

CBZ Insurance Company (Private) Limited

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Harare

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POLICE REPORT

The Member In Charge ZRP: Date:			
Dear Sir,			
CLAIM No	Our Ref:		
Would you be kind e correct branch/office if		l where appropriate. Please pass on to	
Yours faithfully,			
Claims department			_
Officer Handling the	Case Place of	f Accident:	
TARB No			
Day of the Week	Date of A	Accident: Time:	
	FIRST VEHICLE	SECOND VEHICLE	
Driver			
Phone details			
Home Address			
Business Address			
Make of vehicle			
Reg. number			
Insurance Company			
Policy Number			
Registered Owner			
With the above Information	ation:		
iii) Reckless Drivingb) No Criminal actionb) With reference to p	is being contemplated against either paragraph 1. c i) First / Second party paring compiled for trial at the Magistrates	Other	
Signed	Force Number	Rank	
Name(Please Print)			