -
	To: 25-Feb-2019 Midnight	Cover Note No	/
Application No		Scrutiny No	82651806
Insured Name	OLA FLEET TECHNOLOGIES PVT LTD	Zone	B
Insured Address	101, SAKAR MERIDEAN, PLOT NO.46, SHASTRI LAYOUT, SUBHASH NAGAR, MIDC HINGNA ROAD, NAGPUR, ,, - 440022		
Customer ID	113902469	Premium Payer ID	82566793
		Transaction Id	
HYPOTHECATED WITH :	Yes Bank	Policy Status	ISSUED
GSTIN / UIN	NA	STATE CODE / NAME	27 - Maharashtra

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
NEW	HYUNDAI	ERA 1.1 U2 CRDI 2ND GEN 5 SPEED (4+1)	GRAND i10	1120	2018	4	MALA651DLJM804672	D3FAJM534061

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
471322	0	0			0	471322

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	5212	Basic Third Party Liability	12548
		LL For Operation/Maintenance For 1 Person	50
		PA cover for 1 Paid Driver(s) of Rs.200000 each	120
		Total Liability Premium:	12718
Total premium	17930		
Special Discount	0		
Net Premium	22744		
Integrated GST (18%)	4094		
Final Premium Rs.	26838	***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 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 : 22, 7, 28, 17 & Policy wordings attached herewith

Plan Name: Dep Cap Eng Prot 24x7 Convey Consumables Key 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. Plan Description: Depreciation Shield CONSUMABLE EXPENSES ,Engine Protector, ,Revenue Loss

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] 1701-01632238 / 82651806 / Rs. 26838 ,

*** 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'.

82651806/-/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.

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

Stamp Duty Rs. 0.5

Doc-5

Regn. No. MH31FC1631

Regd. Owner	OLA FLEET TECHNOLOGIES PVT LTD
S/D/W of	NA
Purpose	NEW / NPA
Regn. Date	14/03/2018
Colour	POLAR WHITE
Fuel	DIESEL
Vehicle Class	Motor Cab - TR
Body Type	TAXI
Manufacturer	HYUNDAI MOTOR INDIA LTD
Chassis No.	MALA651DLJM804672
Engine No.	D3FAJM534061
Model No.	GRAND I10 PRIME T CRDI
Hypothecated To	YES BANK LTD
Man facturing Dt.	02/2018
Sea Capacity	005
Stan d. Capacity	00
Tax Paid Up To	See Tax Rcpt
Regd. Validity	See F Cert
Address	101 SAKAR MEHDEAN P.NO.46 SHASTRI LAYOUT SUBHASH NAGAR MIDC HINGNA RD Nagpur MH 440022
No. Of Cyc	03
Owner Serial	01
Unladen Wt	001022
Cubic Capacity	001120
Wheel Base	002425
R.L.W	001500

RTO NAGPUR URBAN
Issuing Authority

Signature Of Issuing Authority

IC
Thakkar

Doc-6

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No :MH31 20080020885
Valid Till : 19-12-2025 (NT)

DOI : 20-12-2005
18-01-2021 (TR)
19-01-2018

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

COV.	DOI
LMV-TR	19-01-2018
LMV	20-12-2005

DOB : 15-03-1987 BG

Name :ROSHAN MOON
S/D/W of :SEWAK MOON
Add :IMAMWADA PANCHNAL CHOWK,
NAGPUR ,Nagpur (M Corp.)
Nagpur (Urban),Nagpur,MH
PIN :440003
Signature & ID of
Issuing Authority: MH31

Signature/Thumb
Impression of Holder

T C
Thankar