



Sanctuary House, 15 Princes Road, P O Box BE 103, Belvedere Harare  
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The Member in Charge  
Zimbabwe Republic Police

Dear Sir / Madam

POLICE STATION: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

Would you please be kind enough to return the form completed where appropriate. Please pass on to the correct branch if this is misdirected.

Thank you  
Claims Department

T.A.B. Number: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

	First Party	Second Party	Third Party
Driver			
Home Address			
Business Address			
Contact Numbers			
Make / Model of Vehicle			
Registration Number			
Registered Owner			
Insurance Company			
Policy Number			

**FURTHER TO THE ABOVE IT IS ADVISED THAT:**

- No criminal action is contemplated against either party.
- The accident is at present under investigation and all papers will be forwarded in due course to the public prosecutor for decision.
- The matter was taken to court on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and finalized as follows.
  - Offence .....
  - Verdict/sentence .....
- A deposit fine of \$.....was paid for by \_\_\_\_\_ the 1<sup>st</sup> Party/2<sup>nd</sup> Party/ 3<sup>rd</sup> Party, for driving \_\_\_\_\_
- A copy of the sketch plan and/ photographs is/are available on request at the usual fee.

Name of Police Officer: \_\_\_\_\_ Rank \_\_\_\_\_

Police date and stamp